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Form **990-EZ**

OMB No 1545-1150 2009

Department of the Treasury

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

me		enue Service	The organization may have to use a copy or this return to satisfy state reporting requirement					
Α	A For the 2009 calendar year, or tax year beginning , and ending							
В	Check if	f applicable F	DE	D Employer identification number				
	Address	s change						
	Name cl	hange		2-0500163				
\Box	Initial re	I :	pe. Number and street (or P O box, if mail is not delivered to street address) Room/suite	ЕТ	elephone number			
	Termina	ation	1 6	503-777-9922				
П			1	Group Exemption				
H		l"	Struc- ons.		lumber >			
L			rganizations and 4947(a)(1) nonexempt charitable trusts must attach G Account		(*e)			
	• 560		a completed Schedule A (Form 990 or 990-EZ). Other (specific	•				
_	184-1							
١.	Websit	· · · · · · · · · · · · · · · · · · ·	H Check I required	to attach	the organization is not Schedule B (Form 990,)			
<u>J</u>		empt status (chec						
K	Check		the organization is not a section 509(a)(3) supporting organization and its gross receipts are norr	-	more than \$25,000 A			
			990 return is not required, but if the organization chooses to file a return, be sure to file a complete					
			o line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ		\$ 76,126			
F	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (See the ins	<u>ruction</u>	s for Part I.)			
	1	Contributions, gi	ts, grants, and similar amounts received	1				
	2	Program servi	ce revenue including government fees and contracts	2	76,126			
	3	Membership d	ues and assessments	3	B			
	CO#	Investment ind	ome	4	<u>, </u>			
	Cha	Gross amount	from sale of assets other than inventory 5a					
	₽ь		ther basis and sales expenses 5b					
	爱。		m sale of assets other than inventory (Subtract line 5b from line 5a)	5	c]			
Φ	ANNED		nd activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	7 F				
Revenue	l a	*	(not including \$ of contributions	_				
Š	NUL .	reported on lin	·					
œ	ا≥ ر	•	penses other than fundraising expenses 6b					
	S		(loss) from special events and activities (Subtract line 6b from line 6a)	6	_ 1			
	00 _{7a}							
	. ~		inventory, less returns and allowances					
	21	-	Less cost of goods sold 7b 7b					
	О с	•	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
	8	Other revenue)					
	9		Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	P 9				
	10	Grants and sir	ular amounts paid (attach schedule)	1	0			
	11	Benefits paid t	o or for members	1	1			
g	12	Salanes, other	compensation, and employee benefits	1	2			
nses	13	Professional fe	es and other payments to independent contractors	1	3			
Expen	14	Occupancy, re	nt, utilities, and maintenance	1	4			
ű	15	Printing, public	1	5				
	16	Other expense	_)					
	17	Total expense) 1	7 89,595				
	18	Excess or (de	cit) for the year (Subtract line 17 from line 9)	1	8 -13,469			
Net Assets	19		und balances at beginning of year (from line 27, column (A)) (must agree with					
ASS	Ì	end-of-year fig	ure reported on prior year's return)	1	9 35,761			
et/	20	Other changes	in net assets of fund talkness at lath explanation)	2	0			
Z	21		und balances at end of year Combine lines 18 through 20	▶ 2	1 22,292			
P	art II		Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of	f Form 9				
			(See the instructions for Part II) (A) Beginning of years		(B) End of year			
22	Cash s	savings, and inv	,		2 22,292			
23 Land and buildings								
24 Other assets (describe								
25 Total assets (describe 25, 761 25 22,								
	26 Total liabilities (describe) 0 26 (
		•			7 22,292			
<u></u>	MAT 928		lances (line 27 of column (B) must agree with line 21) 35,	<u> </u>	Form 990-EZ (2009)			

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Form 990-EZ (2009) EXETER YOUTH SOCCER ASSOCIATION		2-0500163			Page 2		
Part III Statement of Program Service Accomplishments (S	ee the instruct	ions for Part III	.)		rpenses		
What is the organization's primary exempt purpose? (Required for section							
See Statement 501(c)(3) and 50 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise organizations are							
manner, describe the services provided, the number of persons benefited, or other rele	_) trusts, optional					
each program little	for others	•					
28 PROVIDE YOUTH SOCCER INSTRUCTION AND TOURNAMENT GAMES FOR							
OVER 250 CHILDREN OF ELEMENTRY AGE. PROGRAM COVERS BOTH							
FALL AND SPRING ACTIVITIES.							
(Grants \$) If this amount includes foreign grants, chec	ck here	<u> </u>	<u> </u>	28a	54,448		
29 PROVIDED SOCCER EQUIPMENT AND TEAM UNIFORMS TO ASSIST IN	,						
TEACHING AND TOURNAMENT GAMES.							
(Grants \$) If this amount includes foreign grants, chec	ak hara		\vdash	29a	20,023		
(Grants \$) If this amount includes foreign grants, check 30 FIELD MAINTENANCE	ik itele		11-	234	20,023		
		-					
•		•					
(Grants \$) If this amount includes foreign grants, chec	ck here .	<u> </u>		30a	<u>5,696</u>		
31 Other program services (attach schedule)			_				
(Grants \$) If this amount includes foreign grants, chec	ck here	<u> </u>	Ш	31a			
32 Total program service expenses (add lines 28a through 31a)	· · · · · · · · · · · · · · · · · · ·		>]	32	80,167		
Part IV List of Officers, Directors, Trustees, and Key Employees. List each	one even if not co	mpensated (See to Compensation	he ins	structions for f Contributions to	Part IV) (e) Expense		
(a) Name and address	hours per week	(If not paid,	emplo	yee benefit plans &			
THOMAS PETERSEN	devoted to position PRESIDENT	enter -0)	deler	red compensation	other allowances		
INOMAS PHIERSEN	4.00	0		0			
TODD GALLANT	VICE PRES						
	4.00	0		0	0		
CAROLE ALFANO	TREASURER						
	4.00	0	<u> </u>	0			
							
• +							
• •							
		 			 		
• •					1		
			_				
	 -						
•							
· , ,			<u> </u>				
					 		

Form 990-EZ (2009)

Form 990-EZ (2009)

Pa	ort V Other Information (Note the statement requirements in the instructions for	Part V.)			
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				
	description of each activity		33		х
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of				
	the changes		34		х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T]]	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section		ĺ		
	6033(e) notice, reporting, and proxy tax requirements?		35a		х
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		-		
	during the year? If "Yes," complete applicable parts of Schedule N		36		х
37a	Enter amount of political expenditures, direct or indirect, as described in the instr				
b	Did the organization file Form 1120-POL for this year?		37b		х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3	1		
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	•	38a		х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	, İ	1000		
39	Section 501(c)(7) organizations Enter		1		
а	Initiation fees and capital contributions included on line 9	İ			
b	Gross receipts, included on line 9, for public use of club facilities 39th		┪		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	<u> </u>	-		
40a	section 4911 , section 4912 , section 4955				
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benef	·			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			i i	
	person in a prior year, and that the transaction has not been reported on any of the organization's prior		1		
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		х
_	•		1400		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	•				
u	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c				
_	reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter.				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		40e	H	х
44	List the states with which a copy of this return is filed NH		406		71
41 42a		Telephone no ►			
420	PO BOX 536	relephone no			
	Located at EXETER, NH	ZIP+4 ▶ 03	833		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	211 14 1	000		
b	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
	account)?		42b	163	X
	If "Yes," enter the name of the foreign country		720		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts.				
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		х
· ·	If "Yes," enter the name of the foreign country		720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		•		▶□
70	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			· L
	and once, the amount of tax-exempt intelest received or accorded duffing the tax year	F [43]			
				Yes	No
A A	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				1,10
44	Form 990-EZ		44		х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If				=
7.5	"Yes," Form 990 must be completed instead of Form 990-EZ		45		х
	. 50, . 5 505 Made de completed instead of Form 500-E2		Form 99	0-EZ	
					/

Form	990-EZ (2009) EXETER YOUTH SOCCER ASSOCIATION	ION 02	2-0500163			Page 4	
"Pa	rt VI Section 501(c)(3) organizations and section 4947(a						
	501(c)(3) organizations and section 4947(a)(1) none	xempt charitable	e trusts must a	inswer question	is 46-49b)	
	and complete the tables for lines 50 and 51.	•		·			
46	Did the organization engage in direct or indirect political campaign activities on	behalf of or in oppos	ition to		Yes	No	
	candidates for public office? If "Yes," complete Schedule C, Part I				46	X	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						
49a	Did the organization make any transfers to an exempt non-charitable related or	I the organization make any transfers to an exempt non-charitable related organization?					
b	If "Yes," was the related organization a section 527 organization?				49b		
50	Complete this table for the organization's five highest compensated employees	(other than officers,	directors, trustees	and key			
	employees) who each received more than \$100,000 of compensation from the	organization If there	is none, enter "No	ne "			
	(a) Name and address of each employee paid more	(b) Title and average	(c) Compensation	(d) Contributions to employee benefit plans &	(e) Expe		
	than \$100,000	hours per week devoted to position	_	deferred compensation	other allow		
None	B						
		1					
f	Total number of other employees paid over \$100,000	•		<u></u>			
	\$100,000 of compensation from the organization. If there is none, enter "None " (a) Name and address of each independent contractor paid more than \$100,000		Type of service	(c) C	ompensation		
No		1-1	, .,,		· · · · · · · · · · · · · · · · · · ·		
МО	ne ne						
			···········				
				l			
ď	Total number of other independent contractors each receiving over \$100,000	>					
	Under penalties of perjury, I declare that I have examined this return, including						
	and belief it is true, correct, and complete. Declaration of preparer (other than	officer) is based on all ii			dge		
Sigr	1 / w //		<u> </u>	4.10			
Here	e Speature of officer Wess President	1. 1	Date				
		den 7					
	Type or print name and title		1 20 12	1 8 15		0	
	Preparer's A A A A A A A A A A A A A A A A A A A	Date	Check if self-	Preparer's Iden	tifying Number (See instr)	
Paic		05/0	3/10 employed I	▶ D0023	3055		
Prej	parer's Firm's name (or yours Hession & Pare, P.C.			EIN ▶ C	2-042	8003	
Use	Only of self-employed), 62 Stark Street			Phone			
		1-1970		no ▶ 603	-669-	5477	
Мау	the IRS discuss this return with the preparer shown above? See instructions			>	Yes	No	
				F	orm 990-E	Z (2009)	

SCHEDULE A (Form 990 or 990-EZ)

Internal Revenue Service

Department of the Treasury

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. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

EXETER YOUTH SOCCER ASSOCIATION

Employer identification number 02-0500163

P	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions												
The	ne organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)												
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	П	A school des	ol described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	П	A hospital or	al or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	П	•	•	•)(A)(iii).	Enter th	ne hospi	ital's name.		
	_	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											
5				a college or university owned or	operated	by a gove	ernmenta	al unit de	scribed	ın			
		=	b)(1)(A)(iv). (Complete Part I	-		-, - ,							
6				vernmental unit described in sec	tion 170(b)(1)(A)(v	Δ.						
7	H			ubstantial part of its support from	•		•	n the ge	neral ni	iblic			
•	L	-	section 170(b)(1)(A)(vi). (Co		u gove	memarar	01 11011	ii iiic gc	neral pe				
8	\Box			70(b)(1)(A)(vi). (Complete Part II	١								
9	X			more than 33 1/3 % of its suppo		ntribution	e mamh	arehin f	200 200	darnee			
_				ot functions—subject to certain ex				•					
		_		d unrelated business taxable inco	-								
			-	, 1975 See section 509(a)(2). (0	-		· · · · · · · ·	0111 0001	100000				
10			-	xclusively to test for public safety	-	•	a)(4)						
11	П			clusively for the benefit of, to per				carry ou	t the				
	ш	•		d organizations described in sect			•	•		tion			
				e type of supporting organization									
		a Type		c Type III-Functiona			d	—ĭ	e III–Oti	her			
e			<u> </u>	nization is not controlled directly			or more						
	لبيا	persons other	r than foundation managers a	and other than one or more public	ly suppor	ted organ	zations	describe	d in sec	ction			
		509(a)(1) or s	section 509(a)(2)	·		-							
f		If the organization	ation received a written deteri	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from a	ny of the							
		following per	sons?										
		(i) A persor	who directly or indirectly con	itrols, either alone or together wit	h persons	s describe	d in (ii)					Yes	No
		and (III) t	pelow, the governing body of	the supported organization?							11g()	
		(ii) A family	member of a person describe	ed in (i) above?							11g(1)	
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(ni)	
h		Provide the f	ollowing information about the	e supported organization(s)									
(1)	Name	of supported	(iı) EIN	(iii) Type of organization	(IV) Is the o	organization	(v) Did y	ou notify	(vi)	s the	(vii) A	mount of	•
	orga	anization		(described on lines 1–9 above or IRC section		sted in your	the organ	nization in of vour	organizat	ion in col zed in the	su	pport	
				(see instructions))	governing	document?	supr	· -		Sγ			
					Yes	No	Yes	No	Yes	No			
				• •	<u> </u>								
					:								
					-	 							
							-						
otal													
			<u> </u>			L		L		1	L		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	38,389	45,364	64,164	61,212	75,145	284,274
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					981	981
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	38,389	45,364	64,164	61,212	76,126	285,255
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that				1		
	exceed the greater of \$5,000 or 1% of the		ľ		ŀ		
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						285,255
Sec	tion B. Total Support	<u> </u>				ii_	283,233
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	38,389	45,364	64,164	61,212	76,126	285,255
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,		}				
	and 12)	38,389	45,364	64,164	61,212	76,126	285,255
14	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(3)) 	>
Sec	tion C. Computation of Public Su	pport Percenta	ge				
5	Public support percentage for 2009 (line 8, o	column (f) divided by	line 13, column (f))		15	100.00%
6	Public support percentage from 2008 Scheo		·	<u></u> .		16	100.00%
Sec	tion D. Computation of Investmer						
7	Investment income percentage for 2009 (lin		-	iumn (f))		17	
8	Investment income percentage from 2008 S				11 00 410 01	<u> 18 </u>	%%
19a	33 1/3 % support tests—2009. If the organ						▶ X
L	17 is not more than 33 1/3 %, check this bo. 33 1/3 % support tests—2008. If the organ		=				
b	33 1/3 % support tests—2008. If the organ						▶ [

Schedule A (Form 990 or 990-EZ) 2009 EXETER YOUTH SOCCER ASSOCIATION

02-0500163

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

, 02-0500163

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount				
Expenses	\$				
MLS CAMP	17,825				
UNIFORMS	12,837				
STATE & LEAGUE REG. FEES	9,211				
REFEREE FEES	7,655				
TOURNAMENT FEES	7,375				
EQUIPMENT	6,079				
FIELD MAINTENANCE	5,696				
SUBSTITUTE COACHES	3,000				
SKILLS ACADEMY	3,000				
FIELD RENTAL	1,882				
REIMBURSEMENTS	1,305				
LICENSE REIMBURSEMENTS	1,025				
SCHOLARSHIPS	1,000				
SPORTSWEAR	963				
SPORTS NIGHT	846				
TRYOUTS	187				
COACHES SHIRTS	144				
STRENGTH CLINIC	137				
OFFICE SUPPLIES/MISC	1,500				
WEB PAGE ANNUAL FEE	475				
ADMIN SUPPORT	6,005				
PO BOX ANNUAL FEE	140				
BANK FEES	570				
STORAGE UNIT	540				
MISCELLANEOUS	198				
Total	\$ 89,595				

4000 EXETER YOUTH SOCCER ASSOCIATION

5/3/2010 9:25 AM

₂ 02.0500163

Federal Statements

FYE: 12/31/2009

Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

THE EXETER YOUTH SOCCER ASSOCIATION IS A PRIVATE, NOT-FOR-PROFIT ORGANIZATION ESTABLISHED AND OPERATED BY ITS MEMBERS FOR THE PURPOSE OF PROMOTING AND SUPPORTING COMPETITIVE YOUTH TRAVEL SOCCER TEAMS FOR CHILDREN IN THE TOWN OF EXETER, NH PLUS THOSE SURROUNDING COMMUNITIES WHICH COMPRISE THE LOCAL SCHOOL DISTRICT KNOWN AS SAU 16, AND WHICH DO NOT FIELD THEIR OWN COMPETITIVE TRAVEL SOCCER PROGRAMS. THIS PROGRAM IS EXPRESSLY INTENDED TO FIELD COMPETITIVE TEAMS WHICH PLAYERS ARE SELECTED BASED UPON DEMONSTRATED ABILITY.