Form **990**

Department of the Treasury

ا

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

 2017
Open to Public Inspection

В	Check if applicab	C Name of organization		D Employer identific	cation number		
Г	Addre	MCLEAN YOUTH SOCCER ASSOCIATION					
F	chang Name chang	Doing business as		80-0	015698		
F	lnitial		oom/suite				
F	Final	DO BOX 724	OOIII/Suito		506-8068		
	returr termi ated			G Gross receipts \$	3,213,013.		
Г	Amer	ded MCT EANT 17A 22101		H(a) Is this a group re			
	Appli tion	F Name and address of principal officer: LOUISE WAXLER		for subordinates			
	pend	SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	1	list. (see instructions)		
		te: WWW.MCLEANSOCCER.ORG		H(c) Group exemption			
		forganization: X Corporation Trust Association Other	L Year o	of formation: 2002 N	State of legal domicile: VA		
P	art I						
é	1	Briefly describe the organization's mission or most significant activities: MCLEAI	N YOU	TH SOCCER D	EVELOPS		
Activities & Governance		YOUTH THROUGH THE SPORT OF SOCCER BY PROV					
Je.	2	Check this box if the organization discontinued its operations or dispose		I _ I	sets. 10		
ģ	3			3	10		
∞ ≪	4	Number of independent voting members of the governing body (Part VI, line 1b)			117		
ij	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)					
₹	6	Total number of volunteers (estimate if necessary)			0.		
ĕ		Net unrelated business taxable income from Form 990-T, line 34			0.		
	+ -	Net unrelated business taxable income norm offit 330-1, line 34	·····	Prior Year	Current Year		
•	8	Contributions and grants (Part VIII, line 1h)		30,410.	131,799.		
ğ	9	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.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	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) \dots		1,924,658.	1,991,647.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ă	b	Total fariationing expenses (Fart IX, colarini (D), line 20)	0.	1 000 000	4 4 4 0 0 0 0		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,283,938.	1,148,803.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,208,596.	3,140,450.		
_ 0	19	Revenue less expenses. Subtract line 18 from line 12		-196,496.	72,563.		
Net Assets or	3	T. I. (D. I.V.); 40	Rei	ginning of Current Year 3,832,991.	End of Year 3,833,962.		
SSG	20	Total assets (Part X, line 16)		1,102,018.	1,045,311.		
## # # #	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		2,730,973.	2,788,651.		
	≧∣22 art II			2,750,5754	2,700,031		
		alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of m	/ knowledge and belief, it is		
	•	ct, and complete. Declaration of preparer (other than officer) is based on all information of whic			,,,		
Siç	gn	Signature of officer		Date			
	re	LOUISE WAXLER, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	I .	Date Check	PTIN		
Pa		R. MATTHEW FRANK R. MATTHEW FRANK	1	1/13/18 if self-employed	P01277196		
	parer	Firm's name FRANK & COMPANY, P.C.		Firm's EIN	54-1156733		
Use Only Firm's address 1360 BEVERLY ROAD, SUITE 300							
_		MCLEAN, VA 22101		Phone no. 70	3-821-0702		
Ma	ıy the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

		Page 2
Pai	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
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, AND A	
	COMMITMENT TO BEST PRACTICES. WE IMPART LIFE LESSONS THROUGH	
	DEVELOPMENTALLY AND AGE APPROPRIATE YOUTH SOCCER ACTIVITIES IN THE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	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 expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an	d
	revenue, if any, for each program service reported.	-
 4а	2.042.602	10.)
ти	TEAM ACTIVITIES - TO ORGANIZE AND FACILITATE DEVELOPMENTALLY AND AGE	 , ,
	APPROPRIATE YOUTH SOCCER PRACTICES, GAMES AND TOURNAMENTS FOR MEMBER	<u>S</u> .
	APPROXIMATELY 3,150 YOUTH PLAYERS AGES 4 TO 18 PARTICIPATED DURING TO	
	YEAR.	
	I DAIL •	
4b)
	FIELD ACTIVITIES - TO FUND AND FACILITATE THE DEVELOPMENT OF AND	
	MAINTAIN QUALITY PLAYING FIELDS FOR OUR MEMBERS' USE IN PRACTICE, GA	${ t ME}$
	AND TRAINING ACTIVITIES. DURING THE YEAR, ON LAND OWNED BY FAIRFAX	
	AND INMINING ACTIVITIES. DONING THE TEM, ON EMAD OWNED BY TAIRIAM	
	COUNTY PARK AUTHORITY OR FAIRFAX COUNTY PUBLIC SCHOOLS, MCLEAN YOUTH	
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732002 11-28-17

Form **990** (2017)

including grants of \$ 2 , 900 , 384 .

Total program service expenses

Form 990 (2017) MCLEAN YOUTH SOCCER ASSOCIATION Part IV Checklist of Required Schedules

			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	Х	
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		X
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		Х
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	Did 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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		Х
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		X
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		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		- 21
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
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	لييا	Х

Form 990 (2017) MCLEAN YOUTH SOCCER ASSOCIATION Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	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		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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			
	Schedule L, Part I	25b		Х
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,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	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		Х
	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,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			_
-	within the meaning of section 512(b)(13)? If "Yes," 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?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	and the second and reduced to complete desired of			

Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Programme Test Te		Check if Schedule O contains a response or note to any line in this Part V				Ш
b Enter the number of Forms W26 included in line 1a. Enter of in rid applicable 1				-	Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (approximate) and provided the provided of the calendar year ending with or within the year covered by this return 2	1a			_		
Gambling) winnings to prize winners? a Effect 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 b I fat least one is reported on line 2a, did the organization line all neguined federal employment tax returner? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) b If 'Yes', has it filed a Form 990 To fro this year If "No", to file 83, provide an explanation in Schedule 0 3b D If 'Yes', a list it filed a Form 990 To fro this year If "No", to file 83, provide an explanation in Schedule 0 3b D If 'Yes', a list it filed a Form 990 To fro this year If "No", to file 83, provide an explanation in Schedule 0 3c D If 'Yes', a file that the sum of the foreign country (such as a bank account, securities account, or orther intancial account)? 4a A lary 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 A lary 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 accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of them 88961? 5b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6c D If the organization receive a payment in excess of \$75 made partly as a contribution of a partly for goods and services provided to the payor? 7b If 'Yes,' did the or	b		ID	띡		
2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2b If at least on is reported on line 2a, did the organization file all required federal employment tax returns? 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 unreated business gross income of \$1,000 or more during the year? 3a A at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country? No, 1 files 2b, provide an explanation in Schedule O 5b If "Yes," that if lied a Form 990-T for this year? If "No, 1" in file 8b, provide an explanation in Schedule O 5c If "Yes," that the name of the foreign country? 5c If "Yes," or the the name of the foreign country? 5c If "Yes," or the the name of the foreign country? 5c If "Yes," the line 5a of 5b, did the organization file Form 8868-T7 5d Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d Does the organization have unaul gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization selve any apyment in excess of \$75 made party sis a contribution and party for goods and services provided 7 7 D If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 8 Did the organization selve apyment in excess of \$75 made party as a contribution and party for goods and services provided 7 7 D If "Yes," did the organization include with every solicitation and express that the services provided 7 7 D If "Yes," did the organization selve apyment in exc	С			_	- V	
field for the calendary year ending with or within the year covered by this return 117	_		I	1c		
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9a Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12		to file Form 8282?	······	7с		Х
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		
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? 9 Sponsoring organization make any taxable distributions under section 4966? a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 15c 17b 17c	f					X
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c 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 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	Enter the amount of reserves the organization is required to maintain by the states in which the				
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	С		13c			
						X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		000	(00 :::

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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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 0.0		
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Division (microscon Direqueste information about politicis net required by the internal revenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1.5		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	10.5		
17	List the states with which a copy of this Form 990 is required to be filed ►VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.		-	
	X Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 703-506-8068			
	PO BOX 724, MCLEAN, VA 22101			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 (D), (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.

(A) Name and Title	(B) Average		not c		ition more	than		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	offi	, unle cer an					compensation from	compensation from related	amount of other
	(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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICH IRONS	10.00	x		Х				0.	0.	0
CHAIR (2) LAURA MATTIS	10.00	_		_				0.	0.	0
VICE-CHAIR & SECRETARY	10.00	X		х				0.	0.	0
(3) BRYAN JUDD	10.00								•	
TREASURER		x		x				0.	0.	0
(4) WHITNEY BERGENDAHL	10.00									
RECREATION DIRECTOR		Х		Х				0.	0.	0
(5) BRIAN LUWIS	5.00	ļ.,								
DIRECTOR		Х						0.	0.	0
(6) MICHAEL KUNZ	5.00	X						0.	0.	0
DIRECTOR (7) MICHAEL DALAKIS	5.00	^						0.	0.	
DIRECTOR	3.00	\mathbf{x}						0.	0.	0
(8) JAMES SOCAS	5.00									
DIRECTOR		Х						0.	0.	0
(9) KIRK ROBERSTON	5.00									
DIRECTOR - TRAVEL		Х						0.	0.	0
(10) SHARON KING DONOHUE	5.00	x						0.	0.	0
DIRECTOR (11) LOUISE WAXLER	40.00	^						0.	0.	0
EXECUTIVE DIRECTOR	40.00	1		х				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						Х		118,527.	0.	4,800
(14) KEITH TABATZNIK	40.00									
DIRECTOR OF SOCCER						Х		101,945.	0.	4,800
		_								
		1								
		\mathbf{I}								
722007 11 20 17										Form 990 (201

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)	(C)					(D)	(E)			(F)		
	Name and title	Average	(do	not c	Pos		n e than	one	Reportable	Reportable	÷	Es	timate	:d
		hours per	box	, unle	ss pe	rson	is bot or/trus	th an	compensation	compensation	on	an	ount o	of
		week	\vdash	Cer ai	lu a u	III ecu	Ji/ ii us	lee)	from	from related			other	
		(list any hours for	Individual trustee or director						the	organization			pensat	
		related	or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om the anizati	
		organizations	ruste	l trus		99	mpen		(***2/1033******1000)				d relate	
		below	dualt	Institutional trustee	_	nplo)	sst co	l La					nizatio	
		line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Form						
			1											
			1											
				_										
			-											
								-						
			1											
								-						
			1											
			-											
1h	Sub-total			<u> </u>	<u> </u>				371,121.		0.	1	4,40	00.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								371,121.		0.	1	4,40	
2	Total number of individuals (including but n									0,000 of reportab	le		-	
	compensation from the organization						,							3
													Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su	ım of reportab												
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sch	edul	e J t	for such individual			4		X
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	y uni	relat	ted organization or indiv	idual for services	3			
	rendered to the organization? If "Yes," com	plete Schedul	e J t	for s	uch	pers	son					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	<u>ithir</u>		year.			_	
	(A) Name and business	address	NT/	INC					(B) Description of s	envices	C	(C ompe		2
	Traine and business	<u>audic33</u>	1//)IVI					Description of s	ICI VICCS	$\vdash \vdash$	ompei	isatioi	<u>'</u>
											ł			
								-			 			
								\dashv						-
2	Total number of independent contractors (i		ot li	mite	d to	tho	se li:	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation >					U						200 (6	

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Pa	rt V	Ш	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any lir				Ш
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 :	a F	ederated campaigns	1a					
iran			Membership dues						
A,G			Fundraising events						
ar /			Related organizations						
s, E			Government grants (contribut						
risi			All other contributions, gifts, gran	· -					
탏			similar amounts not included abo		131,799.				
100 d	۱ ,	g N	Noncash contributions included in lines	1a-1f: \$	17,257.				
Contributions, Gifts, Grants and Other Similar Amounts		h 1	Total. Add lines 1a-1f		>	131,799.			
					Business Code				
	2 :		REGISTRATION FE	EES		2,728,452.	2,728,452.		
eZi Je		-	TRAINING FEES		713990	236,459.	236,459.		
n Si	١ ،	c <u>'</u>	FOURNAMENT FEES	<u> </u>	713990	114,158.	114,158.		
Je Sev	۱ ،	d_							
Program Service Revenue		е _							
<u>а</u>			All other program service reve			2 070 060			
			Total. Add lines 2a-2f			3,079,069.			
	3		nvestment income (including	,	,	2,145.			2,145.
	other similar amounts) 4 Income from investment of tax-exempt bond pro					2,143.			2,143.
	4				•				
	5		Royalties	(i) Real	(ii) Personal				
	6	a (Gross rents	(i) Neai	(II) Fersonal				
			≟ross rents _ess: rental expenses						
	l		Rental income or (loss)						
			Net rental income or (loss)		•				
			Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	(7	()				
			_ess: cost or other basis						
		a	and sales expenses						
	,		Gain or (loss)						
	ı		Net gain or (loss)	•	>				
<u>•</u>	8 :	а (Gross income from fundraisin	g events (not					
enc			ncluding \$						
Other Revenue			contributions reported on line	=					
ē			Part IV, line 18						
₽			_ess: direct expenses						
			Net income or (loss) from fund		D				
	9 ;		Gross income from gaming ac						
	١.		Part IV, line 19						
			_ess: direct expenses Net income or (loss) from gam						
			Gross sales of inventory, less	-	······				
	י טו		•						
		and allowancesa b Less: cost of goods soldb							
			Net income or (loss) from sale						
	<u> </u>	- 1	Miscellaneous Revenu		Business Code				
	11 :	<u> </u>	Wildelia redad rieveria						
		b b							
	,	c							
	,	d A	All other revenue						
			Fotal. Add lines 11a-11d						
	12	1	Total revenue. See instructions.			3,213,013.	3,079,069.	0.	2,145.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 159,075. 159,075. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,672,541. 1,557,729. 114,812. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 160,031. 144,028. 16,003. Payroll taxes 10 Fees for services (non-employees): a Management 1,786. 1,786. Legal 20,222. 20,222. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 104,391. 5,995 110,386. column (A) amount, list line 11g expenses on Sch O.) 8,611. 8,611. Advertising and promotion 12 26,341. 13,261. 13,080. Office expenses 13 1,998. 1,599. <u> 399.</u> 14 Information technology 15 Royalties 6,694. 5,355. 1,339. 16 Occupancy 17,029. 17,029. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 538,283. 538,283. Depreciation, depletion, and amortization 22 3,098. 3,098. 23 Other expenses. Itemize expenses not covered 24 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 O.) LEAGUES & TOURNAMENTS 153,625. 153,625. FIELD MAINTENANCE 102,860. 102,860. 73,998. UNIFORMS/GAME SUPPLIES 73,998. 63,332 LEAGUE CARD FEES 63,332. 20,540. 20,540. e All other expenses 3,140,450 2,900,384. 240,066. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Part X Balance Sheet

Part A	•	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
1	l	Cash - non-interest-bearing				1	
2		Savings and temporary cash investments			1,633,529.	2	1,974,261
3		Pledges and grants receivable, net				3	
4		Accounts receivable, net				4	
5		Loans and other receivables from current and for					
		trustees, key employees, and highest compensation					
		Part II of Schedule L		· ·		5	
6		Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sect		• • • • • • • • • • • • • • • • • • • •			
,		employees' beneficiary organizations (see instr).		·		6	
7		Notes and loans receivable, net		_		7	
8 8		Inventories for sale or use				8	
9		Prepaid expenses and deferred charges			2,499.	9	76,771
		Land, buildings, and equipment: cost or other	 				
"		basis. Complete Part VI of Schedule D	102	58,645.			
		Less: accumulated depreciation		58,645.	0.	10c	C
11		Investments - publicly traded securities		· · · · · · · · · · · · · · · · · · ·	•	11	
12		Investments - other securities. See Part IV, line				12	
13		Investments - other securities, See Fart IV, line				13	
14		Intangible assets		2,196,963.	14	1,782,930	
15		Other assets. See Part IV, line 11		2/230/3000	15	2,702,750	
16		Total assets. Add lines 1 through 15 (must equ	3,832,991.	16	3,833,962		
17		Accounts payable and accrued expenses			16,324.	17	74,062
18		Grants payable		18	,		
19		Deferred revenue		1,085,694.	19	971,249	
20		Tax-exempt bond liabilities			, ,	20	- , -
21		Escrow or custodial account liability. Complete				21	
		Loans and other payables to current and former					
}		key employees, highest compensated employee					
22		Complete Part II of Schedule L				22	
23	3	Secured mortgages and notes payable to unrela				23	
24		Unsecured notes and loans payable to unrelate				24	
25		Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D		· · ·		25	(
26	6	Total liabilities. Add lines 17 through 25		_	1,102,018.	26	1,045,311
		Organizations that follow SFAS 117 (ASC 958					
,		complete lines 27 through 29, and lines 33 an					
27	,	Unrestricted net assets			2,730,973.	27	2,788,651
28		Temporarily restricted net assets				28	
29						29	
27 28 29		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 🗌			
		and complete lines 30 through 34.					
30)	Capital stock or trust principal, or current funds				30	
31		Paid-in or capital surplus, or land, building, or ed				31	
30 31 32		Retained earnings, endowment, accumulated in				32	
33	3	Total net assets or fund balances			2,730,973.	33	2,788,651
34		Total liabilities and net assets/fund balances			3,832,991.	34	3,833,962

orm	1 990 (2017) MCLEAN YOUTH SOCCER ASSOCIATION	80-0	015698	Pad	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,213		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,140		
3	Revenue less expenses. Subtract line 2 from line 1	3			63.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,730),9	73 .
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	1,8	85.
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	3,6	<u>51.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	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?		2a		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?		2b		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.			
За	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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2017)

За

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

MCLEAN YOUTH SOCCER ASSOCIATION 80-0015698 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

Total

Part II 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.)

Sec	tion 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										
3	furnished by a governmental unit to										
	, ,										
	the organization without charge										
	Total. Add lines 1 through 3										
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
	Public support. Subtract line 5 from line 4.										
Sec	tion 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										
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										
	Gross receipts from related activities,	oto (soo instructi	one)			12					
	First five years. If the Form 990 is for	•	,	rd fourth or fifth t							
ı	organization, check this box and stop						ightharpoonup				
Sec	tion C. Computation of Publi	c Support Pe	rcentage								
	Public support percentage for 2017 (I		<u> </u>	column (f))		14	20				
	Public support percentage from 2016					15	<u>%</u> %				
	33 1/3% support test - 2017. If the co										
IUa											
	stop here. The organization qualifies										
D	33 1/3% support test - 2016. If the constant have The experience and						IIS DOX				
4-	and stop here. The organization quali										
17a	10% -facts-and-circumstances test										
	and if the organization meets the "fac					-					
	meets the "facts-and-circumstances"										
b	10% -facts-and-circumstances test	_									
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the										
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶∐				
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	s				

Schedule A (Form 990 or 990-EZ) 2017

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.)

800	qualify under the tests listed beat ction A. Public Support	elow, please comp	olete Part II.)					
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(a) 2015	(4) 2016	(a) 2017	(f) Total	
	Gifts, grants, contributions, and	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
•	membership fees received. (Do not							
		61,528.	49,203.	37,017.	30,410.	131,799.	309,957.	
_	include any "unusual grants.")	01,320.	49,203.	37,017.	30,410.	131,199.	309,937.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2593529.	2661937.	2834714.	2977530.	3079069.	14146779.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	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							
3	furnished by a governmental unit to							
	the organization without charge							
6	•	2657630.	2711156.	2874123.	3007940.	3210868	14461717.	
	Total. Add lines 1 through 5	20370301	27111501	2074125	30073401	3210000.	14401/1/	
16	Amounts included on lines 1, 2, and	23,427.					23,427.	
h	3 received from disqualified persons Amounts included on lines 2 and 3 received	23,427.					25,427.	
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
	Add lines 7a and 7b	23,427.					23,427.	
		23,127.					14438290.	
	Public support. (Subtract line 7c from line 6.)						144302308	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 0014	(a) 201 <i>E</i>	(4) 2016	(a) 2017	(f) Total	
	Amounts from line 6	(a) 2013 2657630.	(b) 2014 2711156.	(c) 2015 2874123.	(d) 2016 3007940.	3210868	(f) Total 14461717.	
	Gross income from interest,	2037030.	2711150.	2074125	3007340.	3210000.	14401717	
100	dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,338.	1,689.	3,667.	4,160.	2,145.	12,999.	
b	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.	3,007.	4,100.	2,143.	12,333.	
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	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	zation,	
	check this box and stop here							
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
15	15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f) 15 99.75 %							
	16 Public support percentage from 2016 Schedule A, Part III, line 15							
Sec	ction D. Computation of Inves	stment Incom	e Percentage					
17	Investment income percentage for 20	17 (line 10c, colun	nn (f) divided by lin	ne 13, column (f))		17	.09 %	
18	Investment income percentage from 2					18	.12 %	
	33 1/3% support tests - 2017. If the					3 1/3%, and line		
	more than 33 1/3%, check this box a							
b	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	re than 33 1/3%,	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	ns box and see ins	tructions		

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.)

	Yes	No
1		
2		
За		
3b		
_		
3с		
4a		
44		
4b		
4c		
5a		
5b		
5c		
33		
6		
7		
8		
9a		
9d		
9b		
9с		
10a		
10b		

Pai	t IV Supporting Organizations (continued)			
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
h	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		
	tion B. Type I Supporting Organizations	110		
	tion of type i capporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	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)	1		
· a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	-1	
2	Activities Test. Answer (a) and (b) below.	uctions	Yes	No
			163	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		ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instruct				
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion 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	ion 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	ion 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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Organia	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou				
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	ns		
4		nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive		
		de details in Part VI). See instructions.	3		
9		outable amount for 2017 from Section C, line 6			
10		amount divided by line 9 amount			
		annount annual by mile of annual in	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2017 (reason-			
	able o	ause required- explain in Part VI). See instructions.			
3	Exces	s 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			
		ed to underdistributions of prior years			
		ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
i		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2017 from Section D,			
	line 7:	·			
а		ed to underdistributions of prior years			
		ed to 2017 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2017, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	-	zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2017. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2018. Add lines 3j			
•	and 4	-			
8		down of line 7:			
		ss from 2013			
		ss from 2014			
		ss from 2015			
		ss from 2016			
		ss from 2017			
_	レヘレビン	3 11 VIII E VIII			

Schedule A (Form 990 or 990-EZ) 2017

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 PAYMENTS	23,427.	0.	0.	0.	0.
	,				
Total to Schedule A, Part III, Line 7a	23,427.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MCLEAN YOUTH SOCCER ASSOCIATION

Employer identification number 80-0015698

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	nferring
Pai	'		t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		a
	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired a		I I
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eased, extinguished, or terminated by the o	rganization during the tax
4	Number of states where property subject to conservation as	nament is leasted	
4 5	Number of states where property subject to conservation ear		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Transming of violations, and emoreting conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements during the year
-	▶ \$		caseee aag ae yea.
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er 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 (AS	SC 958), not to report in its revenue statemen	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2017

732051 10-09-17

Pa	t III Organizations Maintaining C	Collections of A	t, Histori	cal Treasu	res, or O	ther	Similar A	ssets	continue	d)
3	Using the organization's acquisition, accessi	ion, and other record	s, check an	y of the follow	ng that are	a sign	ificant use o	f its col	lection ite	ems
	(check all that apply):									
а	Public exhibition	d	Loa	n or exchange	programs					
b	Scholarly research	е	U Oth	er						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they	further the org	anization's e	exemp	t purpose in	Part XI	II.	
5	During the year, did the organization solicit of	or receive donations	of art, histor	ical treasures,	or other sin	nilar as	sets		_	
	to be sold to raise funds rather than to be m								'es	No_
Pa	t IV Escrow and Custodial Arran		ete if the org	anization ansv	vered "Yes"	on Fo	rm 990, Par	t IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod								_	
	on Form 990, Part X?							. L Y	′es L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:						
								Aı	nount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F					-	?	. LLL Y	′es L	No
	If "Yes," explain the arrangement in Part XIII.								L	
Pa	T V Endowment Funds. Complete						T 1 1			
		(a) Current year	(b) Prior	year (c)	wo years bac	K (d)	Three years b	ack (€	e) Four yea	ars dack
1a	Beginning of year balance					_		_		
b	Contributions					_		_		
C	Net investment earnings, gains, and losses					_		_		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance		- //:	-1 (-)\						
2	Provide the estimated percentage of the cur	rent year end balanc		olumn (a)) neic	as:					
a	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	%								
C	The paraentages on lines 2s, 2h, and 2s also	%								
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posses		ation that ar	a hald and ad	ninistored f	or tha	organization			
Sa		sssion of the organiza	alion mai ai	e neid and adi	illi listered i	OI LITE	organization		Vo	s No
	by: (i) unrelated organizations							Г	Ye 3a(i)	s No
	***							····	Ba(ii)	+
h	If "Yes" on line 3a(ii), are the related organization	ations listed as requir						_	3b	+
4	Describe in Part XIII the intended uses of the							L	OD	
Pa	t VI Land, Buildings, and Equipm		WITIOTIC TOTIC							
	Complete if the organization answere). Part IV. lir	e 11a. See Fo	rm 990. Par	t X. lin	e 10.			
	Description of property	(a) Cost or o		(b) Cost or oth	i		mulated	(d) Book va	alue
	э состраного расроту	basis (investn		basis (other)		•	ciation	, , , ,	,	
1a	Land	<u> </u>		. ,						
b	Buildings									
	Leasehold improvements									
							7 1 1 5			0.
d				7,1	45.		7,145.			0.
	Equipment Other			7,1 51,5		5	$\frac{7,145}{1,500}$			0.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 MCLEAN YOUT	H SOCCER ASS	SOCIATION	80	-0015698	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or en	d-of-year market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H) Total (Col. (h) must equal Form 000, Port V. col. (P) line 12.)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"				-1 -6	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market v	/alue
(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"	on Form 990, Part IV, li	ne 11d. See Form 990,	Part X, line 15.		
	Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	45)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		>		
	5 000 D 1 N/ I	11 1110 5	000 D 1 V 11 05	_	
Complete if the organization answered "Yes" (on Form 990, Part IV, III		n 990, Part X, line 25). 	
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(Q)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

Pai	rt XI	Reconciliation of Revenue per Audited Financial Stater		enue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total r	evenue, gains, and other support per audited financial statements		1	
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а		realized gains (losses) on investments			
b	Donate	ed services and use of facilities	2b		
С		eries of prior year grants			
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3	Subtra	ct line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
С		nes 4a and 4b			
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII	Reconciliation of Expenses per Audited Financial State	-	benses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1.		т.т	
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:			
a		ed services and use of facilities			
b		ear adjustments			
С.		losses			
d		(Describe in Part XIII.)		2.	
_		nes 2a through 2d			
3		act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	40		
a		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.) nes 4a and 4b	' <u>'</u>	4c	
		nes 4a and 4b expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.</i>)			
		Supplemental Information.		3	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV lines 1h and 2	h: Part V line 4: Part X line 2: Part XI	
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			
		, a.		•	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

MCLEAN YOUTH SOCCER ASSOCIATION

Employer identification number 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

IRS.

Name of the organization MCLEAN YOUTH SOCCER ASSOCIATION Employer identification number 80-0015698

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.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning $\underbrace{JUL~1}$, 2017, and ending $\underbrace{JUN~30}$, 20 $\underbrace{18}$

Department of the Treasury

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

Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.	
Name of exempt organiz	ration	Employer identification number
MCLEAN YOU'	TH SOCCER ASSOCIATION	80-0015698
Name and title of officer		•
LOUISE WAX	LER	
EXECUTIVE I	DIRECTOR	
Part I Type	of Return and Return Information (Whole Dollars Only)	
on line 1a, 2a, 3a, 4a whichever is applical than 1 line in Part I.	e return for which you are using this Form 8879-EO and enter the applicable amount, if any, f , or 5a , below, and the amount on that line for the return being filed with this form was blank ble, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicat	, then leave line 1b, 2b, 3b, 4b, or 5b, ble line below. Do not complete more
1a Form 990 check		1b 3,213,013.
2a Form 990-EZ che		
3a Form 1120-POL (, , , , , , , , , , , , , , , , , , , ,	
4a Form 990-PF che	, , , ,	
5a Form 8868 check	b Balance Due (Form 8868, line 3c)	5b
Part II Decl	aration and Signature Authorization of Officer	
intermediate service (a) an acknowledgen the date of any refun debit) entry to the fin return, and the finand 1-888-353-4537 no la processing of the ele payment. I have sele organization's conse	ne amount in Part I above is the amount shown on the copy of the organization's electronic reprovider, transmitter, or electronic return originator (ERO) to send the organization's return to the ent of receipt or reason for rejection of the transmission, (b) the reason for any delay in proced. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ancial institution account indicated in the tax preparation software for payment of the organical institution to debit the entry to this account. To revoke a payment, I must contact the U.S. ter than 2 business days prior to the payment (settlement) date. I also authorize the financial ctronic payment of taxes to receive confidential information necessary to answer inquiries are cated a personal identification number (PIN) as my signature for the organization's electronic into electronic funds withdrawal.	to the IRS and to receive from the IRS ressing the return or refund, and (c) to electronic funds withdrawal (direct ization's federal taxes owed on this S. Treasury Financial Agent at I institutions involved in the and resolve issues related to the
Officer's PIN: check	•	15600
LX I authorize	FRANK & COMPANY, P.C.	to enter my PIN 15698
	ERO firm name	Enter five numbers, t do not enter all zero:
is being file	ature on the organization's tax year 2017 electronically filed return. If I have indicated within a with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at IN on the return's disclosure consent screen.	• • •
indicated v	er of the organization, I will enter my PIN as my signature on the organization's tax year 2017 vithin this return that a copy of the return is being filed with a state agency(ies) regulating cha will enter my PIN on the return's disclosure consent screen.	
Officer's signature	Date ▶	
Part III Cert	ification and Authentication	
FRO's FFIN/PIN. En	ter your six-digit electronic filing identification	
	ed by your five-digit self-selected PIN. 5414311569 Do not enter all zeros	
•	re numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the mitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (Measiness Returns.	-
ERO's signature ▶ <u>F</u> I	RANK & COMPANY, P.C. Date ▶ 11	/13/18
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	o So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

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