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. Form 990-EZ

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)

OMB No 1545-1150 2009

➤ 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

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al Revenue Service . 20 10 A For the 2009 calendar year, or tax year beginning 2009, and ending May 1 April 30 Check if applicable. C Name of organization D Employer Identification number Pleases Address change Los Alamos Youth Soccer League 85 0312042 lahai ar Name change orint or Number and street (or P.O box, if mail is not delivered to street address) E Telephone number Instaal return 505 662-7195 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Los Alamos, NM 87544 Number > Application pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting Method

✓ Cash

Accrual a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ▶ ☐ if the organization is not I Website: ▶ www.laysl.org required to attach Schedule B (Form 990, J Tax-exempt status (check only one) — ✓ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ. or 990-PF) 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 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 100.00 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 42594.64 3 3 Investment income 50.03 4 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c C Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐ Gross revenue (not including \$ _____ of contributions ßа 6b 3278.32 Less: direct expenses other than fundraising expenses 2663.84 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6с 7a Gross sales of inventory, less returns and allowances 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C R Other revenue (describe ▶ 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 45408.51 10 Grants and similar amounts paid (attach schedule) . . 10 11 Benefits paid to or for members 11 17478.00 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors . 13 13 8012.75 14 Occupancy, rent, utilities, and maintenance 14 1435.20 15 15 2996.03 Printing, publications, postage, and shipping 16 Other expenses (describe Licensure, equipment, sponsorship, nonprofit, fee 16 10423.72 17 40345.70 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . 5062.81 18 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 19056.00 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 24119.00 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. Part II (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 19056.00 22 24119.00 23 Land and buildings 23 24 Other assets (describe ▶ 24 25 24119.00 25 26 Total liabilities (describe ▶ 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 24119.00

10

Form 990-EZ (2009)

	990-EZ (2009)					Page 2		
Par	t III Statement of Program Service Accom	plishments (See the instri	uctions for Part II	1.)		Expenses		
Wha	What is the organization's primary exempt purpose? Provide youth an opportunity to learn and play soccer							
	ribe what was achieved in carrying out the org)(3) and 501(c)(4)		
	ner, describe the services provided, the number of					nizations and section		
	program title.					(a)(1) trusts; optional hers.)		
	More than 600 youth of Los Alamos, NM and surrour	ediac aross was a solded as			10.0.	1.0.0.,		
20								
	play soccer on recreational and competitive teams a	milated with New Mexico Yo	in Soccer Associa	tion				
		includes foreign grants, ch		. ▶ ⊔	28a	17478.00		
29	Provide an opportunity for soccer coaching and refe							
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	561.57		
30	Provide teams with soccer equipment (balls, nets, fle							
-								
	(Onesta &				20-	9862.15		
		includes foreign grants, ch		<u>. </u>	30a	9802.13		
31	, , ,							
		includes foreign grants, che			31a			
32					32	27901.72		
Par	List of Officers, Directors, Trustees, and Key	,				ctions for Part IV.)		
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution employee benefit	ons to	(e) Expense account and		
	(a) Hamo and address	devoted to position	enter -0)	deferred compe	nsation	other allowances		
Paul	Criscuolo							
157	Aspen Dr., Los Alamos, NM 87544	President	o		0	o		
	Cooke							
	35th St, Los Alamos, NM 87544	Treasurer	o		0	0		
	Wilcox							
		Vice President			_	_		
	Meadow Ln, Los Alamos, NM 87544		0		0	0		
	Nadeau	Referee Coordinator	o					
	Oakwood Loop, Los Alamos, NM 87544				0	0		
Mich	ael Brown	Competitive Program Coor						
5050	Alegria, Los Alamos, NM 87544	Competitive Program Cool	0		0	0		
Shav	wn Hailey							
1165	Los Pueblos St, Los Alamos, NM 87544	Equipment Coordination	0		0	0		
		1						
								
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Part	Other Information (Note the statement requirements in the instructions for Part V.)		<u>.</u>	ugo u
			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		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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 6033(e) notice, reporting, and proxy tax requirements?	35a		1
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		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
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?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	1.		. "
39	Section 501(c)(7) organizations. Enter:	ľ	,	[· '
а	Initiation fees and capital contributions included on line 9	J		΄,
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		Ì	
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶	ŀ		!
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			L
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
	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	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		,	
8	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		1
41	List the states with which a copy of this return is filed. ▶ New Mexico			
42a	The organization's books are in care of ▶ Ann Cooke Telephone no. ▶	505 66	2-719	5
	Located at ► 1649 35th St., Los Alamos, NM ZIP + 4 ►	87	544	
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		Yes	No
	account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶		ł	l
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			,
С	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: ▶	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	Na
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		168	No
	Form 990-EZ	44	 	-
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44	-	-
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	 	
		1 40		

Part VI

Form 990-EZ (2009)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	Mai(1) nonexempt c	onexempt charita haritable trusts mu	ble trusts only. A st answer question	II sect ons 46	ion -49b			
46	Did the organization engage in direct or indirect	political campaign ac	tivities on behalf of	or in opposition to		res	No		
	candidates for public office? If "Yes," complete Schedule C, Part I								
	Did the organization engage in lobbying activities				47		✓		
	Is the organization a school as described in section				48		✓_		
	Did the organization make any transfers to an ex		lated organization?		49a		<u> </u>		
	If "Yes," was the related organization a section 5				49b				
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, the employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter								
		(b) Title and average	(c) Compensation			xpens			
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	`` '	employee benefit plans & deferred compensation		unt an	d		
none		devoted to position		Corerror compensation	OBIER 8	lliowari	ces		
	· · · · · · · · · · · · · · · · · · ·				 -				
	·								
			····	_					
51	Total number of other employees paid over \$100 Complete this table for the organization's five h \$100,000 of compensation from the organization (a) Name and address of each Independent contractor	nighest compensated in a lifthere is none, ente	r "None."		eived n				
d	Total number of other independent contractors e		0.000						
Sign Here	Under penalties of perjury, Mediare that I have examine and belief, this true, correct, and complete Declaration Signature of officer Ann Cooke	d this return, including accor of preparer (other than office	npanying schedules and s) is based on all informati	tatements, and to the beson of which preparer has a	at of my k any know	inowled rledge			
	Type or print name and title								
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ [Preparer's identifying nun	nber (See i	- nstructio	ons)		
Use On	I Firm s name (or			in >					
	address, and ZIP + 4			Phone no 🕨					
may the	e IRS discuss this return with the preparer shown	above? See instruction	ns , , , , .	▶ [Yes	i N	0		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Los	Ala	mos Youth S	Soccer League						85		312042
Pai	t l	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instruc	ctions.
The	orga	anization is n	ot a private foun	dation because it is:	(For lines	1 through	h 11, ch	eck only	one box	.)	-
1	Π̈́	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school des	scribed in <mark>sectio</mark>	on 170(b)(1)(A)(ii). (Ati	tach Scho	edule E.)					
3		A hospital or	r a cooperative I	hospital service organ	nization d	escribed	in sectio	n 170(b)	(1)(A)(iii).	,	
4		A medical re	esearch organiza	tion operated in conj	unction v	with a ho	spital de	scribed i	n section	170(b)(1)(A)(iii). Enter the
		hospital's na	ime, city, and st	ate:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, st	ate, or local gov	emment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v	}.	
7				receives a substanti		its suppo	ort from a	governn	nental un	it or from	the general public
				(1)(A)(vi). (Complete F							
8	Ц		•	d in section 170(b)(1)		•	•				
9				receives: (1) more th							
		•		ed to its exempt func		•		•			
				ent income and unre after June 30, 1975.						i oii tax,	mom businesses
40	$\overline{}$	-	_					•	•	(-\(\d\)	
10	\exists	_	_	nd operated exclusive	-						_ 4 4
11	П			ind operated exclusiv blicly supported orgai							
			•	at describes the type							
		a ☐ Type				e III–Fun			-		Type III-Other
Α.		_ ,,,	-	tify that the organizat	• •		-	-			
•				on managers and othe							
		-	section 509(a)(2)	_			, ,		g		
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type	Type II	or Type	III supporting
		_	, check this box								
g		•	•	the organization acce	epted any	gift or c	ontributio	on from a	iny of the	•	
-		following pe		· ·		J			•		
		(i) A person	who directly o	r indirectly controls, e	either alo	ne or tog	ether wit	h persor	s descri	bed in (ii)	Yes No
		and (iii) b	elow, the gover	ning body of the sup	ported or	ganizatio	n? .				11g(i)
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)
				of a person described							11g(iii)
<u>h</u>			following informa	ation about the support	orted orga	anization	s)		,		
(i) I		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization		ou notify		is the tion in col.	(vil) Amount of support
	O.Ç	janzauon		above or IRC section	governing document? col. (col. (i)	the organization in col. (i) of your		zed in the	зарроп
				(see instructions))		1		oort?	 	S.?	
					Yes	No	Yes	No	Yes	No	
		-							 	1	
								ŀ			
				,					<u> .,</u>	ļ	
Tota	1		*		, i	_					

Pa	Support Schedule for Org (Complete only if you ched	janizations ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv) .)	and 170(b)(I)(A)(vi)
	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.")				: 		
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	^ · · · ·	2				
6	shown on line 11, column (f)					25. 2	
	tion B. Total Support	<u> </u>	1 1 20 1	1 x 1 -4		4	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	**				· pelipary	
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>	nd, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
14	Public support percentage for 2009 (line			1 column (f)	· · · · · · · · · · · · · · · · · · ·	14	%
15	Public support percentage from 2008 Sci			i, column (i))		15	%
16a	33% % support test—2009. If the organi and stop here. The organization qualifies	zation did not	check the box o	on line 13, and l	line 14 is 331/31	% or more, che	
b	33% % support test—2008. If the organibox and stop here. The organization qua	zation did not o	check a box on	line 13 or 16a,	and line 15 is	33% % or more,	check this
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "facts-and-circum	acts-and-circui	mstances" test,	check this box	and stop here.	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstation did private foundation. If the organization did	acts-and-circun ances" test. The	nstances" test, c organization qua	check this box a alifies as a public	ind stop here. Iy supported or	Explain in Part ganization	IV how the

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.)

	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.")	51177.60	33065.00	33242.50	39845.00	42694.64	200024.74
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	6483.00	6166.05	6947.39	5146.54	5942.16	30685.14
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0 57660.60	0 39213.05	0 40198.89	0 44991.54	0 48636.80	230709.88
6	Total. Add lines 1 through 5	0,000.00	00210.00	70100.00			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	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	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	ن المراجعة المراجعة الم		
8	Public support (Subtract line 7c from line 6.)		San San Barrell				230709.88
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		57660.60	39213.05	40198.89	44991.54	48636.80	230709.88
9 10a	Amounts from line 6	105.08	90.30	97.42	65.00	50.03	407.83
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c	Add lines 10a and 10b	105.08	90.30	97.42	65.00	50.03	407.83
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12)	57765.68		1	45056.54	48686.83	231117.71
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>				on 501(c)(3) ► □
Sec	tion C. Computation of Public Su	pport Perce	ntage			, , , , , , , , , , , , , , , , , , , ,	
15 16	Public support percentage for 2009 (lir Public support percentage from 2008 S					15	99.8 <u>%</u> 99.7 <u>%</u>
Sec	tion D. Computation of Investmen	nt Income P	ercentage			,	
17	Investment income percentage for 200	9 (line 10c, co	lumn (f) divide	d by line 13, c	olumn (f)) .	17	0.2 %
18	Investment income percentage from 20	008 Schedule	A, Part III, line	17		18	0.3 %
19a	331/3 % support tests – 2009. If the org	anization did n ox and stop h	ot check the bere. The organ	ox on line 14, a	and line 15 is n s as a publicly :	nore than 33/s supported orga	%, and line anization ▶ ☑
b	33% % support tests - 2008. If the organ line 18 is not more than 33% %, check this	nization did not	check a box or	n line 14 or line	19a, and line 1	6 is more than	331/3 %, and
20	Private foundation If the organization		_	-			_

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