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Form **990-EZ**

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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 , firspection

	Α	For the 2009 cale	ndar	year, or tax year beginning	_ Aug 1	, 2009, an	d endi	ng Jul 31		, 201	0
	<u>B_</u>	Check if applicable		C Name of organization					D Empl	oyer identifica	tion number
	Ш	Address change	ease e IRS	Roswell Youth Soc	cer Associa	ation		j	85.	-028506	n
		Name change lat	bel or	Number and street (or P O box,			Room/s	uite		hone number	
			ınt or pe.	,	ii man is not converce	to street address,	110011111	u			
		Termination Se	e	P.O. Box 1472					(5	75) 622	-5544
	П	Amended return Ins	ecific struc-	City or town, state or country, ar	id ZIP + 4				E Cros	ıp Exempti	00
		Application pending tio	ns.	Roswell		NM	8820	2-1472	Num	iber	UII ▶
	_	• Section 50	1(c)(3	3) organizations and 4947(a)(1) nonexempt ch	aritable trusts		Accounting	method		Accrual
		mus	st atta	ach a completed Schedule A	(Form 990 or 990	7-EZ).		Other (spec	ıfy) ►		
							H	Check ► X	If the	e organizat	ion is not
	ı	Website: ► N/	Α				_	required to	attach S	chedule B	(Form 990,
	J	Tax-exempt status (cl	heck o	only one) $ X$ 501(c) $($ 3 $)$	(insert no)	4947(a)(1) or 5	27	990-EZ, or	990-PF)		
	K	Check ► If the	e org	anization is not a section 509	(a)(3) supporting	g organizatior and i	ts gros	s receipts are	norma	ly not more	than
		\$25,000 A Form !	990-E	EZ or Form 990 return is not	required, but if the	ne organization ch	ooses t	o file a returr	ı, be sur	e to file a	complete return.
	L	Add lines 5b. 6b.	and 3	7b, to line 9 to determine gro	ss receipts, if \$5	00.000 or more, fu	le Form	1 990			
	_	instead of Form 9	90-E	Z				. 550	ı	> \$	74,687.
	Pa	rt I Reven	ue.	Expenses, and Change	s in Net Asse	ts or Fund Bal	ances	(See the	ınstruc	tions for	Part I.)
	<u> </u>			fts, grants, and similar amou						1	2,500.
				revenue including governme		acts		,		2	60,331.
呈		_		es and assessments	in ices and conti	ucis		•	⊢	3	00,331.
2010		4 Investment							. ⊢	4	
6				om sale of assets other than	un combone	ء ا	: _1	•	·		
-					•		a			£	
	_			ner basis and sales expenses		·	b		الگذا		
NOV	R E			sale of assets other than inventory (S		•				5c	
Z	V E	6 Special events	and ac	ctivities (complete applicable parts of	Schedule G) If any a	amount is from <mark>gaming,</mark>	check he	ere		N	
\circ	N U	a Gross rever	nue (r	not including\$	of con	tributions				<u></u> , , ,	
ᇤ	Ĕ	reported on	line	1)			Sa			<u>. </u>	
SCANNED		b Less direct	expe	enses other than fundraising	expenses	. 6	6 b				
Z				from special events and activities (S		ine 6a)	•			6 c	
×				nventory, less returns and alle			7a	8.8	07.	353	
\mathcal{S}		b Less cost o					7 b		58.		
47			_	loss) from sales of inventory	(Subtract line 7b		-1			7 c	849.
		•	•	•	•				\setminus	8	
				ribe ► See Other Revenue S		· · · · · · · · · · · · · · · · · · ·			-′ ⊾⊢		3,049.
				Add lines 1, 2, 3, 4, 5c, 6c, 7c					-+-	9	66,729.
				lar amounts paid (attach sche	edule)				⊢	0	
	E			or for members					_	1	
	E X P	12 Salanes, ot	ier c	ompensation, and employee s and other payments to inde	benefits				_1	2	
	E N	13 Professiona	ll fee	s and other payments to inde	pendent contract	tors			_1	3	
	S E	14 Occupancy,	rent	, utilities, and maintenance					1	4	
	E S	15 Printຫຼືຢູ່, pu	рцса	tions postage, and shipping					1	5	
	•	16 Other expenses	desc	cribe See Other Expenses	Statement) 1	6	56,504.
		1 7 1		Add lines 10 through 16					. —	7	56,504.
				il) for the year (Subtract line	17 from line 9)			•	1	8	10,225.
	Α									<u>ŭ</u>	10,225.
	NS	19 Net assets of	or tur	nd balances at beginning of yon prior year's return)	ear (from line 27	', column (A)) (mu	st agre	e with end-of	-year	9	100 244
	E E									_	100,244.
	Ś	-		n net assets or fund balances		•				20	110 160
				nd balances at end of year (=		21	110,469.
	₽Y 8	int il 题 Baland	<u>ce 5</u>	heets. If Total assets on lin		are \$1,250,000 or					
				(See the instructions for	Part II)			(A) Beginning			End of year
	22	. 5 /		nvestments				47,	603.		50,609.
	23		•							23	0.
	24	Other assets (de	escril	be► <u>See L-24 Stmt</u>)		_ 52,	641.	24	<u>59,860.</u>
	25	Total assets						100,	244.	25	110,469.
	26	Total liabilities	(desc	cribe ►		_)			0.	26	0.
	27	Net assets or fu	und b	palances (line 27 of column (l	3) must agree wit	h line 21)		100,	244.	27	110,469.
	RΛ			Paperwork Reduction Act N			<u> </u>				n 990-F7 (2009)

Form 990-E	Z(2009) Rosw	ell Youth S	occer Association		85	-028	35060 Page 2
ParkW*	Statement o	of Program Ser	vice Accomplishments	(See the instruction	ons.)	(D	Expenses
Describe who describe the	hat was achieved e services provide	xempt purpose? <u>Yo</u> in carrying out th ed, the number of	uth Soccer Activit e organization's exempt purp persons benefited, or other i	cies poses In a clear and correlevant information for	ncise manner,	orga 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
program titi	<u>e</u>					for o	thers)
			ociation Provides articipate In Orga				
(Gran	ts \$	0.) If th	is amount includes foreign gr	rants, check here	▶∏	28 a	56,504.
29 	-						
(Gran	ts \$) If th	ıs amount ıncludes foreign gr	rants, check here	▶ □	29 a	
30							
 (Gran	 ts \$	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	is amount includes foreign gr	rants check here		30 a	
31 Other	program services	s (attach schedule)	·			
(Gran			is amount includes foreign gr nes 28a through 31a)	rants, check here		31 a 32	56,504.
			Trustees, and Key Em	plovees. List each or	ne even if not com	pens	
	(a) Name and ac		(b) Title and average hours per week devoted to position		(d) Contributions employee benefit plan deferred compensa	to as and	(e) Expense account
Tom Jen	nings						
PO_Box_ Roswell	1797	NM 88202-1797	President	0.		0	
	Angelos		3.00	0.		0.	
PO Box	2903		Treasurer				
Roswell	.,	NM 88202-2903	3.00	0.		0.	
Dan Smi	th		Vice President				
Roswell	· · · · · · · · · · · · · · · · · · ·	NM 88202	3.00	0.		0.	
		-					
							
							
		- 					
	. <u></u>						

Form 990-EZ (2009) Roswell Youth Soccer Association

Part V 5° Other Information (Note the statement requirements in the instrs 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,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), butnot reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,			
ŀ	reporting, and proxy tax requirements? If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a		X
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the	336		
	year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 0.	274		201
	Did the organization file Form 1120-POL for this year?	37 b		X
30 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employe or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	E.		
	Section 501(c)(7) organizations Enter:	7	: 12	
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a 39b	4		W 2
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ►	The state of		
t	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit 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	40 b		X
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.			
C	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 transaction? If 'Yes,' complete Form 8886-T	40 e	<u> </u>	<u>X</u>
41	List the states with which a copy of this return is filed ►		-	
	The organization's books are in care of Substitution Jackie Angelos Located at Substitution Jackie Angelos Telephone no (575) NM ZIP + 4 88201 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		-769 	9 No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	42b		X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. 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	42 c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<u> </u>	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<u>x</u> _
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		
BAA		rm 99 (-EZ (

ileantsvi	501(c)(3) organizations and se 46-49b and complete the table:	ction 4947(a)(1) no	nexempt charitable	e trusts must answer	questic	ons	I
46 Did t	he organization engage in direct or indire	ct political campaign a	ctivities on behalf of or	in opposition to candidate	s	Yes	No
	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (<u> </u>	X
	he organization engage in lobbying activi	•			47		X
	e organization a school as described in se		•	edule E .	48	 	X
	he organization make any transfers to an es,' was the related organization a sectior	•	related organization?		49 a	1	X
	-	_					
50 Complempl	plete this table for the organization's five oyees) who each received more than \$10	highest compensated on,000 of compensation	employees (other than of from the organization	officers, directors, trustees If there is none, enter 'No	and key ne '	′	
) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) E: accou	xpense unt and llowance	
None_		devoted to position		deletted compensation	- Ouler at		<u> </u>
					<u></u>		
	number of other employees paid over \$1	100 000 ►					
51 Comp	plete this table for the organization's five pensation from the organization. If there i	s none, enter 'None.'	·				
None	(a) Name and address of each independent cond	ractor paid more than \$100,000	,	(b) Type of service	(c) Com	pensatio	<u>n</u>
d Total	number of other independent contractors	s each recovers over \$	100,000		<u> </u>		
u rotal		s each receiving over ψ	100,000		,	_	
	Under penalties of perjum, I declare that I have examine, correct, and complete Declaration of preparer	nined this return, including according than officer) is based on	ompanying schedules and states all information of which prepare	ments, and to the best of my knowler has any knowledge	edge and be	elief, it is	;
	XIII XI	24		1			
Sign Here	sing By of Tiftermas E. Jennings			2 9 OCT 2010			
Here	Sighably of line mas E. Jennings President			Date			
	Type or print name and title						
Paid	Preparer's		Date / 1		arer's Identi instructions	fying Nu	mber
Pre-	signature	A .		employed X			
parer's	very at calf	СРА					
Use Only	employed), PO BOX 1456 V	<u>,</u>	NM 88202-1	EIN • (575)	622-	5544	
	ZIP + 4 ROSWELL RS discuss this return with the preparer sh	nown above? See instri		1430 Pnone no - (3/3)	622- Yes		No
BAA	and the restauration and property of	dag to doo mate			Form 99		

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	of the	organization	-						Employe	identificat	ion number
Ros	Roswell Youth Soccer Association 85-0285060										
Par	t I -	Reason for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See ii	nstruct	ions
The o	orga	inization is not a pri	vate foundation becau	se it is (For lines 1 thro	ugh 11,	check o	nly one	box)			
1		A church, conventi	on of churches or asso	ociation of churches desi	cribed in	section	170(b)(1)(A)(i).			
2		A school described	I in section 170(b)(1)(A	(Attach Schedule E	<u> </u>						
3		A hospital or coope	erative hospital service	organization described	irsection	n 170(b)	(1)(A)(ii	i).			
4		A medical research	n organization operate	d in conjunction with a h	ospital o	describe	d ii secti	on 170(b)(1)(A)	(iii). Ente	er the hospital's
		name, city, and sta	ate	•	•					-	·
5											
6				governmental unit descri							
7		in section 170(b)(1)(A)(vi). (Complete Pa	•		_	vernme	ntal uni	t or from	the ger	neral public described
8				70(b)(1)(A)(vi). (Complete		-					
9	X	from activities rela- investment income	ted to its exempt funct	more than 33-1/3 % of tions— subject to certain ss taxable income (less amplete Part III)	exception	ons, and	l (2) no	more th	an 33-1	/3 % of ı	ts support from gross
10		An organization or	ganized and operated	exclusively to test for pu	ublic safe	ety Se s	ection 5	509(a)(4).		
11		more publicly supp	orted organizations d	exclusively for the bene- escribed in section 509(ation and complete lines	a)(1) or	section	509(a)(2	ctions o 2) Se s i	of, or ca ection 5	rry out th 09(a)(3).	ne purposes of one or Check the box that
		a Type I	b Type II	c	l – Func	tionally	integrat	ed		d \square	Type III- Other
е		By checking this b	ox. I certify that the or	ganization is not control n one or more publicly s	led direc upportec	tly or in d organi	directly zations	by one describe	or more ed in sec	disquali ction 509	fied persons other (a)(1) or section
f		If the organization check this box	received a written det	ermination from the IRS	that is a	Type I	Type II	or Typ	e III sup	porting o	organization,
g		Since August 17, 2	2006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	?
											Yes No
				controls, either alone or upported organization?	together	with pe	rsons d	escribe	in (II)	and (III)	11 g (i)
		(ii) a family men	nber of a person desc	ribed in (i) above?							11 g (ii)
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) a	bove?						11 g (III)
h		Provide the followi	ng information about t	he supported organization	ons						
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in cold in your rning ment?	the organ	ou notify ization in (i) of upport?	organizat	s the ion in col zed in the 3 ?	(vii) Amount of Support
					Yes	No	Yes	No	Yes	No	
]								
						i					
						ļ	ļ <u>.</u>				
											
					 						
			2876323383838 W.J. *ACE. J. * 12		E 1860 / 4 1868 122	** 1582 5.8.**	3.4.142.0884	Ballet + Sr.	1 2 0		
Total										Tay day	

BAA 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

Section A. Public Support Calendar year (or fiscal year beginning in) ** 1 Grits, grants, contributions and membership fies received. (Do a contributions) and membership fies received. (Do a contribution is between the public without of the contribution by a governmental unit without charge to not receive field the public without charge to not receive field the public without charge to not receive field and contributions by each person or received field and contributions by each person or received field and contributions by each person or received field and contributions and parameters or received or received field and contributions and parameters or received or received field and contributions by each person or received field and contributions or received field and contribu		(Complete only if you check	ed the box on line	5, 7, or 8 of Par			a 170(b)(1)(/	-)(VI)
beginning in) + 1 Grits, grants, contributions and membership less received. (D) - 1 Grits, grants, contributions and membership less received. (D) - 1 Grits, grants, contributions and membership less received. (D) - 1 Grits, grants, less received. (D) - 1 Gri	Sec	tion A. Public Support	T	,				
2 Tax revenues leved for the organization's benefit and either pad to if or expended of the organization's benefit and either pad to if or expended either pad to if expended	begi	nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
2 Tax revenues leved for the organization's benefit and either pad to if or expended of the organization's benefit and either pad to if or expended either pad to if expended	1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')						
facilities furnished to the organization by a governmental unit without charge Do not not the public without charge B on the public without charge A Total. Add lines 1-through 3 to the public without charge A Total Add lines 1-through 3 to the public without charge A Total Add lines 1-through 3 to the public without charge A Total Add lines 1-through 3 to the public without charge A Total Add lines 1-through 3 to the public without charge A Total Add lines 1-through 3 to the public without charge A Total Support Calendar year (or fiscal year beginning in) - (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Septiment in a total support. Subtract line 5 from line 4 a Gross income from interest, dividends, payments received royalites and income form similar sources 9 Not 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 Part Septiment Part Septiment Add lines 7 through 10 and 10 an		Tax revenues levied for the organization's benefit and either paid to it or expended						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11, column (f) 6 Public support. Subtract line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, ovalues and income from similar sources 9 Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business is regularly carried on 10 Other income from unrelated business activities, whether or not the business is regularly carried on 10 Other income from unrelated business activities, whether or not the business is regularly carried on 10 Other income from unrelated business from the sale of a part II of the sale	3	facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to						
contributions by each person (other than a governmental unit or publicly supported on line 1 (other than a governmental or publicly supported on line 1 (other than a governmental or publicly supported on line 1 (other than a governmental or publicly supported or ganzation of the organization did not check the box on line 11, column (f) 6 Public support Subtract line 5 from line 4 8 Gross income from interest, downwhere the subtraction of the support percentage on securities foars, rents, royalities and income form similar sources 9 Net income from unrelated business size regularly carried on 10 Other income form unrelated business size regularly carried on 10 Other income form unrelated business is regularly carried on 10 Other income form on the business is regularly carried on 10 Other income form on the public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 14 Public support percentage from 2008 Schedule A, Part II, line 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 15 16 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 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, and line 15 is 33-1/3% or more, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and top here. Explain in Part IV how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported org	4	Total. Add lines 1-through 3						
Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) > 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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) 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 from 2008 Schedule A, Part II, line 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33-1/3 support test—2009. If the organization did not check the box on line 13, and the 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, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 104/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. The organization qualifies as a publicly supported organization. b 104/Facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	5	contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
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	ŀ	or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test The organi	s' test, check this zation qualifies as	box an stop here. a publicly suppo	Explain in Part rted organizatio	IV how the
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Schedule A (Form 990 or 990-EZ) 2009 Roswell Youth Soccer Association

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box on I	ine 9 of Part I)							
Section A. Public Support										
	ndar year (or fiscal yr 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 'unusual grants ')			23,900.	1,000.	2,50	00.	27,400.		
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	36,067.	39,656.	47,305.	60,613.	64,22	29.	247,870.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513									
	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									
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified	36,067.	39,656.	71,205.	61,613.	66,72	29.	275,270.		
b	persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.						0.		
c	: Add lines 7a and 7b	0.						0.		
8	Public support (Subtract line	## a · (527)		1. 14 12 Page 18 18 18 18 18 18 18 18 18 18 18 18 18		1 m	744			
	7c from line 6)		李麗 - 現場	一些编辑:	in Tailing	AND COLOR		275,270.		
<u>Sec</u>	tion B. Total Support		,							
Cale	ndar year (or fiscal yr beginning in) 🟲	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	_	(f) Total		
	Amounts from line 6	36,067.	39,656.	71,205.	61,613.	66,72	29.	<u>275,270.</u>		
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	342.	720.	400.	0.		0.	1,462.		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	312.	720.	100.	· · ·					
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	342.	720.	400.	0.		0.	1,462.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)					_				
13 14	Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secor	nd, third, fourth, c	or fifth tax year as	1204	* **	276,732.		
Sec	tion C. Computation of Pu		Percentage		· · ·					
	Public support percentage for 20			ne 13, column (f))			15	99.47%		
16	Public support percentage from	2008 Schedule A	, Part III, line 15				16	98.91%		
Sec	Section D. Computation of Investment Income Percentage									
17	Investment income percentage f			=	nn (f))	. L	17	0.53%		
18	Investment income percentage f					L	18	1.09%		
	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 19a, and line 16 is more than 33-1/3%, and line 18									
20	is not more than 33-1/3%, check	k this box and stop	here. The organiz	zation qualifies as	a publicly suppo	rted organiza	ation	, and line 18		
711	Private foundation. If the organi	zation uiu not che	ch a nox on line	14, 13a, UL 13D, CE	ieck triis box and	SEE HISHUCH	VIIS			

Schedule A	(Form	990 or 9	990-EZ	2) 2009	Ro	swel	1	Yout	h a	Socc	er	Ass	ocia	ation	n	8	35-02	85060)	Page 4
Schedule A	Supp Part	lemen	ital In	forma	tion.	Com	ple	te thi	s p	art to	pro vide	ovide	the	expla er add	anations litional in	requi	red by	/ Part See ir	II, line	10;
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Form 990-EZ

Other Assets and Liabilities

2009

Name as Shown on Return	Employer Identification No
Roswell Youth Soccer Association	85-0285060

Line 24 - Other Assets:	Beginning of Year	End of Year
Equipment	34,909.	41,195.
Inventory	10,771.	7,494.
Office Equipment	0.	1,121.
Academy Supplies	0.	5,983.
Supplies	6,961.	4,067.
Totals to Form 990-EZ, Part II, line 24	52,641.	59,860.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
		· · · · · · · · · · · · · · · · · · ·
Totals to Form 990-EZ, Part II, line 26		

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Roswell Youth Soccer Association	85-0285060		1
Form 990-EZ, Part I, Line 8 Other Revenue Statement			
Other revenue (describe) Concession Income Photo Income Late Fees		974. 1,415. 660.	
Total		3,049.	
Form 990-EZ, Part I, Line 16 Other Expenses Statement			
Other expenses (describe)			
Administrative Expense		2,657.	
State Registration-NMYSA		19,672.	
Awards		7,701.	
Registration Expense		8,893.	
Coaching Expense		967.	
Park & Rec Fee		2,819.	
Field Expense		5,874.	
Referee Expense		7,636.	
Equipment Expense		285.	

56,504.

Total