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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public
InspectionUnder 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.

A For the 2009 calendar year, or tax year beginning

and ending

B Check if
applicable
Address
changes
Income
changes
Initial
return
Terminated
Amended
return
Application
pendingPlease
use IRS
label or
print or
type.
See
Specific
Instructions

C Name of organization

HERMANTOWN YOUTH SOCCER ASSN., INC

Number and street (or P.O. box, if mail is not delivered to street address)

4267 GETCHELL ROAD

D Employer identification number

41-1517567

City or town, state or country, and ZIP + 4

HERMANTOWN, MN 55811

E Room/suite

218-729-8198

F Group Exemption
Number ►* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed
Schedule A (Form 990 or 990-EZ).G Accounting method: Cash Accrual
Other (specify) ►

I Website: ► WWW. HERMANTOWNSOCCER. COM

H Check ► if the organization is notJ Tax-exempt status (check only one) — 501(c)(3) (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or
Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 859,134.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2 53,643.
	3 Membership dues and assessments	3
	4 Investment income	4 481.
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5a from line 5b)	5c
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ of contributions reported on line 1)	6a 805,010.
Expenses	b Less: direct expenses other than fundraising expenses	6b 799,759.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 5,251.
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8 Other revenue (describe ►)	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 59,375.
	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11
Net Assets	12 Salaries, other compensation, and employee benefits	12 5,023.
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe ►)	16 46,488.
	17 Total expenses. Add lines 10 through 16	17 51,511.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 7,864.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 74,962.
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 82,826.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
		22 Cash, savings, and investments 74,604.	22 82,442.
23 Land and buildings		23	
24 Other assets (describe ►) INVENTORY		409.	24 460.
25 Total assets		75,013.	25 82,902.
26 Total liabilities (describe ►) ACCOUNTS PAYABLE		51.	26 76.
27 Net assets or fund balances (line 25 of column (B) must agree with line 21)		74,962.	27 82,826.

032171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009) ✓

JB

Part III. Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **YOUTH SOCCER PROGRAM**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 ORGANIZED AND ADMINISTERED SOCCER PROGRAM FOR YOUTH; PAID LEAGUE REGISTRATIONS; PROVIDED UNIFORMS & EQUIPMENT FOR PLAYERS; MAINTAINED FIELDS FOR LEAGUE & TOURNAMENT PLAY.

(Grants \$ **If this amount includes foreign grants, check here.**

1281

51.511.

21

(Grants \$ If this amount includes foreign grants, check here

28

3

Grants \$ If this amount includes foreign grants, check here

304

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31

32 Total program service expenses (add lines 28a through 31a)

32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
TODD STEEN, 4267 GETCHELL RD, HERMANTOWN, MN 55811	PRESIDENT 2.00	0.	0.	0.
BRANDON JENNY, 4267 GETCHELL RD, HERMANTOWN, MN 55811	VICE PRESIDENT 0.50	0.	0.	0.
LAURA THORSVIK, 4267 GETCHELL RD, HERMANTOWN, MN 55811	TREASURER 0.50	0.	0.	0.
DEB COUTURE, 4267 GETCHELL RD, HERMANTOWN, MN 55811	SECRETARY 0.50	0.	0.	0.
GERRY BROMAN, 4267 GETCHELL RD, HERMANTOWN, MN 55811	GAMBLING MANAGER 10.00	14,541.	0.	0.
GROSS WAGES REPORTED ON LINE 9C	0.00	-14,541.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

	Yes	No
33		X
34		X

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes

34	

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.

35a	X

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?

35b	X

b If "Yes," has it filed a tax return on Form 990-T for this year?

36	X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

37b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

► 37a 0.

38a	X

b Did the organization file Form 1120-POL for this year?

38b	N/A

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made

in a prior year and still outstanding at the end of the period covered by this return?

39a	N/A

38b If "Yes," complete Schedule L, Part II and enter the total amount involved

39b	N/A

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

40b	X

b Gross receipts, included on line 9, for public use of club facilities

c 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

40c	0.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the

organization

e 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

40d	X

41 List the states with which a copy of this return is filed. ► MN

42a The organization's books are in care of ► THE ORGANIZATION Telephone no. ► 218-729-8198
Located at ► 4267 GETCHELL ROAD, HERMANTOWN, MN ZIP + 4 ► 55811

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

42b	X

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for Form TD F 80-22.1, Report of Foreign Banks and Financial Accounts.

42c	X

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43	N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

44	X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

45	X

Form 990-EZ (2009)

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
48	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	48	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
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 "None."		

1 Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

NONE

d Total number of other independent contractors each receiving over \$100,000

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

Sign Here

► Debra Dorn - Jerry President
Preparer or officer
Type or print Name and title

► Brandon - Jerry President
Type or print Name and title

1/17/11
Date

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self- employed ► <input type="checkbox"/>	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	EIKILL & SCHILLING LTD. ► SUITE 600 230 W SUPERIOR ST DULUTH, MN 55802			EIN ► <input type="checkbox"/> Phone ► <input type="checkbox"/> no. 218-722-4705

May the IRS discuss this return with the preparer shown above? See instructions.

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

41-1517567

HERMANTOWN YOUTH SOCCER ASSN. - INC.

Part III: Reason to

Employer identification number

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 11, check only one box.)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9	<input checked="" type="checkbox"/>	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.)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11	<input type="checkbox"/>	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 that describes the type of supporting organization and complete lines 11e through 11h.
	<input type="checkbox"/>	Type I
	<input type="checkbox"/>	Type II
	<input type="checkbox"/>	Type III - Functionally integrated
	<input type="checkbox"/>	Type III - Other
•	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
	(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
	(ii)	A family member of a person described in (i) above?
	(iii)	A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

- 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")
- 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
- 3 The value of services or facilities furnished by a governmental unit to the organization without charge
- 4 Total. Add lines 1 through 3
- 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)

6 Public support. Subtract line 5 from line 4

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1						
2						
3						
4						
5						
6						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

- 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 IV.)
- 11 Total support. Add lines 7 through 10

12 Gross receipts from related activities, etc. (see instructions)

12

- 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

Section C. Computation of Public Support Percentage

- 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %
- 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part III Support Schedule for Organizations Described in Section 508(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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.")						
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	39,646.	40,340.	39,652.	42,350.	53,643.	215,631.
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	39,646.	40,340.	39,652.	42,350.	53,643.	215,631.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (sum of lines 7c from line 6)						215,631.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	39,646.	40,340.	39,652.	42,350.	53,643.	215,631.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	703.	728.	970.	542.	481.	3,424.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	703.	728.	970.	542.	481.	3,424.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (add lines 9, 10c, 11, and 12)	40,349.	41,068.	45,389.	42,892.	59,375.	229,073.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	94.13	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	95.99	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.49	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.71	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► ()
	11 Net income summary. Combine line 3, column (d), and line 10				► ()

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue		805,010.		805,010.
Direct Expenses	2 Cash prizes		660,754.		660,754.
	3 Noncash prizes				
	4 Rent/facility costs		9,600.		9,600.
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				► (670,354)
	8 Net gaming income summary. Combine line 1, column (d), and line 7				► (134,656)

9 Enter the state(s) in which the organization operates gaming activities: MN

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

9a	X
10a	X
11	X
12	X

13 Indicate the percentage of gaming activity operated in:

a The organization's facility
 b An outside facility

13a	%
13b	100.00 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► GERRY BROMAN

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
 c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► GERRY BROMANGaming manager compensation ► \$ 14,541.

Description of services provided ► MANAGEMENT AND OVERSIGHT OF GAMBLING OPERATION, MAINTAINS GAMBLING FUND RECORDS, PREPARES MONTHLY RETURNS

 Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
 b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 24,725.

17a

HERMANTOWN YOUTH SOCCER ASSN., INC

41-1517567

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
TOURNAMENT REGISTRATION FEES		19,409.
ADVERTISING/PRINTING		1,017.
EQUIPMENT AND UNIFORMS		7,678.
REFEREES		790.
POSTAGE		357.
SUPPLIES		356.
UTILITIES		11,622.
FIELD MAINTENANCE		2,050.
MISCELLANEOUS		3,209.
TOTAL TO FORM 990-EZ, LINE 16		<u>46,488.</u>

STATEMENT(S) 1

HERMANTOWN YOUTH SOCCER ASSN., INC

41-1517567

FORM 990-EZ

**INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

STATEMENT 2

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES (X) NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . . [] YES (X) NO