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CAROLINAYOU 04/25/2012 11 38 AM Form 990

Department of the Treasury

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 1545-0047
2010
Open to Public Inspection

A For				
	the 2010 calendar year, or tax year beginning $06/01/10$, and ending $05/31/1$	L		
B Chec	kif applicable C Name of organization Carolina Youth Soccer Assn Inc		D Emplo	yer identification number
Addr	ess change aka Triangle United Soccer Assn		4 _	
X Nam	change Doing Business As		58-	1391303
╗	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number
ງເກເນລ ¬	PO Box 2321		919	<u>-942-1995</u>
Term	City or town, state or country, and ZIP + 4			
Ame	nded return Chapel Hill NC 27515		G Gross rece	pts\$ 1,260,854
Appl	cation pending F Name and address of principal officer	∐(a) is this a	aroup rotum for a	ffiliates? Yes X No
] , , pp.	Mike Strand	n(a) is uiis a	group return for a	
	PO Box 2321	1 ' '	affiliates inclu	
	Chapel Hill NC 27515	If "!	No," attach a li	st (see instructions)
Tax	-exempt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527			
We	bsite: N/A		exemption nur	
Forr	n of organization X Corporation Trust Association Other ▶ L	ear of formation	L980	M State of legal domicile NC
Par	I Summary			
	Briefly describe the organization's mission or most significant activities			
امه	Soccer development for youth			
בַּ				
Activities & Governance	City	•		
<u> </u>	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 7	5% -of -its-net as	sets	
<u> </u>	3 Number of voting members of the governing body (Part VI, line 1a)	ED I	3	7
g	4 Number of independent voting members of the governing body (Part VI, line 1b)	— ပို့	4	7
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) MAY 0 1 2	112 181	5	12
3	6 Total number of volunteers (estimate if necessary)	112 0	6	
١,	**************************************	ايّاً	7a	
	Ta Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 OGDEN, L	JT =	7b	0
╁	b Not smouthed addings to taxable most north and addings of the same state of the sa	Prior Y		Current Year
	8 Contributions and grants (Part VIII, line 1h)	•	0,656	57,999
	9 Program service revenue (Part VIII, line 2g)	1,03	3,327	1,199,460
	0 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	•		44
	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,600	3,351
	2 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1.09	5,583	1,260,854
	3 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			=,=======
	4 Benefits paid to or for members (Part IX, column (A), line 4)			
١.	5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	72	2,818	852,280
		, .	,	332,200
. `	6a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 70,696			
١.		36	8,894	407,034
1	7 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		1,712	1,259,314
	8 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,05	3,871	1,259,514
	9 Revenue less expenses Subtract line 18 from line 12	Beginning of C		End of Year
ances	20 Total assets (Part X, line 16)		31,059	434,977
(G)	21 Total liabilities (Part X, line 16)		2,622	345,000
∄ :			88,437	89,977
	22 Net assets or fund balances Subtract line 21 from line 20 t If Signature Block		· · / · · · /	00,011
Par		and to the heart	of my backled	lan and holief it is
	r penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements correct, and complete Declaration of preparer (oth <u>er tha</u> n officer) is based on all information of which preparer has		or my knowled	ige and belief, it is
true	1 Oct 3010	,	11/1	7/2012
true,				u wi C
			Date	
ign	Signature of officer OF (1) (AVTOA) 3-400 00551064)			
ign	DAVID LAXTON BOARD PRESIDENT			
ign	Type or print name and title			
ign ere	Type or print name and title Print/Type preparer's name Preparer's signature	Date	Check	□
gn ere	Print/Type or print name and title Print/Type preparer's name Kim E. Anglin, CPA Preparer's signature Xim E. Anglin, CPA Preparer's signature Xim E. Anglin, CPA		5/12 self-en	ployed P00292860
ign ere	Type or print name and title Print/Type preparer's name Kim E. Anglin, CPA Firm's name Minor, Anglin & Associates, P.A.			□
Sign Iere Paid	Printy Signature Printy Signature Preparer's signature		5/12 self-en	polyed P00292860 20-4364642
Sign Iere Paid	Type or print name and title Print/Type preparer's name Kim E. Anglin, CPA Firm's name Minor, Anglin & Associates, P.A.		5/12 self-en	ployed P00292860
Sign Here Paid Prepa Use O	Property signature Price		5/12 self-en Fırm's EIN ▶	polyed P00292860 20-4364642

	Carolina Youth So		391303	Page 2
	tatement of Program Serv	ice Accomplishments as a response to any question in this P	eart III	
1 Briefly descri	ibe the organization's mission. development for y		<u>art m</u>	
prior Form 99	nization undertake any significant 90 or 990-EZ? cribe these new services on Sche	program services during the year which were not	listed on the	Yes X No
3 Did the organ services?		e significant changes in how it conducts, any pro	gram	Yes X No
4 Describe the 501(c)(3) and	e exempt purpose achievements for d 501(c)(4) organizations and sec	or each of the organization's three largest program tion 4947(a)(1) trusts are required to report the ar r, for each program service reported		
childre	character and sk n aged 4-18 in yo	28,966 including grants of \$ ill development for about buth soccer by forming te es, and renting & maintain	eams,	1,199,460
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
45 (code) (Expenses ¢		, (November 4	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
	am services (Describe in Schedul	e O)) (Revenue \$	

	990 (2010) Carolina Youth Soccer Assn Inc 58-1391303		_ <u>P</u>	age 3
Pe	rt IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		163	140
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			_
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			l <u></u>
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			7.7
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			$ \mathbf{x} $
	endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	X	
	complete Schedule D, Part VI	11a		
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		x
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		-	1
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		1	
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		1

18

19

20a

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	rrt IV Checklist of Required Schedules (continued)					
					Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations					
	in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II		, , , , , , , , , , , , , , , , , , ,	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States		ł			l
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		1	_22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1			
	organization's current and former officers, directors, trustees, key employees, and highest compensated					١
	employees? If "Yes," complete Schedule J		}	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b					7,
	through 24d and complete Schedule K. If "No," go to line 25		}	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		}	24b	_	-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year					1
	to defease any tax-exempt bonds?		-	24c		ļ.—
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		-	24d	-	-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction					
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I		}	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior					1
	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			25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or					
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,					1
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?					.
	If "Yes," complete Schedule L, Part III			27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,					
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		ŀ			-
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete					
	Schedule L, Part IV			28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)					.
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified					
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,					x
	Part I			31	-	├ ^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					
	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			•		.
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			_33_	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,					
	IV, and V, line 1			34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			35		 ^
а	Did the organization receive any payment from or engage in any transaction with a		:			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,		T			1
	Part V, line 2	∐ Yes	X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable					
	related organization? If "Yes," complete Schedule R, Part V, line 2			36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,					
	Part VI			37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and					
	19? Note. All Form 990 filers are required to complete Schedule O	_		38	X) (2010

Form 990 (2010) Carolina Youth Soccer Assn Inc

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V					ᆚᆜ
	,	1	60		Yes	No
1a	•	1a	69			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	_0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2-	12			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	_ 12		x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			20		
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?	''		3a		х
3a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	tv			
-7 a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		•			
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	nts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е				l
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а		ooas		7a		
L	and services provided to the payor?			7b	-	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	9		1.0		† · · · ·
С	required to file Form 8282?	3		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		?	7e		[
f				7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	-	-
10	Section 501(c)(7) organizations. Enter	-مه ا	I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	I	\dashv	1	
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11a	l			
a	Gross income from other sources (Do not net amounts due or paid to other sources	114			1	
b	against amounts due or received from them)	11b				
12a		$\overline{}$	>	12a	}	
b		12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O					
b	- and the state of					
	the organization is licensed to issue qualified health plans	13b			1	
С	Enter the amount of reserves on hand	13c	<u> </u>			
14a	• • • • • • • • • • • • • • • • • • • •			14a	1	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b	L.	1

58-1391303 Form 990 (2010) Carolina Youth Soccer Assn Inc Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 3 X supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. X 8a The governing body? X 8b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes." does the organization have written policies and procedures governing the activities of such 10b chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11a form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 13 14 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b **Section C. Disclosure** List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website | Another's website | Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 19 and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the 20 PO Box 2321 organization > Mike Strand NC 27515 919-942-1995 Chapel Hill

DAA

Form 990 (2010)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the orga		y rela	ated	orga	nıza	tions	соп		er, director, or trustee	
(A) Name and Title	(B) Average	Posi	ition (chec	C) k all	that ap	pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) David Lanxton										
President	0.00	X		X				0	0	0
(2) Cameron Tew		l		l					_	_
Vice Pres	0.00	X	_	X		Ш		0	0	0
(3) David Dellinger							!		_	_
Treasurer	0.00	X	_	X		Ш		0	0	0
(4) Austin Batse										
Secretary	0.00	X		X	<u> </u>	$oxed{oxed}$		0	0	0
(5) Doug Atkinson										
Director	0.00	X						0	0	0
(6) Roy Baroff										
Director	0.00	X						0	0	0
(7) Bill Cederberg										
Director	0.00	X						0	0	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)									_,	
(15)				\vdash						
(16)										
			L							l

	(A) Name and Title	(B) Average hours per	Posi	tion (((chec	C)	hat a	pply)	(D) Reportable compensation	(E) Reportable compensation from		(F) Estimated amount of		
	•	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	cor or ar	other mpensation from the ganization display related ganization	י ו	
(17)							_					,		
(18)														
(19)														
(20)														
(21)		1												
(22)			 											
(23)		,												
(24)			\vdash											
(25)														
(26)			 											
(27)														
(28)		- 												
1b c	Sub-total Total from continuation she	ets to Part VII, S	ectic	on A	<u> </u>	<u> </u>	<u> </u>	>						
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (in	-		_	thos	e lıs	ted a	bov	l e) who received more than	\$100,000 in				
	reportable compensation from											Ye	s No	
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	" complete Sche	dule .	J for	suc	h inc	lividu	ıal			-	3	X	
4	organization and related organization										ļ	4	x	
5	Did any person listed on line for services rendered to the o									ndividual		5	х	
<u>Sec</u>	ction B. Independent Contract Complete this table for your fi	ve highest comp	ensa	ted	nde	end	lent o	conti	ractors that received more	than \$100,000 of		<u>-</u>	 	
	compensation from the organ	(A) business address							Descrip	(B) tion of services		(C Compe	nsation	
								-						
2	Total number of independent		_						se listed above) who					
DAA	received more than \$100,000	ın compensatioi	1 fron	n the	org	anız	ation	<u> </u>		0		Form 9	90 (2010)	

Pa	rt VI	II Staten	nent of Reve	nue				-		
							(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
		•						function	revenue	under sections
·0 ·0							-m-	revenue		512, 513, or 514
		Federated can		1a						
PE		Membership d		1b						
ra,		Fundraising ev		1c						
<u>igi</u>		Related organ		1d		-				
Sie		Government grants		1e						
토	T	All other contribution and similar amounts		_{1f}		57,999				
E S				<u> </u>		- 31,333			i	
Contributions, gifts, grants and other similar amounts	•	Total. Add line	ns included in lines 1a-	-1r -	\$		57,999			
<u>e</u>	- 11	Total. Add line	3 1a-11			Busn. Code	0.,,000	······································		
Program Service Revenue	2a	Player	Fees				1,138,395	1,138,395		
Ş.	b	2011 Car					20,538	20,538		
<u>3</u>	c	Fall Cl	-				18,055	18,055		
Š	d	3 v 3 T	ourney Incom	e			7,725	7,725		
Ĕ	е	NCCL Fe	_				6,375	6,375		
ğ	f	All other progr	am service reve	nue			8,372	8,372		
P	g	Total. Add line	es 2a-2f			•	1,199,460			
	3	Investment inc	come (including	dıvıder	ids, intere	est,				
		and other similar amounts)					44	44		
	4					roceeds 🕨				
	5	Royalties				•				
			(ı) Real		(II) P	ersonal				
		Less rental exps								
	С	Rental inc or (loss)	•							
	d 7a	Net rental inco			1	<u> </u>				
	, a	sales of assets	(ı) Secuntie	S	(11)	Other				
		other than inventory								
	b	Less cost or other								
		basis & sales exps						,		
		Gain or (loss)			<u> </u>					
	d	Net gain or (lo				<u> </u>				
nne	8a		om fundraising eve	ents						
ē		(not including \$,						
Ş			reported on line 1c							
ē		See Part IV, line		a		 				
Other Reve		Less direct e	-	b						
-			r (loss) from fund		events				—	
	9a		om gaming activitie							
		See Part IV, line		a						
		Less direct e	•	b ana ac	de contract					
			r (loss) from gan of inventory, less		uviues					
	TUA									
		returns and al		a						
		Less cost of	_	b aa af u	L					
	C		r (loss) from sale ællaneous Revenu		ventory	Busn. Code				
	11a					223 3000	3,351	3,351		
	b	THE THE	- 				2,032	2,332		
	C									
	d	All other reve	nue			<u> </u>		-		
	e	Total. Add lin					3,351			
	12		e. See instructio	ns		•	1,260,854		0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	. All other organizations must o	omplete column (A) but are	e not required to complete	columns (B), (C), and (D)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	784,226	605,827	127,428	50,971
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	24,296	15,792	6,074	2,430 4,376
10	Payroll taxes	43,758	28,442	10,940	4,376
11	Fees for services (non-employees)		1		
а	Management				
b	Legal	1,872	1,872		
С	Accounting	5,768	5,768		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	4,117	4,117		
14	Information technology	10,827	5,413	5,414	
15	Royalties	<u>.</u>			
16	Occupancy	159,375	146,902	8,909	3,564
17	Travel	1,688	1,688		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,112	5,112		
20	Interest	2,591	2,591		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	· · · · · ·				
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column			· ·	
	(A) amount, list line 24f expenses on Schedule O)				
а	Registration Fees-Players	47,171	47,171		
b	Triangle Church Field	26,111	26,111		
С	Uniforms- Players	21,883	21,883		
d	Rainbow Registration Fees	21,000	21,000		
е	Part Time Labor	18,923	18,923		
f	All other expenses	80,596	70,354	887	9,355
25		1,259,314	1,028,966	159,652	70,696
26	Joint costs. Check here ► X If following SOP 98-2 (ASC 958-720) Complete this line	İ			
	only if the organization reported in column		1	1	
	(B) joint costs from a combined educational campaign and fundraising solicitation				
DAA	campaign and runuraising solicitation		L	<u></u>	Form 990 (2010)

Form 990 (2010) Part X **Balance Sheet** (A) (B) Beginning of year End of year -61,305 34,777 1 Cash-non-interest bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 496,282 10a other basis Complete Part VI of Schedule D 496,282 10c 496,282 10b b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments-other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 434,977 531,059 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 442,622 345,000 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 442,622 345,000 26 Total liabilities, Add lines 17 through 25 26 Organizations that follow SFAS 117, check here > X and complete **Assets or Fund Balances** lines 27 through 29, and lines 33 and 34. 89,977 88,437 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 88,437 33 89<u>,977</u> Total net assets or fund balances 33 434,977 531,059 Total liabilities and net assets/fund balances

Form 990 (2010)

<u>Form</u>	990 (2010) Carolina Youth Soccer Assn Inc 58-1391303			_ Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
	•	1 . 1	1 04	-	0 = 4
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,26		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,25		
3	Revenue less expenses Subtract line 2 from line 1	3			540
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	{	38,4	<u>437</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,		_		
	column (B))	6		<u> 39,9</u>	<u>977</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2010)

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Carolina Youth Soccer Assn Inc aka Triangle United Soccer Assn

Employer identification number 58-1391303

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 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 c Type III-Functionally integrated b Type II 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) 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 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 No 11g(i) (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (vi) is the (i) Name of supported (ii) EIN (iii) Type of organization (IV) is the organization (v) Did you notify (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in ganization in col support col (i) of your (i) organized in the above or IRC section governing document? support? US? (see instructions)) Yes (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Sche	dule A (Form 990 or 990-EZ) 2010 Car	olina You	th Socces	Assn Inc		<u>-139130</u>		Page 2
Pa	Support Schedule for Or (Complete only if you che	ganizations D	escribed in S	ections 170(b)	(1)(A)(iv) and	170(b)(1)(tion failed	A)(vi)	alify under
	Part III. If the organization	cked the box in fails to qualif	v under the te	sts listed helov	v nlease com	nlete Part	III.)	amy under
500	tion A. Public Support	Trails to qualif	y dilder the te	010 110100 00101	v, picaco com	pioto i dit	,	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	$\overline{}$	(f) Total
Calc	idal year (or liscal year beginning iii)	(a) 2000	(5) 200.	(0) 2000	(4) 2000	(3/ 3 3 1 3		(7)
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							
Sec	tion B. Total Support				·			
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010)	(f) Total
7	Amounts from line 4	<u> </u>				ļ		
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			<u></u>		1		
12	Gross receipts from related activities, etc	•					12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yea	ar as a section 50	1(c)(3)		
_	organization, check this box and stop her		4					
Se	ction C. Computation of Public Su						44	
14	Public support percentage for 2010 (line 6			nn (f))			14	<u>%</u>
15	Public support percentage from 2009 Sch			40	00.4/00/		15	<u>%</u>
16a					os 1/5% or more,	CHECK (NIS		▶ □
	box and stop here. The organization qual	mes as a publicly s	supported organiza	สแบก				
b	33 1/3% support test—2009. If the organi	- با م هم در امرام سوره در	ale a base an line 41		5 to 33 1/20/ as	oro		

14	Public support percentage for 2010 (line 6, column (1) divided by line 11, column (1))	17	
		15	%
15	Public support percentage from 2009 Schedule A, Part II, line 14	15	
	11 1 2		

check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2010. 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

10%-facts-and-circumstances test-2009. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

chedule	A (Form	990 or	990-EZ)	2010

Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

Saci	ion A. Public Support	quality under t	THE RESIDENCE	below, please	complete : <u>u</u>		
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and membership	(a) 2000	(B) 2007	(0) 2000	(4) 2005	-(0, = 0, 0	
1	fees received (Do not include any "unusual grants")	735,043	841,563	957,829	60,656	57,999	2,653,090
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	37,442	37,606	28,946	1,034,927	1,202,855	2,341,776
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	772,485	879,169	986,775	1,095,583	1,260,854	4,994,866
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 exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	29,717	28,797	19,078	39,044	-	116,636
-	Add lines 7a and 7b	29,717	28,797	19,078	39,044		116,636
8	Public support (Subtract line 7c from line 6)			1		1	4,878,230
Sec	tion B. Total Support	L.,,,			i		4,070,230
	idar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	772,485	879,169	986,775	1,095,583	1,260,854	4,994,866
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,723				1,723
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		1,723				1,723
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)	772,485	880,892	986,775	1,095,583	1,260,854	4,996,589
14	First five years. If the Form 990 is for the		, second, third, fol	irth, or tiπh tax yea	ir as a section 501	(C)(3)	ightharpoonup
<u> </u>	organization, check this box and stop her tion C. Computation of Public Su		200				
	Public support percentage for 2010 (line 8			n (f)		15	97.63%
15	Public support percentage for 2010 (line of Public support percentage from 2009 Sch			11 (1))		16	97.09%
16 Sec	tion D. Computation of Investme						37,103.12
17	Investment income percentage for 2010 (I			column (fl)		17	%
18				, 001411111 (17)		18	%
19a	investment income percentage non-2000 concedure, a cit in, income						
	17 is not more than 33 1/3%, check this b	ox and stop here.	The organization o	jualifies as a public	cly supported orgai	nization	▶ X
b	33 1/3% support tests—2009. 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							
20	Private foundation. If the organization did	u not check a box o	ni une 14, 192, or	TOD, CHECK THIS DO	A ania see monacu	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Page 4

Schedule A (Form 990 or 990-EZ) 2010 Carolina Youth Soccer Assn Inc 58-1391303

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

	of the organization		Employer	identification number		
	arolina Youth Soccer Assn Inc		FO 13	01 202		
	ka Triangle United Soccer Assn	58-1391303				
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.					
		(a) Donor advised funds	(b) F	unds and other accounts		
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year			·		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised				
•	funds are the organization's property, subject to the organization's excl			☐ Yes ☐ No		
6	Did the organization inform all grantees, donors, and donor advisors in					
٠	only for charitable purposes and not for the benefit of the donor or donor					
	conferring impermissible private benefit?	, advisor, or for any other parpose		☐ Yes ☐ No		
Da	int II Conservation Easements. Complete if the organization	enization answered "Yes" to For	m 990 P			
	Purpose(s) of conservation easements held by the organization (check		11 000, 1	are ry mile 7:		
1		Preservation of an historically im	nortant land	t area		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a certified historic		aica		
	Protection of natural habitat	Freservation of a certified historic	C Structure			
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conse- easement on the last day of the tax year	rvation contribution in the form of a conse	ervation			
	easement on the last day of the tax year		<u></u>	leid at the End of the Tax Year		
				leid at the End of the Tax Tear		
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С			2c			
d	Number of conservation easements included in (c) acquired after 8/17/	06, and not on a				
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	ition during	the		
	tax year ▶					
4	Number of states where property subject to conservation easement is	ocated ▶				
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds?			Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	cing conservation easements during the y	/ear			
	>					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year				
	> \$	-				
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)				
	(i) and section 170(h)(4)(B)(ii)?	,		Yes No		
9	In Part XIV, describe how the organization reports conservation easem	ents in its revenue and expense stateme	nt, and	_		
	balance sheet, and include, if applicable, the text of the footnote to the	•		e		
	organization's accounting for conservation easements	•				
Pž	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar A	Assets.		
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8				
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	ot to report in its revenue statement and	balance sh	eet		
	works of art, historical treasures, or other similar assets held for public					
	public service, provide, in Part XIV, the text of the footnote to its finance					
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to					
_	works of art, historical treasures, or other similar assets held for public					
	public service, provide the following amounts relating to these items	,,				
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$		
	(ii) Assets included in Form 990, Part X		•	\$		
•	• •	other similar assets for financial dain or	rovide the	•		
2	If the organization received or held works of art, historical treasures, or		OVIDE LIFE			
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items		¢		
	Revenues included in Form 990, Part VIII, line 1		P	\$		
	Assets included in Form 990, Part X Paperwork Reduction Act Notice see the Instructions for Form 990			\$ Schedule D (Form 990) 2010		

(d) Book value (a) Cost or other basis (b) Cost or other basis (c) Accumulated Description of investment (investment) (other) depreciation 493,515 493,515 1a Land 2,767 **b** Buildings c Leasehold improvements d Equipment e Other 496,282 Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2010

Schedule D.Æ	orm 990) 2010 Carolina Youth Soccer	Assn Inc	58-1391303	Page 3
Part VII	Investments—Other Securities. See Form 990). Part X. line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
•	(including name of security)		Cost or end-of-year market	value
1) Financial o	derivatives	-		
	eld equity interests			
3) Other	,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				<u> </u>
(1)		ļ		
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related. See Form 99	0, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	-			
(7)				
(8)				
(9)		<u> </u>		
(10)			<u> </u>	
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX	Other Assets. See Form 990, Part X, line 15.			-
	(a) Description		(t	o) Book value
(1)				
(2)				
(3)		·		
(4)		· · · · · · · · · · · · · · · · · · ·		
(5)		w		
(6)				_
(7)				
(8)				
(9)				
(10)				
	in (b) must equal Form 990, Part X, col (B) line 15)	e .	<u> </u>	
Part X	Other Liabilities. See Form 990, Part X, line 2			
1.	(a) Description of liability	(b) Amount	4	
· · · · · · · · · · · · · · · · · · ·	income taxes			
(2)			4	
(3)			4	
(4)		 	┪	
(5)		+	-	
(6)			-	
(7)		-	-	
(8)			-	
(9)	· · · · · · · · · · · · · · · · · · ·		-	
(10)		 	-	
(11)			-	
	nn (b) must equal Form 990, Part X, col (B) line 25)			
	SC 740) Footnote In Part XIV, provide the text of the footnote to	to the organization's financ	cial statements that reports the	
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740)			

Sche	dule D (Form 990) 2010 Carolina Youth Soccer Assn Inc 58-1391303	3	Page 4
	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	<u> </u>
7	Prior period adjustments	7_	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	· · · · · · · · · · · · · · · · · · ·
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Рa	It XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	· · · · · · · · · · · · · · · · · · ·
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	n
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2010 Carolina Youth Soccer Assn Inc

58-1391303

Page 5

Part XIV Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

Carolina Youth Soccer Assn Inc aka Triangle United Soccer Assn Employer identification number 58-1391303

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The form 990 is prepared by an independent CPA firm. A draft of the form 990 is provided to the Executive Director and the Treasurer. Upon their approval, the form is filed with the IRS. A copy of the form 990 is available for all Board members.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Each director completes a form annually. The executive director keeps the forms in a secure place.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The governing documents are available to the public upon written request at the main office.