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Form **990-EZ**

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

OMB No 1545-1150

Sponsonng organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public Inspection Department of the Treasury Internal Revenue Service 2011 JUL 31, For the 2010 calendar year, or tax year beginning AUG 1, 2010 and ending D Employer identification number C Name of organization Address change ROSWELL YOUTH SOCCER ASSOCIATION 85-0285060 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return P.O. BOX 1472 575-622-5544 Terminated X Amended return City or town, state or country, and ZIP + 4 F Group Exemption ROSWELL, NM 88202 Number -Application pending X Cash Accrual H Check ► X if the organization is not Accounting Method Other (specify) Website ► WWW.ROSWELLSOCCER.ORG required to attach Schedule B Tax-exempt status (check only one) - \times 501(c)(3) \longrightarrow 501(c) () **◄**(insert no) ____ 4947(a)(1) or L (Form 990, 990-EZ, or 990-PF) Check Lift the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 63,912. \$ line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 950 Contributions, gifts, grants, and similar amounts received 1 53,565 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 4 Investment income 5<u>a</u> 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c SCANNevenue And Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than 6a \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 6с c Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 8,121. Gross sales of inventory, less returns and allowances 7a SEE SCHEDULE O 3,871. Less cost of goods sold 7b 4,250. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c SEE SCHEDULE O 8 Other revenue (describe in Schedule O) 8 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 Grants and similar amounts paid (list in Schedule 0) 10 10 Benefits paid to or for members

Salaries, other compensation, and employee Benefits UL 3 0 2012 11 11 Š 12 12 Professional fees and other payments to independent contractors 13 13 Occupancy, rent, utilities, and maintenance 14 14 15 Printing, publications, postage, and shipping 15 49,860. SEE SCHEDULE O 16 Other expenses (describe in Schedule O) 16 49,860. 17 Total expenses Add lines 10 through 16 17 10,181. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 110,469. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year Combine lines 18 through 20

Form 990-EZ (2010)

120,650.

032171 02-02-11

Pa	art II	Balance Sheets. (see the instructions for Part II)						_
		Check if the organization used Schedule O to respond to any question	ı ın this Part II					X
			,	(A)	Beginning of year		(B) E	nd of year
22	Cash,	savings, and investments			50,609	. 22		56,031.
23	Land	and buildings	-			23		
24	Other	assets (describe in Schedule 0) SEE SCHEDULE ()		59,860			64,619.
25	Total	assets	,		110,469			120,650.
26	Total	liabilities (describe in Schedule 0)			0 .			0.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)			110,469	• 27		120,650.
P	art III	Statement of Program Service Accomplishme	ents (see the instruction	ns for l				penses
		Check if the organization used Schedule O to respond to any question				X		for section and 501(c)(4)
Wha	at is the o	organization's primary exempt purpose? SEE SCHEDULE ()		<u></u>		organization	ons and section
		hat was achieved in carrying out the organization's exempt pu				ре	4947(a)(1 for others) trusts, optional
		s provided, the number of persons benefited, and other releva					Tor others	,
28		NELL YOUTH SOCCER ASSOCIATION PI						
	OVE	R 1,100 YOUTH TO PARTICIPATE IN	ORGANIZED	soc	CER.			
	(Grants) If this amount includes foreign	grants, check here		<u> </u>	Ш	28a	50,309.
29								
	(Grants	s \$) If this amount includes foreign	grants, check here		>	Ш	29a	
30								
				_				
			·					
	(Grants	s \$) If this amount includes foreign	grants, check here				30a	
31	Other	program services (describe in Schedule O)						
	(Grants	s \$) If this amount includes foreign	grants, check here		<u> </u>		31a	
		program service expenses (add lines 28a through 31a)				<u> </u>	32	50,309.
P	art IV	List of Officers, Directors, Trustees, and Key	Employees. List eact	h one ev	ven if not compensated (s	see the	instructions f	or Part IV)
		Check if the organization used Schedule O to respond to any question	on in this Part IV					
			(b) Title and average I	hours	(c) Compensation		Contributions	(e) Expense
		(a) Name and address	per week devoted	to	(If not paid, enter		employee efit plans &	account and
			position		-0)		deferred npensation	other allowances
DI	AN SI	MITH, 2708 W. 25TH STREET,	PRESIDENT				•	
RC	SWE	LL, NM 88201	3.00		0.		0.	0.
SC	COTT	STEVENSON	VICE PRESI	DEN	T; FIELD/	EQU	JIP M	
15	CE	DAR, ROSWELL, NM 88203	3.00		0.		0.	0.
JE	ENNI	FER FLORES	SECRETARY;	SC	HEDULING	DIF	RECTO	
P.	.0.]	BOX 1053, ROSWELL, NM 88202	3.00		0.		0.	0.
TC	M B	ROWN	TREASURER					
10	008 1	N. KENTUCKY, ROSWELL, NM 88201	3.00		0.		0.	0.
\overline{CI}	ROL	YN MADISON	REFEREE DI	REC	TOR			
P.	.0.]	BOX 8121, ROSWELL, NM 88202	3.00		0.		0.	0.
		N DENIO	COACH/TEAM	DI				
14	106	E. BERRENDO, ROSWELL, NM 88201	3.00		0.		0.	0.
		NY BECERRA	CHARACTER	COU		SI		
		EBORAH DR, ROSWELL, NM 88201	3.00		0.	_	0.	0.
		SA SMITH, 2708 W. 25TH STREET,	REGISTRAR					
		LL, NM 88201	3.00		0.		0.	0.
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			-					
032	172							<u> </u>
02.0	00 11						F	000 E7 (0010)

	Check if the organization used Schedule 0 to respond to any question in this Part V			X
	Officer in the diganization used sense unit of the respond to any question in this tart v		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			
	Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or		.]	
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Ā
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39 39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
b	N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
70 u	section 4911 ► O • , section 4912 ► O • , section 4955 ►			
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
٠	year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?		•	
	If "Yes," complete Schedule L, Part I	40b		Х
r	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers.	700		
٠	or disqualified persons during the year under sections 4912, 4955, and 4958			
ч	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
-	organization			
۵	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
·	transaction? If "Yes," complete Form 8886-T	40e	•	х
41	List the states with which a copy of this return is filed NONE	408	l	
	The organization's books are in care of ► JEFF LYNN Telephone no ► 575-62	7_1	116	
72 a	Located at ► 1501 W. 7TH, ROSWELL, NM ZIP+4 ►			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	020		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	NI
	account)?	42b	162	X
	If "Yes," enter the name of the foreign country	420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420	•	Х
	If "Yes," enter the name of the foreign country	42c	l	Λ
42	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			_
43		N/A		<u> </u>
	and enter the amount of tax-exempt interest received or accrued during the tax year	11/13		
		·····	Yes	N
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
44 a	Form 990-EZ	44a		X
44 a				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
		44b		
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44b 44c		X X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	1		

032173 02-02-11

May the IRS discuss this return with the preparer shown above? See instructions 032174

ROSWELL, NM 88202-1836

Firm's address ▶ P. O. BOX 1836

X Yes

575-622-8500

Phone no

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

Open to Public

OMB No 1545-0047

Internal Revenue Service

Name of the organization

DOGUTEL WOLLEN GOOGED AGGOGLATION

Employer identification number

Part I	Resear		ity Status (All organiz) See inct	ructions	83	-0283060	
								ractions.			
		·	because it is: (For lines			-					
1			s, or association of chur		nbed in se	ction 170	(D)(1)(A)(I)	•			
2			'0(b)(1)(A)(ii). (Attach Sc		n naatian	4.70/L\/4\;	(A\/:::\				
3	•		tal service organization o					/b\/4\/A\/;;	il Entarth	a hacaital'a nama	
4 🗀	city, and state		operated in conjunction	with a nos	pital desci	inea iii se	ction 170	(0)(1)(A)(11	ij. Eriter ti	ie nospitai s name,	
5	•		benefit of a college or un	niversity ov	wned or or	erated by	a governr	mental uni	t describe		
5	_	(b)(1)(A)(iv). (Comple		inversity of	MICO OF OF	crated by	a governi	noma am	1 00301100	G 111	
6			ent or governmental uni	t described	d in sectio	n 170/h\/1	ι)(Δ)(ω)				
7			eives a substantial part					r from the	general p	ublic described in	
	-	b)(1)(A)(vi). (Comple		o, ,,o oupp		9010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9011014. P	2010 000011200 111	
8	•		section 170(b)(1)(A)(vi).	(Complete	Part (()						
9 X			eives. (1) more than 33			om contri	butions, m	nembershi	n fees, an	d aross receipts from	
	-	-	nctions - subject to certa		* *				•	•	
			axable income (less sec								
		509(a)(2). (Complete			•		•	, ,		·	
10 🔲	An organizati	on organized and o	perated exclusively to te	st for publ	ıc safety. S	ee sectio	on 509(a)(4	1).			
11 🔲	An organizati	on organized and o	perated exclusively for the	he benefit (of, to perfo	rm the fu	nctions of,	or to carr	y out the p	ourposes of one or	
	more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	n 509(a)(2	2). See se c	ction 509(a)(3). Che	ck the box that	
	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.										
	a Type I	ь <u> </u>	Type II 🔻	с 🔙 Тур	e III - Func	tionally in	tegrated		d 🗔	Type III - Other	
e	By checking	this box, I certify tha	at the organization is not	t controlled	directly o	r indirectly	by one or	r more dis	qualified p	ersons other than	
	foundation m	anagers and other t	han one or more publicl	y supporte	ed organiza	tions des	cribed in s	ection 509	9(a)(1) or s	ection 509(a)(2)	
f	If the organiz	ation received a writ	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting of	rganization, check ti	his box								
g	Since August	t 17, 2006, has the o	organization accepted ai	ny gift or c	ontribution	from any	of the follo	owing per	sons?		
	(i) A perso	n who directly or inc	directly controls, either a	lone or tog	ether with	persons o	described	ın (II) and (ш) below,	Yes No	
			upported organization?							11g(i)	
	•	•	n described in (i) above?							11g(ii)	
			person described in (i)							11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganization	(s).						
(i) Name	of supported	(iı) EIN	(iii) Type of	(IV) Is the c	organization	(v) Did vo	u notify the	(vi) is	the	(vii) Amount of	
	organization organization (described on lines 1-9		in col (i) listed in your organization in col		ion in col	organization in col		support			
			above or IRC section	governing	document?	(i) of you	r support?	US?		55,000	
			(see instructions))	Yes	No	Yes	No	Yes	No		
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										-	
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										_	
	 -			-					-		
Total											

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (a) 2006 **(b)** 2007 (c) 2008(d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 (c) 2008(d) 2009 (e) 2010 (f) Total 7 Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule	Δ	(Form	990	or 9	գգր.	.F7\	201	1

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

b 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

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 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 If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grants")		23,900.	1,000.	2,500.	950.	28,350.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	39,656.	47,305.	60,613.	64,229.	59,091.	270,894.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	39,656.	71,205.	61,613.	66,729.	60,041.	299,244.	
7 8	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
•	Add lines 7a and 7b						0.	
_	Public support (Subtract line 7c from line 6)						299,244.	
	ction B. Total Support	,						
	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
	Amounts from line 6	39,656.	71,205.	61,613.	66,729.	60,041.	299,244.	
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	720.	400.				1,120.	
ŧ	Unrelated business taxable income					_		
	(less section 511 taxes) from businesses acquired after June 30, 1975							
•	Add lines 10a and 10b	720.	400.				1,120.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital							
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)	40,376.	71,605.	61,613.	66,729.	60,041.	300,364.	
	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz		
	check this box and stop here			<u> </u>			<u> </u>	
15	Public support percentage for 2010 (15	99.63 %	
16	Public support percentage from 2009	• •	-	olumn (I))		16	99.47 %	
	ction D. Computation of Inves					10	33.17 70	
17				e 13. column (fl)		17	.37 %	
18	Investment income percentage from a		•	.5 15, 551611111 (1))		18	•53 %	
	a 33 1/3% support tests - 2010. If the			on line 14, and line	15 is more than 3			
•	more than 33 1/3%, check this box a						▶ X	
ŀ				· · · · · ·				
	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	Private foundation. If the organization			·		_	▶□	
						adula A /Farm 00		

'SCHEDULE O

Department of the Treasury

(Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public **Inspection**

Internal Revenue Service Name of the organization

Employer identification number

ROSWELL YOUTH SOCCER ASSOCIATION	85-0285060
FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF	INVENTORY:
INCOME:	
1. GROSS RECEIPTS	8,121.
2. RETURNS AND ALLOWANCES	0.
3. LINE 1 LESS LINE 2	8,121.
4. COST OF GOODS SOLD (LINE 13)	3,871.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	4,250.
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	0.
7. MERCHANDISE PURCHASED	0.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	2 071
11. ADD LINES 6 THROUGH 10	3,871.
12. INVENTORY AT END OF YEAR	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	3,871.
DESCRIPTION OF OTHER COSTS:	AMOUNT:
COST OF JERSEYS	3,871.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
PHOTO INCOME	311.
CONCESSION INCOME	345.
LATE FEES	580.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11	chedule O (Form 990 or 990-EZ) (2010)

' 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

Employer identification number Name of the organization 85-0285060 ROSWELL YOUTH SOCCER ASSOCIATION MISCELLANEOUS INCOME 40. 1,276. TOTAL TO FORM 990-EZ, LINE 8 FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: AMOUNT: DESCRIPTION OF OTHER EXPENSES: NMYSA REGISTRATION FEES 18,580. REGISTRATION EXPENSE 7,710. 167. COACHING EXPENSE 2,668. FIELD EXPENSE REFEREE EXPENSE 9,787. 4,275. AWARDS 3,250. ADMINISTRATIVE EXPENSE TOURNAMENT EXPENSE 2,382. NMYSA CONFERENCE 1,041. TOTAL TO FORM 990-EZ, LINE 16 49,860. FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: DESCRIPTION BEG. OF YEAR END OF YEAR EQUIPMENT 41,195. 46,466. INVENTORY 7,494. 6,446. OFFICE EQUIPMENT 1,121. 1,657. ACADEMY SUPPLIES 5,983. 5,983. CONCESSION ASSETS 4,067. 4,067. TOTAL TO FORM 990-EZ, LINE 24 59,860. 64,619.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE A PLATFORM FOR

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

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

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 ROSWELL YOUTH SOCCER ASSOCIATION	Employer identification number 85-0285060
OVER 1,100 YOUTH TO PARTICIPATE IN YOUTH SOCCER.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	TIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
EXPLANATION FOR AMENDMENT:	
THE 2010 FORM 990-EZ WAS AMENDED DUE TO AN INCORRECT FISC.	AL
YEAR BEING REPORTED. THE ORIGINAL RETURN INCORRECTLY REPORTED	
ACTIVITY FOR A YEAR ENDED JUNE 30, 2011. THE AMENDED RETU	RN
CORRECTLY REPORTS ACTIVITY FOR THE YEAR ENDED JULY 31, 20	11.
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