Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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/Form990 for instructions and the latest information.



OMB No. 1545-0047

Α	A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018					
В	Check if applicabl	C Name of organization D Employer identification number				
Г	Addre	MCLEAN YOUTH SOCCER ASSOCIATION				
	Name		80-00	015698		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final return	PO BOX 724		703-5	506-8068	
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,213,013.	
	Amen	MCLEAN, VA 22101		H(a) Is this a group re		
	Applic tion pendi	F Name and address of principal officer: DOUBLE WANDER		for subordinates'	? Yes X No	
		SAME AS C ABOVE		H(b) Are all subordinates in		
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) (a) (b) (c) $	or 🛄 527		list. (see instructions)	
		te: WWW.MCLEANSOCCER.ORG		H(c) Group exemption		
		f organization: X Corporation Trust Association Other >	L Year	of formation: 2002 M	State of legal domicile: VA	
P	art I	Summary	ANT VOT			
e	1	Briefly describe the organization's mission or most significant activities: MCLE, YOUTH THROUGH THE SPORT OF SOCCER BY PRO	AN IUU	OTH SOUCER DI		
Activities & Governance						
veri		Check this box if the organization discontinued its operations or disposed with the approximate body (Datt)(1 line 1a)		1 - 1	10 sets.	
ŝ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		10		
ళ		Total number of individuals employed in calendar year 2017 (Part V, line 2a)	·····	117		
itie		Total number of volunteers (estimate if necessary)		0		
cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.	
				Prior Year	Current Year	
ø	8	Contributions and grants (Part VIII, line 1h)		30,410.	131,799.	
ň		Program service revenue (Part VIII, line 2g)		2,977,530.	3,079,069.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,160.	2,145.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,012,100.	3,213,013.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$		1,924,658.	1,991,647.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	1 002 020	1 1 4 0 0 0 2	
	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,283,938.	1,148,803.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,208,596.	3,140,450.	
<u> </u>		Revenue less expenses. Subtract line 18 from line 12		-196,496.	72,563.	
Net Assets or Fund Balances				ginning of Current Year 3,832,991.	End of Year 3,833,962.	
Asse Bala	20	Total assets (Part X, line 16)		1,102,018.	1,045,311.	
let ⊿ ind	21	Total liabilities (Part X, line 26)		2,730,973.	2,788,651.	
		Net assets or fund balances. Subtract line 21 from line 20		4,130,313.	2,700,0JI.	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date				
Here	LOUISE WAXLER, EXECUTIVE DI	RECTOR					
	Type or print name and title						
	Print/Type preparer's name Preparer's		Check PTIN				
Paid	R. MATTHEW FRANK R. MA	TTHEW FRANK 11/13	8/18 self-employed P01277196				
Preparer	Firm's name FRANK & COMPANY, P.C.		Firm's EIN 54-1156733				
Use Only	Firm's address 👞 1360 BEVERLY ROAD, SU	ITE 300					
	Phone no.703-821-0702						
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)						
732001 11-2	32001 11-28-17LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2017)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2017) MCLEAN YOUTH SOCCER ASSOCIATION	80-0015698	Page
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Σ
1	Briefly describe the organization's mission: MCLEAN YOUTH SOCCER DEVELOPS YOUTH THROUGH THE SPORT OF	SOCCER BY	
	PROVIDING QUALITY COACHING, A HIGH CALIBER ENVIRONMENT,		
	COMMITMENT TO BEST PRACTICES. WE IMPART LIFE LESSONS THE	ROUGH	
	DEVELOPMENTALLY AND AGE APPROPRIATE YOUTH SOCCER ACTIVIT	TIES IN THE	
2	Did the organization undertake any significant program services during the year which were not listed on the		77
	prior Form 990 or 990-EZ?	Yes	XN
.	If "Yes," describe these new services on Schedule O.		XN
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	• •	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,063,693. including grants of \$) (Revenue)		
	TEAM ACTIVITIES - TO ORGANIZE AND FACILITATE DEVELOPMENT		
	APPROPRIATE YOUTH SOCCER PRACTICES, GAMES AND TOURNAMENT APPROXIMATELY 3,150 YOUTH PLAYERS PER SEASON AGES 4 TO 1	LS FOR MEMBE	
	DURING THE YEAR.	LO FARIICIFA	
4b	(Code:) (Expenses \$ 645,673 • including grants of \$) (Revenue	40 ¢	
10	FIELD ACTIVITIES - TO FUND AND FACILITATE THE DEVELOPMEN		
			AME
	AND TRAINING ACTIVITIES. DURING THE YEAR, ON LAND OWNEI		
	COUNTY PARK AUTHORITY OR FAIRFAX COUNTY PUBLIC SCHOOLS,		
	SOCCER MAINTAINED ONE TURF FIELD AND ONE GRASS FIELD. I FUNDED THE DEVELOPMENT OF A NEW SMALL-SIDED TURF FIELD T	IN 2017, MYS TO ADD TO 6	
	PREVIOUSLY BUILT TURF FIELDS AND ONE GRASS FIELD.	IO ADD IO U	
	101 010	226	150
4c	(Code:) (Expenses 191,018. including grants of) (Revenue INDIVIDUAL TRAINING ACTIVITIES - TO ORGANIZE AND FACILITY		459.
	DEVELOPMENTALLY AND AGE APPROPRIATE YOUTH SOCCER TRAINING		s
		L8 PARTICIPA	
	IN MCLEAN YOUTH SOCCER TRAINING ACTIVITIES DURING THE YE	EAR.	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 2,900,384.		
		Form 9	990 (201
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Form 990	(2017)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2017)

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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		x
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		x
07	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		- 23
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	, 3 ,,,, 3 ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u>-</u> -
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

732004 11-28-17

	1990 (2017) MCLEAN YOUTH SOCCER ASSOCIATION 80-0015	698	Pa	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 65			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 117			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		x
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		X
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			- 23
-	If the organization received a contribution of cars, hoats, airplanes, or other vehicles, did the organization file a Form 1098-C2	7g 7b		

е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?		8	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	13b		
с	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

St	atements	Regarding C	Other IRS	Filings and	Tax Compliance	
017)	MCLEAN	YOUTH	SOCCER	ASSOCIATION	

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Form 990 (2017) Part V

Form 990 (2017)

Form 990	(2017)
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MCLEAN YOUTH SOCCER ASSOCIATION

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI									
ec	tion A. Governing Body and Management					_				
		1	1 1	~ 	Yes	1				
1a	Enter the number of voting members of the governing body at the end of the tax year	. <u>1a</u>	1	<u>u</u>						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.									
	Enter the number of voting members included in line 1a, above, who are independent			0						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	hip witl	h any other							
	officer, director, trustee, or key employee?			2		L				
3	Did the organization delegate control over management duties customarily performed by or under	the dire	ect supervision							
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3						
4	Did the organization make any significant changes to its governing documents since the prior Form	n 990 w	vas filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?		5						
6	Did the organization have members or stockholders?			6	Х	L				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoir	nt one or							
	more members of the governing body?			7a	Х					
b		re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?			8a	Х	Γ				
b	Each committee with authority to act on behalf of the governing body?			8b	Х	Γ				
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					Γ				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		l				
ec	tion B. Policies (This Section B requests information about policies not required by the Internal									
			,		Yes	Γ				
0a	Did the organization have local chapters, branches, or affiliates?			10a		t				
	If "Yes," did the organization have written policies and procedures governing the activities of such					t				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		l				
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х	t				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	buy bo				t				
				12a	х	Ľ				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri				х	t				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			12.5		t				
	in Schedule O how this was done			12c	x	l				
	Did the organization have a written whistleblower policy?					t				
	Did the organization have a written document retention and destruction policy?				x	┢				
5				14		┢				
5	Did the process for determining compensation of the following persons include a review and appro		Independent			l				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			45 -	x	ľ				
	The organization's CEO, Executive Director, or top management official				X	╀				
D	Other officers or key employees of the organization			15b	~	┝				
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang			10						
	taxable entity during the year?			16a						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		· ·			I				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org									
	exempt status with respect to such arrangements?			16b		L				
	tion C. Disclosure									
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright VA									
-	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990)-T (Seo	ction 501(c)(3)s only) availat	le					
	terrar de la compactione de alterrate de accordance de alterrate accelladade . Observational de la complete									
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website Upon request Other (expla									
	X Own website Another's website Upon request Other (explain the comparison of the c			nd finan	cial					
9	X Own website Another's website Upon request Other (expla Describe in Schedule O whether (and if so, how) the organization made its governing documents, o statements available to the public during the tax year.	conflict	of interest policy, a	nd finan	cial					
9	X Own website Another's website Upon request Other (expla Describe in Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	conflict	of interest policy, a	nd finan	cial					
9	\mathbf{X} Own website Another's website Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's to THE ORGANIZATION - 703-506-8068	conflict	of interest policy, a	nd finan	cial					
9	X Own website Another's website Upon request Other (expla Describe in Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	conflict	of interest policy, a							
9 20	\mathbf{X} Own website Another's website Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's to THE ORGANIZATION - 703-506-8068	conflict	of interest policy, a		cial	(2				

Part VII	Compensation of Officers,	Directors, Tr	rustees, Key	Employees,	Highest	Compensated
	Employees, and Independe	ent Contracto	ors			

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average hours per week	box	not c , unle	Pos heck	itior more erson	1 than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICH IRONS	10.00								0	0
CHAIR	10.00	X		X				0.	0.	0.
(2) LAURA MATTIS	10.00	.,						0	0	0
VICE-CHAIR & SECRETARY	10 00	X		X		-		0.	0.	0.
(3) BRYAN JUDD	10.00			v				0	0	0
TREASURER	10.00	X		X		-	<u> </u>	0.	0.	0.
(4) WHITNEY BERGENDAHL	10.00	x		x				0.	0.	0.
RECREATION DIRECTOR (5) BRIAN LUWIS	5.00	^		^		-		0.	0.	0.
DIRECTOR	5.00	x						0.	0.	0.
(6) MICHAEL KUNZ	5.00					-	<u> </u>	0.	0.	0.
DIRECTOR	5.00	x						0.	0.	0.
(7) MICHAEL DALAKIS	5.00							0.	•	0.
DIRECTOR	5.00	x						0.	0.	0.
(8) JAMES SOCAS	5.00									
DIRECTOR		x						0.	0.	0.
(9) KIRK ROBERSTON	5.00									
DIRECTOR - TRAVEL		x						0.	0.	0.
(10) SHARON KING DONOHUE	5.00									
DIRECTOR		x						0.	0.	0.
(11) LOUISE WAXLER	40.00									
EXECUTIVE DIRECTOR		1		X				100,574.	0.	4,800.
(12) KELLY KEY	40.00									
CHIEF FINANCIAL OFFICER				х				50,075.	0.	0.
(13) CLYDE WATSON	40.00									
TECHNICAL DIRECTOR						X		118,527.	0.	4,800.
(14) KEITH TABATZNIK	40.00									
DIRECTOR OF SOCCER				-		X		101,945.	0.	4,800.

7

732007 11-28-17

Form 990 (2017)

	990 (2017) MCLEAN YO													
Par	t VII Section A. Officers, Directors, Trus		ploy							es (continued)				
	(A) Name and title	(B) Average hours per week	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n I	an	(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	pensa om the anizati d relate anizatio	e ion ed
1b	Sub-total							•	371,121.		0.	1	4,4	00.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n	I, Section A	·····				 		0. 371,121.	000 of reportab	0.		4,4	0.
	compensation from the organization		1050	IISLE		5006	<i>=)</i> wi			,000 of reportab	6			3
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	,		·					highest compensated e			3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	ompe	ensa	ation	n anc	l otl	her compensation from	the organization		4		X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	-				-			-			5		Х
1	Complete this table for your five highest co the organization. Report compensation for										pens	ation	rom	
. <u> </u>	(A) Name and business	,		ONE					(B) Description of s		С	(C ompe	;) nsatio	n
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organia	•	ot lir	nite	d to	tho:		stec	d above) who received r	nore than				
		F										Form	990 (2	2017)

732008 11-28-17

Form 990 (2017

MCLEAN YOUTH SOCCER ASSOCIATION

Pa	rt VII	I Statement of Reven	ue					
		Check if Schedule O conta	ains a response	or note to any li	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a		_			
Gra	b	Membership dues	1b					
Αn.	с	Fundraising events	1c					
Gifi lar	d	Related organizations	1d					
ini,	е	Government grants (contribution	ons) 1e					
rior S	f	All other contributions, gifts, grants	s, and					
ibu the		similar amounts not included abov	'e 1f	131,799. 17,257.				
1 D D	g	Noncash contributions included in lines	1a-1f: \$	17,257.				
ãĞ	h	Total. Add lines 1a-1f		î.	131,799.			
			_ ~	Business Code				
e l	2 a		ES	713990	2,728,452.	2,728,452.		
le v	b	TRAINING FEES		713990	236,459.	236,459.		
n S /eni	С	TOURNAMENT FEES		713990	114,158.	114,158.		
Jraı Re∖	d							
Program Service Revenue	e							
<u> </u>		All other program service rever			3,079,069.			
_	<u> </u>	Total. Add lines 2a-2f			5,015,005.			
	3				2,145.			2,145.
	4	other similar amounts) Income from investment of tax			271131			271131
	- 5	Royalties		-				
	Ŭ		(i) Real	(ii) Personal				
	6 a	Gross rents	(i) Hour		-			
		Less: rental expenses			1			
		Rental income or (loss)						
		Net rental income or (loss)		►				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
	d	Net gain or (loss)		. <u></u>				
Other Revenue	8 a	Gross income from fundraising including \$						
sev.		contributions reported on line	1c). See					
er		Part IV, line 18			-			
₽		Less: direct expenses						
		Net income or (loss) from fund		<u></u>				
	9 a	Gross income from gaming act						
		Part IV, line 19			4			
		Less: direct expenses						
		Net income or (loss) from gami		····· >				
	iu a	Gross sales of inventory, less r and allowances						
	h	Less: cost of goods sold			1			
		Net income or (loss) from sales						
İ		Miscellaneous Revenue		Business Code				
İ	11 a							
	b							
	с							
		All other revenue						
	е	Total. Add lines 11a-11d						0.115
	12	Total revenue. See instructions.		►	3,213,013.	3,079,069.	0.	
73200	9 11-28	-17						Form 990 (2017)

732009 11-28-17

9

Part IX Statement of Functional Expenses

MCLEAN YOUTH SOCCER ASSOCIATION

~	Check if Schedule O contains a respons		this Part IX (B)	(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	ש) Fundraising expenses
1	Grants and other assistance to domestic organizations		,		,
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	159,075.	159,075.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			114 010	
7	Other salaries and wages	1,672,541.	1,557,729.	114,812.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	160 001	144 000	16 002	
10	Payroll taxes	160,031.	144,028.	16,003.	
11	Fees for services (non-employees):				
a	Management	1,786.		1,786.	
b		20,222.		20,222.	
	Accounting	20,222.		20,222.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	110,386.	104,391.	5,995.	
10	Advertising and promotion	8,611.	8,611.	5,555.	
12 13	Office expenses	26,341.	13,261.	13,080.	
13 14	Information technology	1,998.	1,599.	399.	
15	Royalties	_,	_/ = / = = = =		
16	Occupancy	6,694.	5,355.	1,339.	
17	Troval	17,029.	17,029.		
18	Payments of travel or entertainment expenses	,	,		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	538,283.	538,283.		
23	Insurance	3,098.		3,098.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	LEAGUES & TOURNAMENTS	153,625.	153,625.		
b	FIELD MAINTENANCE	102,860.	102,860.		
с	UNIFORMS/GAME SUPPLIES	73,998.	73,998.		
d	LEAGUE CARD FEES	63,332.		63,332.	
е	All other expenses	20,540.	20,540.		
25	Total functional expenses. Add lines 1 through 24e	3,140,450.	2,900,384.	240,066.	(
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

732010 11-28-17

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Form **990** (2017)

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34

34

Form 990 (2017)

MCLEAN YOUTH SOCCER ASSOCIATION

Check if Schedule O contains a response or note to any line in this Part X

Total liabilities and net assets/fund balances _____

(A) (B) Beginning of year End of year Cash - non-interest-bearing 1 1 1,633,529 1,974,261. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use 2,499. 76,771. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 58,645. basis. Complete Part VI of Schedule D _____ 10a 58,645. b Less: accumulated depreciation 10b 0. 0. 10c Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 2,196,963. 1,782,930. 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 3,832,991. 3,833,962. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 16,324. 17 74,062. 17 Accounts payable and accrued expenses 18 18 Grants payable 1,085,694. 971,249. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 1,102,018. 1,045,311. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. 2,730,973. 2,788,651. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 2,730,973. 2,788,651. Total net assets or fund balances 33 33 3,832,991. 3,833,962.

Form 990 (2017) Part X | Balance Sheet

Assets

_iabilities

Vet Assets or Fund Balances

Form	990 (2017) MCLEAN YOUTH SOCCER ASSOCIATION	80-00	15698	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,213	,013.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,140	,450.
3	Revenue less expenses. Subtract line 2 from line 1	3	72	,563.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,730	,973.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	-14	,885.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	2,788	,651.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				res No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2 b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			

Form **990** (2017)

732012 11-28-17

SCHEDULE A

Department of the Treasury

(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. Attach to Form 990 or Form 990-EZ.

2017
Open to Public Inspection

OMB No. 1545-0047

Interr	ial Reve	nue Service		Go to www.irs.go	//Form990 for instruction	ons and tl	ne latest i	nformation.		Inspectio	on		
Nar	ne of	the organizat			OCCER ASSOCI	λ ΠΤ ΟΝΙ				identification $0 - 001569$			
Pa	art I	Reason			All organizations must co			o instruction		0-001303	0		
					For lines 1 through 12, c				13.				
	Gigai		•		• •		,						
1	\square	 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 											
2	H							::)					
3	\square	•	•		anization described in se					41 1 1 - 11			
4		city, and sta		ation operated in co	njunction with a hospital	described	a in sectio	n 170(d)(1)(7	A)(III). Enter	the nospital's h	ame,		
5		-		or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit describ	ped in			
-		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6					nental unit described in s	section 17	70(b)(1)(A)	(v).					
7					ntial part of its support f				the general	public describe	ed in		
		section 170	(b)(1)(A)(vi). (C	omplete Part II.)		-			-				
8					(1)(A)(vi). (Complete Par	t II.)							
9					in section 170(b)(1)(A)(ed in conju	inction with a	a land-grant	college			
					ulture (see instructions).								
		university:		5 5 5	(,		, ,	,,					
10	X	· · -	tion that norma	Ilv receives: (1) more	e than 33 1/3% of its sup	port from	contributio	ons, member	ship fees, a	ind gross receip	ots from		
					ct to certain exceptions,								
					(less section 511 tax) fro								
				mplete Part III.)					. gaa				
11				,	ively to test for public sa	fetv. See	section 50)9(a)(4).					
12		-	•	-	ively for the benefit of, to	•			arrv out the	e purposes of or	ne or		
		-	-	-	ed in section 509(a)(1) o	-			-				
					of supporting organizatio								
а		7			upervised, or controlled					aivina (
		••		•	gularly appoint or elect a					0 0			
			-	complete Part IV, Se									
b	, [7 -		-	l or controlled in connec	tion with it	s supporte	ed organizati	on(s), by ha	ivina			
		••		•	anization vested in the s			•		•			
			-	t complete Part IV,					9				
с	: [¬ ۲	. ,	•		in connec	tion with. a	and function	allv integrate	ed with.			
-		••	-	•	rated. A supporting organization operated in connection with, and functionally integrated with, s) (see instructions). You must complete Part IV, Sections A, D, and E.								
d		-	-		orting organization oper				orted organi	zation(s)			
-		21	-		zation generally must sat				0	()			
			•		nplete Part IV, Sections	-		-					
е					written determination fro				e II. Type III				
-			•		nally integrated support				- ··, · / ···				
f	Ent		r of supported of										
				n about the supporte	ed organization(s).					-			
		(i) Name of sup	-	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	of monetary	(vi) Amount of	other		
		organizatio	on		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see inst	ructions)		
Tota	-l												
101	al							1		1			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

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Schedule A (Form 990 or 990-EZ) 2017 MCLEAN YOUTH SOCCER ASSOCIATION

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
_	organization, check this box and stor						>
See	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2017 (14	%
	Public support percentage from 2016					15	%
16 a	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop I	here. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						e
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17			
					Sch	edule A (Form 990) or 990-EZ) 2017

732022 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 MCLEAN YOUTH SOCCER ASSOCIATION 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	61,528.	49,203.	37,017.	30,410.	131,799.	309,957.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	0500500		0004514	0055500		1 4 4 4 6 8 8 9
	organization's tax-exempt purpose	2593529.	2661937.	2834714.	2977530.	3079069.	14146779.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	0 5 5 5 0	1.0	0 000			4 0 0 1
	iness under section 513	2,573.	16.	2,392.			4,981.
4	Tax revenues levied for the organ-						
	ization'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	0657600		0074100	2007040	2210000	1 4 4 6 1 1 1 1
	Total. Add lines 1 through 5	2657630.	2711156.	2874123.	3007940.	3210868.	14461717.
7a	Amounts included on lines 1, 2, and	00 407					00 407
	3 received from disqualified persons	23,427.					23,427.
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 emount on line 12 for the user						0.
	amount on line 13 for the year	23,427.					23,427.
	Public support. (Subtract line 7c from line 6.)	2371270					14438290.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	2657630.	2711156.	2874123.	3007940.	3210868.	14461717.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	1,338.	1,689.	3,667.	4,160.	2,145.	12,999.
	and income from similar sources	1,330.	1,009.	5,007.	4,100.	2,145.	12,999.
D	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
-		1,338.	1,689.	3,667.	4,160.	2,145.	12,999.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,330.	1,005.	5,007.	4,100.	2,143.	12,999.
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.)	2658968.	2712845.	2877790.	3012100.	3213013.	14474716.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
				<u></u>			>
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2017 (line 8, column (f) di	ivided by line 13, c	olumn (f))		15	99.75 %
	Public support percentage from 2016					16	99.40 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20)17 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.09 %
	Investment income percentage from a					18	.12 %
1 9a	33 1/3% support tests - 2017. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3% , and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organization	ation	► X
b	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3% , a	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
73202	23 10-06-17			15	Sche	edule A (Form 990) or 990-EZ) 2017

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

Yes

No

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.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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 Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 MCLEAN YOUTH SOCCER ASSOCIATION Part IV 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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			• •
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
-	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	,		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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting 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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	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 yea(see instructions).	•		
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i> .			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	ŕ 1	
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 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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? 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		
732025	5 10-06-17 Schedule A (Form 9	90 or 99	90-EZ)	2017

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Schedule A (Form 990 or 990-EZ) 2017 MCLEAN YOUTH SOCCER ASSOCIATION

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	on 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		
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		
Sect	on 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):			
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 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		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
•	Distributable Amount. Subtract line 5 from line 4, unless subject to			
6				

instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

Schedule A (Form 990 or 990-EZ) 2017 MCLEAN YOUTH SOCCER ASSOCIATION

	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
	ion D - Distributions		(oonanaoa)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Part VI	(Form 990 or 990 EZ) 2017 MCL	1 Provide the even	lanationa ra	nuired by Dar		art II line 17a	80-001	
	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3	3c. 4b. 4c. 5a. 6. 9a	a. 9b. 9c. 11	a. 11b. and 1	1c: Part IV. S	ection B. lines	s 1 and 2: Part IV	. Section C.
	line 1; Part IV, Section D, lines 2 a	nd 3; Part IV, Sect	ion E, lines ⁻	1c, 2a, 2b, 3a	, and 3b; Par	t V, line 1; Par	V, Section B, lir	ne 1e; Part V
	Section D, lines 5, 6, and 8; and F (See instructions.)	Part V, Section E, li	nes 2, 5, and	d 6. Also com	plete this par	t for any addit	ional information	1.
	(See Instructions.)							
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2028 10-06-	17			20		Sched	uie A (FUIII 990	01 990-EZ)
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MCLEAN YOUTH SOCCER ASSOCIATION

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2017

** Do Not File ** *** Not Open to Public Inspection ***

Payer's Name	2013 Amount	2014 Amount	2015 Amount	2016 Amount	2017 Amount
DISQUALIFIED					
AYMENTS	23,427.	0.	0.	0.	0
otal to Schedule A,					

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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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



Name of the organization

MCLEAN YOUTH SOCCER ASSOCIATION

Employer identification number 80-0015698

crigarization arswered "Yes" on Form 980, Part V, Ine 6. (a) Donor advised funds (b) Funds and other accounts (c) advised funds (b) Funds and other accounts (c) advised funds (c) advised fund (c) advised fund (c) advised fund (c) advised fund (c) advised (c) advised fund (c) advised (Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or A	ccounts.Complete if the
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2 Aggregate value of contributions to (during year) 4 Aggregate value of antis from (during year) 5 Did the organization is modified, second value of antis from (during year) 6 Did the organization is and a dones and shore advisors in writing that the assets held in dones advised funds are the organization inform all grantees, conces, and donor advisors in writing that grant funds can be used only for charable purpose and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charable purpose shore to for the bonefit of the donor or donor advisors in writing that grant funds can be used only for charable purpose shore to for the bonefit of the donor or donor advisors in writing that grant funds can be used only for charable purpose shore to for the bonefit of the donor or donor advisors in writing that grant. Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of conservation easements a total annaber of conservation easements and the data grant dones advisor in the donor of dones are the organization due to conservation easements a total annaber of conservation easements between the due of the tax year. a total annaber of conservation easements between the due of the tax for the tax year. b Total acreage restricted by conservation easements in class of the done of a done of a historic structure bisted in the Autonal Register C Number of conservation easements in class of the done of a historic structure bisted in the Autonal Register C Number of conservation easements in class of the conservation easements in the class of the data structure included in (a) C Number of conservation easements in class due the conservation easements in tockar? A Number of conservation easements in class of the done of a value data protection of a historic structure bisted in the Autonal Register C Number of conservation easements in blockary C Number of conservation easemen			(a) Donor advised funds	(k) Funds and other accounts
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 B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the eoten is included on Form 990, Part VIII, line 1 If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: If the organization received or held works of art, historical treasures, or other similar asse	7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion eas	sements during the year
 and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets					
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b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017	-				•
LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990.Schedule D (Form 990) 2017					
		-	5 IUI FUIII 330.		Schedule D (Form 990) 2017

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-		YOUTH SOCC						80-00			age 2
Par	rt III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	or Othe	er Simila	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following the	at are a s	ignificant	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4											
5	During the year, did the organization solicit o								٦.,		٦
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran								Yes		No
Fai	reported an amount on Form 990, Par		ete ir the	organizatio	n answered	res on	Form 990	, Part IV,	line 9, o		
1a	Is the organization an agent, trustee, custodi		diany for	contribution	s or other as	sets not	included				
ia	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							······			
~			, no tring t						Amoun	t	
с	Beginning balance						1c			-	
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fe								Yes		No
b	If "Yes," explain the arrangement in Part XIII.]
Par	rt V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on Fo	1						
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Fou	r years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance										
2	Provide the estimated percentage of the curr Reard designated or quasi and summant		ce (line 1 %	g, column (a	a)) neid as:						
	Board designated or quasi-endowment ▶ Permanent endowment ▶	%	70								
	Temporarily restricted endowment	%									
Ŭ	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	ered for t	he organiz	ration			
	by:								1	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza										
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answered	d "Yes" on Form 99	0, Part IN	/, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr		• •	or other (other)		ccumulate preciation	d	(d) Boo	k value	e
1a	Land										
	Buildings										
с	Leasehold improvements										
	Equipment				7,145.		7,1				0.
	Other				1,500.		51,5				0.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	0c.)						0.

Schedule D (Form 990) 2017

732052 10-09-17

Schedule D	(Form 990) 2017	MCLEAN	YOUTH	SOCCER	ASSOCIATION	
Part VII	Investments	- Other Securit	ties.			

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 000 Part IV lin	a 11d Saa Form 000 Part X lina 15	
	Description		(b) Book value
<u>(1)</u>			
(2)			
<u>(3)</u>			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin		5.
1.(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		
		to the organization's financial statements	that roports the
organization's liability for uncertain tax positions under	TIN 48 (ASC 740). Chec	in there is the text of the foothote has been	n provided in Part XIII

Schedule D (Form 990) 2017

732053 10-09-17

Sche	dule D (Form 990) 2017 MCLEAN YOUTH SOCCER ASSOC	LATION	80-0015698 _{Page} 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Exp	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u></u>	
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ

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

OMB No 1545-0047 **Open to Public** Inspection Employer identification number

MCLEAN YOUTH SOCCER ASSOCIATION

80-0015698

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HIGH CALIBER ENVIRONMENT, AND A COMMITMENT TO BEST PRACTICES. WE IMPART

LIFE LESSONS THROUGH DEVELOPMENTALLY AND AGE APPROPRIATE YOUTH SOCCER

ACTIVITIES IN THE COMMUNITY. APPROXIMATELY 3,150 PLAYERS PER SEASON

AGES FOUR TO EIGHTEEN PARTICIPATED IN TEAM ACTIVITIES AND INDIVIDUAL

TRAINING SESSIONS AND CAMPS DURING THE YEAR.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY. MYSA ALSO FUNDS AND FACILITATES THE DEVELOPMENT OF HIGH

QUALITY PLAYING FIELDS FOR OUR MEMBERS' AND THE COMMUNITY'S USE.

FORM 990, PART VI, SECTION A, LINE 6:

ARTICLE III OF THE MYSA BYLAWS PROVIDES THAT ANY PARENT OR GUARDIAN OF A MEMBER WHO IS REGISTERED TO PLAY SOCCER SHALL BE CONSIDERED A MEMBER OF AND BE ENTITLED TO VOTE IN THE ORGANIZATION FOR ONE YEAR FROM THE DATE OF REGISTRATION.

FORM 990, PART VI, SECTION A, LINE 7A:

ARTICLE IV ON THE MYSA BYLAWS PROVIDES THAT THAT THE BOARD OF DIRECTORS

SHALL BE ELECTED BY A MAJORITY VOTE OF THE VOTING MEMBERS PRESENT AT THE

ANNUAL MEETINGS OF MYSA.

FORM 990, PART VI, SECTION B, LINE 11B: THE MYSA FORM 990 IS PREPARED BY A CERTIFIED PUBLIC ACCOUNTING FIRM AND A DRAFT IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW. A BOARD MEETING TAKES PLACE TO DISCUSS THE FORM 990 PRIOR TO ITS FILING WITH THE LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017) 732211 09-07-17 25

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Schedule O (Form 990 or 990-EZ) (2017) Page 2					
Name of the organization	MCLEAN	YOUTH	SOCCER	ASSOCIATION	Employer identification number 80-0015698
IRS.					

FORM 990, PART VI, SECTION B, LINE 12C:

MYSA HAS A POLICY THAT REQUIRES ALL DIRECTORS AND OTHER KEY PERSONNEL TO REVIEW, COMPLETE AND FILE ON AN ANNUAL BASIS A CODE OF CONDUCT AND ETHICAL STANDARDS, WHICH INCLUDES CONFLICT OF INTEREST PROVISIONS. ANY POTENTIAL CONFLICTS ARE REVIEWED BY THE NON-DISQUALIFIED MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD AND ACTED UPON AS DEEMED APPROPRIATE UNDER THE CIRCUMSTANCES. THE BOARD SECRETARY REPORTS TO THE BOARD NO LESS THAN ANNUALLY ON THESE ACTIVITIES OF THE EXECUTIVE COMMITTEE AND THE FILING OF THESE CODE OF CONDUCT AND ETHICAL STANDARDS STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTORS COMPENSATION IS SET BY A COMMITTEE OF INDEPENDENT

DIRECTORS BASED ON AVAILABLE MARKET DATA AND OTHER FACTORS AFTER

CONTEMPORANEOUS SUBSTANTIATION OF THE DECISION.

FORM 990, PART VI, SECTION C, LINE 18:

THE ASSOCIATION COMPLIES WITH IRC SECTION 6104 AND MAKES ITS FORM 1023 AND FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FORM 990 IS ALSO AVAILABLE ON THE ASSOCIATION'S WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ASSOCIATION MAKES ITS CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND ON THE ASSOCIATION'S WEBSITE.

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IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning $\underline{JUL 1}$, 2017, and ending $\underline{JUN 30}$, 2018

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

2017

Department of the Treasury Internal Revenue Service

Name of exempt organization

Employer identification number

80-0015698

MCLEAN YOUTH SOCCER ASSOCIATION

Name and title of officer LOUISE WAXLER EXECUTIVE DIRECTOR

Part I 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 1 line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,213,013.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
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)	5b	

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 2017 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

X lauthorize FRANK & COMPANY, P.C.	to enter my PIN 15698
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2017 electronically filed re is being filed with a state agency(ies) regulating charities as part of the IF 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 indicated within this return that a copy of the return is being filed with a sprogram, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	Date
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.	54143115698 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2017 confirm that I am submitting this return in accordance with the requirements of Pul <i>e-file</i> Providers for Business Returns.	,
ERO's signature FRANK & COMPANY , P.C.	Date 11/15/18
ERO Must Retain This Form Do Not Submit This Form to the IRS U	
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2017)
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