

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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

Open to Public

11	a' Revenu	ue Gervice	► The org	anization may h	ave to use	a cop	y of this retur	n to satisfy	/ state i	eporting re	quirement	s.		Inspection
A	For the 2	.00 <u>4 cale</u> ndar	year, or tax year begi	nning	AUG	1,	2004	and en	ding	JUL	31, 2	2005		
В	Check if	Please C I	Name of organization									ployer	identificat	ion number
r	Address	use IRS									1.			
<u> </u>	change	print or DA	MBURY YOU'I							<del> </del>	T		06339	36
\ <u>_</u>	change	000	Number and street (or f			vered to	o street addre	ss)			ite E Tel			
<u> </u>	return Final	Instruc-	LAKE AVE							351			746-1	
<u> </u>	return Amende		City or town, state or co		+ 4						FASC		thod X	Cash Accrual
<u> </u>	return Applicat		NBURY, CT on 501(c)(3) organiza	06811	(a)(1) non	04000	t abaritable t	ruoto				Other (specify)		
	pending		attach a completed Se					iusis						organizations Yes X No
	Mahaisa.	. ► TAΠΑΠΑΤ 1"	YSC.US	·			,		, ,	ls this a gro If "Yes," ente	•			Yes _A No
			only one) ► X 501(c	\( 3 \ \ <b>4</b> @	nsert no )		947(a)(1) or	527	, ,	n res, enne Are all affilia			n/A ∣	Yes No
			the organization's gros							(If "No," atta	ch a list.)			1651110
			the a return with the IRS	•					H(d)	ls this a sep ganization c	arate retu overed by	rn filed b a oroug	by an or- b ruling?	Yes X No
			a return without finan							Group Exem				
						·	··						ation is <b>no</b>	t required to attach
L	Gross red	ceipts: Add line	es 6b, 8b, 9b, and 10b	o line 12 ►			143,8	34.		Sch B (Forr	_	•		
Pa	art I	Revenue,	Expenses, and	Changes	n Net	Asse	ts or Fur	d Bala	nces					
	1	Contributions	s, gifts, grants, and sim	ılar amounts rei	ceived:									
	a	Direct public	support					1a			358			
	b	Indirect publi	c support					1b				.]		
	C	4 130												
	d	Total (add lin	es 1a through 1c) (cas	h\$	4,	488	noncash	\$			)	1d	·	4,488.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)							2		138,130.			
	3	Membership	Membership dues and assessments interest on savings and temporary cash investments continued by the savings and temporary cash investments continued by the savings and interest from securities							3				
	4	Interest on sa	terest on savings and temporary cash investments						4	***************************************	1,216.			
	5	Dividends an	d interest from securiti	es	-INE	Ø		1 1				5		
	6 a	Gross rents		<i>30</i> /	9	λ		6a				-	۵	
	b	Less: rental e	xpenses	ACS	20 20	57	<b>}</b>	6b				-	hen er	7012300
	C	Net rental inc	ome or (loss) (subtrac	t line gpatram lir	ne 6a <b>% U</b> )	1 9						6c	186	
ē	7	Other investr	expenses ome or (loss) (subtrac nent income (describe it from sales of assets	CLERKA	DEPT.	-/1.0			···········	(D) Other		7		
Revenue	Ва	thes to test or	it from sales of assets	otner	5 14	<b>≥</b> (A) S	ecurities	0-		(B) Othe		-	م ا	779230
æ	l .		2					8a 8b				1	Ĭ	
	b		other basis and sales ( ) (attach schedule)	expenses	-			8c				-	ES.	-Phille
	C d	•	oss) (combine line 8c,	columne (A) an	d (B))			1 00			*	8d	المجارة المجارة	5777
	ں ا		s and activities (attach	• •		is fron	n namina che	ck here	<b>&gt;</b> [	7		00		
	<sup>*</sup> a		e (not including \$				ntributions	,011,110,10		-				
	-	reported on la				_ 0,00		9a						
	b	•	xpenses other than fur	draising expens	ses			9b	······································			1		
	c		r (loss) from special ev			m line !	9a)	·				9c		
	10 a	Gross sales o	f inventory, less return	s and allowance	es		,	10a						
	b	Less: cost of	goods sold					10b						
	c	Gross profit o	or (loss) from sales of i	nventory (attach	n schedule	e) (sub	tract line 10b	from line	10a)			10c		
	11	Other revenue	e (from Part VII, line 10	3)								11		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)							12		143,834.			
th.	13	Program serv	rices (from line 44, colu	ımn (B))								13		78,613.
Expenses	14	Management	and general (from line	44, column (C)	)							14		6,359.
per	15	Fundraising (	ising (from line 44, column (D))							15				
Щ	16	Payments to	affiliates (attach schedi	ıle)								16		
	17		es (add lines 16 and 4									17		84,972.
Ø	18	•	ficit) for the year (subt									18		58,862.
Net Ssets	19		fund balances at begin				nn (A))					19		115,966.
As	1	-	s in net assets or fund	•			4.00)					20		0.
	21	Net assets or	fund balances at end o	t year (combine	: lines 18,	19, an	a 20)					21		174,828.

DANBURY Y	OU	TH SOCCER, I	NC.	54-2	063396
Statement of All org	anıza	tions must complete colum	n (A) Columns (B), (C), an	nd (D) are required for section	
D) not include amounts reported on line 6b 8b 9b, 10b, or 16 of Part I	) ory	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Frants and allocations (attach schedule)			Services	and general	
(cash \$ 1,000 • noncash \$	22	1,000.	1 000.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule)	23	1,000.	1,000.		
24 Benefits paid to or for members (attach schedule)	24			1	
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	500.		500.	
32 Legal fees	32	3,860.		3,860.	
33 Supplies	33	7,343.	7,343.		
34 Telephone	34	518.	_518.		
35 Postage and shipping	35	67.	67.		
36 Occupancy	36	4,135.	4,135.		
37 Equipment rental and maintenance	37				
38 Printing and publications	38	64.	64.		
39 Travel	39				
40 Conferences, conventions, and meetings	40	999.		999.	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	4,050.	4,050.		
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 1	43e	62,436.	61,436.		
	44	84,972.	78,613.	6,359.	0.
Joint Costs Check ▶ ☐ If you are following SOP 98					
Are any joint costs from a combined educational campaig					Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos	ts\$.				;
(iii) the amount allocated to Management and general \$		; and	(iv) the amount allocated to	o Fundraising \$	
Part III Statement of Program Service		<del></del>			
What is the organization's primary exempt purpose?	<u>S</u>	EE STATEMENT	2		Program Service
All organizations must describe their exempt purpose achievement		aloge and consume manney Chate	the number of clients con ad	ublications issued ata Discuss	Expenses
achievements that are not measurable. (Section 501(c)(3) and (4) organized achievements that are not measurable.					(Required for 501(c)/3) and (4) orgs , and #947(a)(1)
allocations to others )		ALL 1100 DECED	1 m T 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		trusts, but optional for others)
a PROVIDED SOCCER INSTRUC				S FOR BOYS	
AND GIRLS AGES 5 TO 14.	<u>T</u>	001 PARTICIP	ANTS.		
			04	E00 \	21 022
h DROUTDED GOGGED TNGEDUG	т		Grants and allocations \$	500.)	31,033.
b PROVIDED SOCCER INSTRUC AND GIRLSS AGES 9 TO 17				FUK BUIS	
AND GIRLSS AGES 9 TO 17	•	265 PARTICI	PANTS.		
			Create and allegations &	500.)	47,580.
			Grants and allocations \$	300.7	41,300.
с		<del></del>			
			Grante and allocations ©	<u> </u>	
d			Grants and allocations \$		
	·····		Grants and allocations \$	1	
e Other program services (attach schedule)			Grants and allocations \$	1	
f Total of Program Service Expenses (should equal li	ne 44			<b>&gt;</b>	78,613.

Form 990 (2004)



irt IV Balance Sheets

	ere fequired, attached schedules and amounts v uld be for end-of-year amounts only	vithin the description column	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing		44,381.	45	78,998
46	Savings and temporary cash investments	_	67,962.	46	90,412
47 a	Accounts receivable	47a			
b		47b		47c	
48 a	Pledges receivable	48a			
b		48b		48c	
49	Grants receivable	-		49	
50	Receivables from officers, directors, trustees,			50	
5   51 a	and key employees Other notes and loans receivable	51a		30	
51 a		51b		51c	
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges			53	
54	Investments - securities	Cost FMV		54	
55 a					
	equipment; basis	55a			
ь	Less: accumulated depreciation	55b		55c	
56	Investments - other			56	
57 a	Land, buildings, and equipment: basis	57a 8,943.			
b		57b 4,605.	2,993.	57c	4,338
58	Other assets (describe	SEE STATEMENT 5	630.	58	1,080
59	Total assets (add lines 45 through 58) (must equal	line 74)	115,966.	59	174,828
60	Accounts payable and accrued expenses			60	
61	Grants payable		61		
62	Deferred revenue		62		
63 64	Loans from officers, directors, trustees, and key en		63		
64	a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	, <del> </del>		64b	
65	Other liabilities (describe	)		65	
66	Total liabilities (add lines 60 through 65)		0.	66	0
Orga	nizations that follow SFAS 117, check here ► 69 and lines 73 and 74.	and complete lines 67 through		-	
67	Unrestricted			67	
68	Temporarily restricted			68	
69	Permanently restricted			69	
Orga	nizations that do not follow SFAS 117, check here	► X and complete lines			
	70 through 74.	,			
70	Capital stock, trust principal, or current funds		21,761.	70	58,862
71	Paid-in or capital surplus, or land, building, and equ	upment fund	94,205.	71	115,966
72	Retained earnings, endowment, accumulated incon	· ·	0.	72	0
67 68 69 Orga 70 71 72 73	Total net assets or fund balances (add lines 67 thi	[		.	
	column (A) must equal line 19; column (B) must eq	<u>115,966.</u>	73	174,828	
74	Total liabilities and net assets / fund balances (ad	ld lines 66 and 73)	115,966.	74	174,828

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (2004) DANBURY YOUTH SOCO	
Fart IV-A Reconciliation of Revenue per Audited	Part IV-B Reconciliation of Expenses per Audited
Financial Statements with Revenue pe	Financial Statements with Expenses per
Return	Return  a Total expenses and losses per
a Total revenue, gains, and other support per audited financial statements	a Total expenses and losses per audited financial statements
	b Amounts included on line a but not on
b Amounts included on line a but not on line 12, Form 990:	line 17, Form 990 <sup>-</sup> (1) Donated services
(1) Net unrealized gains	and use of facilities \$
on investments \$	(2) Prior year adjustments
(2) Donated services	reported on line 20,
and use of facilities \$	Form 990 <b>\$</b>
(3) Recoveries of prior	(3) Losses reported on
	line 20, Form 990 <b>\$</b>
year grants \$	(4) Other (specify).
(4) Other (specify):	(4) Other (Specify).
Add amounts on lines (1) through (4)	Add amounts on lines (1) through (4) b
c Line a minus line b	
d Amounts included on line 12, Form 990 but not on line a;	d Amounts included on line 17, Form 990 but not on line a:
(1) Investment expenses	(1) Investment expenses
not included on	not included on
line 6b, Form 990 \$	line 6b, Form 990 \$
(2) Other (specify)	(2) Other (specify):
<u> </u>	<u> </u>
Add amounts on lines (1) and (2)	Add amounts on lines (1) and (2)
e Total revenue per line 12, Form 990	e Total expenses per line 17, Forni 990
(line c plus line d)	(line c plus line d)
Part V List of Officers, Directors, Trustees, and	Key Employees (List each one even if not compensated.)
(A) Name and address	(B) Title and average hours (C) Compensation (D) Contributions to employee benefit plans & deferred plans &
	position '-0) compensation other allowances
MICHAEL F DIKER	PRESIDENT/TREA/DIRECTOR
10 BELAIR DRIVE	
DANBURY, CT 06811	8 0. 0. 0.
JOHN KLINE	VICE PRESIDENT/DIRECTOR
8 BERNLOU DRIVE	
DANBURY, CT 06811	4 0. 0. 0.
LEONARD SHUSTER	SECRETARY/DIRECTOR
3 AUTMUMN DRIVE	
DANBURY, CT 06811	4 0. 0. 0.
DENNIS WRIGHT	DIRECTOR
22 FAIRMOUNT DRIVE	
DANBURY, CT 06811	4 0. 0. 0.
ELIZABETH DIKER	DIRECTOR
10 BELAIR DRIVE	
DANBURY, CT 06811	4 0. 0. 0.
FRANZ WARREN	DIRECTOR
19 AUTMUMN DRIVE	
DANBURY, CT 06811	4
75 Did any officer, director, trustee, or key employee receive aggregate con	mpensation of more than \$100,000 from your organization and all related
organizations, of which more than \$10,000 was provided by the related	

		<u>4-2063396</u>		Page 5
Pa	t VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	<b></b>	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	-	X
	If "Yes," attach a conformed copy of the changes.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<del> </del>	X
		/A 78b	+	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
••	If "Yes," attach a statement			
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,	80a		х
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	60a	<del></del>	<u> </u>
b	If "Yes," enter the name of the organization  and check whether it is exempt or r	nonexempt.		
01 ^	Enter direct or indirect political expenditures. See line 81 instructions  81a	0.		!
	Did the organization file Form 1120-POL for this year?	81b		Х
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less th		<b>—</b>	
UL U	fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
		/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	_ +	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84 <u>a</u>	1	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
		/A 84b		
85		/A 85a		
b		/A <u>85b</u>	<del> </del>	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for p	roxy tax		
	owed for the prior year.	/3		
C	· · · · · · · · · · · · · · · · · · ·	/ <u>A</u>		
d		/A /A		
е.		/A /A		
Ţ		/A 85g		
g	Does the organization elect to pay the section $6033(e)$ tax on the amount on line $85f$ ?  If section $6033(e)(1)(A)$ dues notices were sent, does the organization agree to add the amount on line $85f$ to its reasonable estimates.			
h		/A 85h		
86		/A	<b> </b>	
ь		/A		
87		/A		
ъ.	Gross income from other sources. (Do not net amounts due or paid to other sources			
		/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under:	_		
	section 4911▶	0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			<b>.</b>
	If "Yes," attach a statement explaining each transaction	89b	Д	<u> </u>
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	_		0.
	sections 4912, 4955, and 4958	<b></b>		0.
	Enter: Amount of tax on line 89c, above, reimbursed by the organization  List the states with which a copy of this return is filed   CONNECTICUT			<u> </u>
eu a b	Number of employees employed in the pay period that includes March 12, 2004  90b			0
91	The books are in care of ROBERT STOLLER  Telephone no.	203 743-	2168	
<i>3</i> 1	Total Desire and the second and the	<u> </u>		
	Located at ► 30 MAIN STREET SUITE 308, DANBURY, CT	ZIP+4 ► <u>068</u>	10	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		<b>.</b> ▶[	
	and enter the amount of tax-exempt interest received or accrued during the tax year		/ <u>A</u>	
42304 01-13	1 05	Fo	rm <b>990</b>	(2004)

Part V	II │ Analysis of Income-Pi					_ <del></del>
Note: En	ter gross amounts unless otherwis	56	ated business income	Excluded (C)	by section 512, 513, or 514	(E)
ındıcate	d ·	(A) Business	(B) Amount	Exclu-	( <b>D)</b> Amount	Related or exempt
<b>93</b> Prog	ram service revenue;	code	Ainount	sion		function income
	EGISTRATION FEES					117,847.
	EAM FEES					13,795.
	JMMER CAMP FEES			$\longrightarrow$		5,530.
d <u>P</u> ]	CTURE FEES					958.
е						
	icare/Medicaid payments					
•	and contracts from government agend	cies				
	bership dues and assessments					1 016
	est on savings and temporary cash inv	vestments	<u> </u>			1,216.
	lends and interest from securities					
	ental income or (loss) from real estate					
	-financed property			_		
	lebt-financed property			_		
	ental income or (loss) from personal p	property				
	r investment income		<u> </u>			
	or (loss) from sales of assets					
	r than inventory					
	ncome or (loss) from special events			_		
	s profit or (loss) from sales of invento	ry				
	revenue:					
		1				
		<b>!</b>				
		<b>,</b>				
6	otal (add columns (B), (D), and (E))		(	o .	0	139,346.
IVT OUD	oran (add oondiring (D), (D), and (L))		<u> </u>			
	Leade line 104 columns (B) (D) and	(E))			1	<b>▶</b> 139.346.
105 Tota	I (add line 104, columns (B), (D), and e	equal the amount on line	12, Part I		•	
105 Tota	I (add line 104, columns (B), (D), and e 105 plus line 1d, Part I, should e IIII Relationship of Activi	equal the amount on line	12, Part I olishment of Exer	npt Purpo	•	
105 Tota	e 105 plus line 1d, Part I, should e	equal the amount on line ties to the Accom	olishment of Exer		oses (See page 34 of	the instructions )
105 Tota Note: <i>Lin</i> <b>Part V</b>	e 105 plus line 1d, Part I, should e	equal the amount on line ties to the Accomp i income is reported in colu	olishment of Exer mn (E) of Part VII contribi		oses (See page 34 of	the instructions )
105 Tota Note: <i>Lin</i> <b>Part V</b> Line No	e 105 plus line 1d, Part I, should e  Relationship of Activit  Explain how each activity for which	equal the amount on line ties to the Accomp income is reported in colu roviding funds for such pur	olishment of Exer mn (E) of Part VII contribi		oses (See page 34 of	the instructions )
105 Tota Note: <i>Lin</i> <b>Part V</b> Line No	e 105 plus line 1d, Part I, should e  III Relationship of Activit  Explain how each activity for which exempt purposes (other than by pr	equal the amount on line ties to the Accomp income is reported in colu roviding funds for such pur	olishment of Exer mn (E) of Part VII contribi		oses (See page 34 of	the instructions )
105 Tota Note: <i>Lin</i> <b>Part V</b> Line No	e 105 plus line 1d, Part I, should e  III Relationship of Activit  Explain how each activity for which exempt purposes (other than by pr	equal the amount on line ties to the Accomp income is reported in colu roviding funds for such pur	olishment of Exer mn (E) of Part VII contribi		oses (See page 34 of	the instructions )
105 Tota Note: Lin Part V Line No ▼	e 105 plus line 1d, Part I, should e  Relationship of Activit  Explain how each activity for which exempt purposes (other than by pr	equal the amount on line ties to the Accomp n income is reported in colu- roviding funds for such pure 6	olishment of Exer mn (E) of Part VII contributionses).	ited important	OSES (See page 34 of	the instructions ) nt of the organization's
105 Tota Note: <i>Lin</i> <b>Part V</b> Line No	e 105 plus line 1d, Part I, should e  Relationship of Activit  Explain how each activity for which exempt purposes (other than by pr	equal the amount on line ties to the Accomp i income is reported in colu- roviding funds for such pure 6	olishment of Exer mn (E) of Part VII contributionses).	ited important	oses (See page 34 of all to the accomplishme	the instructions ) nt of the organization's he instructions )
105 Tota Note: Lin Part V Line No ▼	e 105 plus line 1d, Part I, should e  III Relationship of Activi  Explain how each activity for which exempt purposes (other than by pr  SEE STATEMENT  ( Information Regarding (A)	equal the amount on line ties to the Accomp income is reported in colu- roviding funds for such pure 6  g Taxable Subsidia (B)	olishment of Exer mn (E) of Part VII contributionses).	ited important	DSeS (See page 34 of all the street of the s	the instructions ) nt of the organization's he instructions )
105 Tota Note: Lin Part V Line No	e 105 plus line 1d, Part I, should e  III Relationship of Activit  Explain how each activity for which exempt purposes (other than by pr  SEE STATEMENT  ( Information Regarding address, and EIN of corporation,	equal the amount on line ties to the Accomp i income is reported in colu- roviding funds for such pure 6	olishment of Exer mn (E) of Part VII contributionses).	ited important	oses (See page 34 of all to the accomplishme	the instructions ) nt of the organization's
105 Tota Note: Lin Part V Line No	e 105 plus line 1d, Part I, should e  III Relationship of Activit  Explain how each activity for which exempt purposes (other than by pr  SEE STATEMENT  ( Information Regarding (A) address, and EIN of corporation, nership, or disregarded entity or incomplete in the corporation of the corporation o	equal the amount on line ties to the Accomp in income is reported in colu- roviding funds for such pure 6  g Taxable Subsidia (B) Percentage of whereship interest	olishment of Exer mn (E) of Part VII contributionses).	ited important	DSeS (See page 34 of all the street of the s	the instructions )  nt of the organization's  he instructions )  (E)  End-of-year
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## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2004

Name of the organization Employer identification number DANBURY YOUTH SOCCER, INC. 54 2063396 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to d) Contributions to employee benefit plans & deferred (e) Expense account and other allowances (a) Name and address of each employee paid (c) Compensation more than \$50,000 position compensation NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (c) Compensation (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 Total number of others receiving over \$50,000 for professional services

Sch	edule A (F	orm 990 or 990-EZ) 2004 DANBURY YOUTH SOCCER, INC. 54	<u>-206339</u>	6	Page 2
Pa	art III	Statements About Activities (See page 2 of the instructions.)		Yes	No
	public op lobbying	re year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence inion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the activities \$ (Must equal amounts on line 38, Part V	I-A,		X
		of Part VI-B.) Itions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking	<del></del>		
		st complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
	trustees, person is	e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes." detailed statement explaining the transactions)			
a	Sale, excl	hange, or leasing of property?	2a_	ļ <u>.                                    </u>	X
b	Lendina (	of money or other extension of credit?	2b		X
	J				
C	Furnishin	g of goods, services, or facilities?	2c	ļ	X
d	Payment	of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<u> </u>	x
	Transfor	of any part of its income or assets?	2e		x
			20		73
	you uciei	nake grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how SEE STATEMENT mine that recipients qualify to receive payments.)	7 <u>3a</u>	X	<del> </del>
		ave a section 403(b) annuity plan for your employees?	3b	-	X
		naintain any separate account for participating donors where donors have the right to provide advice e or distribution of funds?	4a		X
<u>_b</u>	Do you pi	ovide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
Pa	ırt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The <b>5 6</b>	organizati	ion is not a private foundation because it is: (Please check only <b>ONE</b> applicable box.)  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
9		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(III) Enter the hospital's name,	city,		
10		and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1	)(A)(IV).		
11a		(Also complete the <b>Support Schedule</b> in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public			
110	لـــا	Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)			
116		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		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 charitable, etc., 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 acqu			
		by the organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)			
		Provide the following information about the supported organizations. (See page 5 of the instructions.)	1 41		
		(a) Name(s) of supported organization(s)		ne num om ab	
14		An organization organized and operated to test for public safety Section 509(a)(4). (See page 5 of the instructions.)	L		
_					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return Do not include these grants in line 15.

NONE

Schedule A (Form 990 or 990-EZ) 2004

Yes No

N/A

29

30

31

32a

32b

32c

32d

33a

33b

33c

33d 33e

33f 33g

33h

34a 34b

	•
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing
	instrument, or in a resolution of its governing body?
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	and other written communications with the public dealing with student admissions, programs, and scholarships?
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known
	to all parts of the general community it serves?

If "Vac "	nlasca daceriha	if "No " nles	nielava ap	ilf you need	more enace	attach a	separate statement )
11 100,	picase uesti ibt,	טוע, אוני וו	Se explain.	(II you need	more space,	uttaon u	sopulate statement

32 Does the organization maintain the follow	ınu.

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
   If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

### Does the organization discriminate by race in any way with respect to:

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?
  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

### 34 a Does the organization receive any financial aid or assistance from a governmental agency?

- **b** Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.
- Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Schedule A (Form 990 or 990-EZ) 2004

Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

0.

b	Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule:	N/A		▶ Yes X	N
	(a) Name of organization		( <b>b)</b> Type of organization	(c) Description of relationship	_
					_
					_
					_
					_

Deprec	iation a	nd A	mortiza	tion De	tail <sub>F</sub>	ORM 9	90 PAGE	<u> 2</u>		· · · · · · · · · · · · · · · · · · ·	9	90
Asset	Description of property											
Number	D: pla	ate iced ervice	Method/ IRC sec.	Life or rate	Line No	ot	Cost or thei basis		Basis reduction	Accumulated depreciation/amortization	n	Current year deduction
	PROGR		SERV	CES	-L							
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	* 990	PA	GE 2	TOTAL	PR	OGRAM	SERVIC	CES				
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416261 05-01-04			<u> </u>	<u>,I</u>	#	- Current	year section 1	179	(D) Asset dispos	ed		<del></del>

(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
11,899.	11,899.				
13,875.	13,875.				
14,586.	14,586.				
4,675.	4,675.				
4,850.	4,850.				
3,000.					
-	309.				
		500.			
7,908.	7,908.				
62,436.	61,436.	1,000.	<del></del>		
	11,899. 13,875. 14,586. 4,675. 4,850.  3,000. 334. 309. 500. 500. 7,908.	TOTAL PROGRAM SERVICES  11,899. 11,899. 13,875. 13,875. 14,586. 4,675. 4,675. 4,675. 4,675. 4,850. 3,000. 3,000. 334. 309. 500. 500. 500. 7,908. 7,908.	TOTAL PROGRAM MANAGEMENT AND GENERAL  11,899. 11,899. 13,875. 13,875. 14,586. 4,675. 4,675. 4,675. 4,850. 334. 334. 334. 309. 500. 500. 500. 7,908. 7,908.		

#### EXPLANATION

PROVIDE SOCCER INSTRUCTION AND RECREATIONAL AND COMPETITIVE SOCCER GAMES FOR BOYS AND GIRLS AGES 5-17.

PART III

FORM 990	STA	TEMENT 3		
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP	CORRINE PAYNTER	83 FORTY ACRE MOUNTAIN RD, DANBURY, CT 06811	NONE	500.
SCHOLARSHIP	MACKENZIE PECK	61 PEMBROKE RD, DANBURY, CT 06811	NONE	500.
TOTAL INCLUDED	ON FORM 990, PART	II, LINE 22		1,000.

FORM 990	DEPRECIATION OF A	ASSETS	NOT	HELD 1	FOR	INVESTMENT	STATEME	ENT	4
DESCRIPTION	SCRIPTION			OR BASIS		ACCUMULATED DEPRECIATION	BOOK VALUE		<b>∑</b>
SONY LAPTOP SHARP TELEPHONE KWIK GOALS KWIK GOALS				1,309 159 2,089 5,394	9. 5.	796. 78. 649. 3,082.	509. 81. 1,436. 2,312.		
TOTAL TO FORM	990, PART IV, LN	57	······································	8,94	3.	4,605.		4,33	38.
FORM 990		ОТНЕ	R AS	SETS	···		STATEME	ENT	5
DESCRIPTION							JOMA	JNT	
CT JR SOCCER	ASSOC.PERFORMANCE	BOND					-	1,08	30.
TOTAL TO FORM	990, PART IV, LI	NE 58,	COLU	MN B				1,08	30.
FORM 990	PART VIII - REI ACCOMPLISH						STATEME	ENT	6
LINE EXPLAN	ATION OF RELATIONS	SHIP OF	' ACT	IVITII	ES				
93B FOR ASS 93C FUNDS 1 93D FUNDS 1	RECT COSTS - FEES, SISTANCE IN COSTS FROM TOURNAMENT HE TO ASSIST IN COSTS FROM PLAYER PHOTOG	OF COM ELD TO S OF FI	IPETI DEFR NANC	TIVE ( AY COS IAL A	SAM STS ID	ES AND TOURNAME OF COMPETITIVE PLAYERS.	ENTS. GAMES/F	FIELI	
SCHEDULE A	EXPLANATION OF QU	UALIFIC	ATIO	NS TO	RE	CEIVE PAYMENTS	STATEME		7

SCHOLARSHIP RECIPIENT MUST BE A RESIDENT OF DANBURY CT, HAVE PARTICIPATED AND OR VOLUNTEERED IN THE DANBURY YOUTH SOCCER PROGRAM FOR A MINIMUM OF ONE YEAR, BE A HIGH SCHOOL SENIOR, MAINTAIN A MINIMUM 2.5 GRADE POINT AVERAGE AND BE ACCEPTED FOR ENROLLMENT AS A FULL-TIME UNDERGRADUATE STUDENT AT AN ACCREDITED COLLEGE OR UNIVERSITY IN THE USA. RECIPIENT MUST APPLY AND IS AWARDED BASED ON THEIR PARTICIPATION/VOLUNTEER ACTIVITY AND EDUCATION MERIT BY THE SCHOLARSHIP COMMITTEE

PART III, LINE 3

Department of the Treasury Internal Reverge Service

#### **Depreciation and Amortization** (Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

990

OMB No 1545-0172

Name(s) shown on return Business or activity to which this form relates Identifying number FORM 990 PAGE 2 54-2063396 DANBURY YOUTH SOCCER, INC. Part I | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 102,000. 1 Maximum amount. See instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 3 410,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2005 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part II | Special Depreciation Allowance and Other Depreciation (Do not include listed property ) 2,697 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election (see instructions) 15 16 Other depreciation (including ACRS) (see instructions) 16 Part III MACRS Depreciation (Do not include listed property ) (See instructions.) 968. 17 MACRS deductions for assets placed in service in tax years beginning before 2004 17 18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery period (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property h 5-year property 2,697. 200DB 7 YRS. HY 385. 7-year property C d 10-year property 15-year property е 20-year property f 25-year property 25 yrs S/L g 27 5 yrs MM S/L h Residential rental property 27 5 yrs MM S/L MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 <u>yrs</u> S/L 12-year 40-year 40 yrs MM S/L Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 4,050. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

portion of the basis attributable to section 263A costs

23 For assets shown above and placed in service during the current year, enter the

23

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, Part V Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes Yes (c) (e) (i) (f) (g) Business/ Elected Basis for depreciation Type of property Recovery Method/ Depreciation Cost or (business/investment section 179 placed in investment (list vehicles first ) period Convention deduction other basis use percentage service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use % 27 Property used 50% or less in a qualified business use % S/L % S/L S/L % 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) Vehicle 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes Yes during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization **(f)** (d) (a) (b) (c) (e) Description of costs Amortizable amount Amortization Amortization for this year period or percentage 42 Amortization of costs that begins during your 2004 tax year 43 43 Amortization of costs that began before your 2004 tax year 44 Total. Add amounts in column (f) See instructions for where to report 44