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**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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2010 calendar year, or tax year beginning SEP 1, 2010 and ending AUG 31, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> North Texas State Soccer Association Inc <b>Doing Business As</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1740 South I-35 City or town, state or country, and ZIP + 4 Carrollton, TX 75006 <b>F Name and address of principal officer</b> Toni Briggs-McGee 1740 South I-35, Carrollton, TX 75006	<b>D Employer identification number</b> 75-2800087 <b>E Telephone number</b> 972-323-1323 <b>G Gross receipts \$</b> 9,768,458. <b>H(a) Is this a group return</b> Stmt 1 for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶ 7195
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J Website:</b> ▶ www.ntxsoccer.org <b>K Form of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L Year of formation:</b> 1964 <b>M State of legal domicile:</b> TX		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: To foster and advance the cause of soccer within the North Texas area and to plan, establish, <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> 3316 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 733 <b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) <b>5</b> 41 <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> 0 <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> 0. <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> 0.															
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>9</b> Program service revenue (Part VIII, line 2g) <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, and 11e) <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>149,399.</td> <td>155,691.</td> </tr> <tr> <td>8,884,129.</td> <td>9,361,623.</td> </tr> <tr> <td>24,439.</td> <td>20,891.</td> </tr> <tr> <td>918,291.</td> <td>64,250.</td> </tr> <tr> <td>9,976,258.</td> <td>9,602,455.</td> </tr> </tbody> </table>	Prior Year	Current Year	149,399.	155,691.	8,884,129.	9,361,623.	24,439.	20,891.	918,291.	64,250.	9,976,258.	9,602,455.		
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<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>19</b> Revenue less expenses. Subtract line 18 from line 12	<table border="1"> <tbody> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>825,357.</td> <td>891,085.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>8,289,480.</td> <td>7,835,140.</td> </tr> <tr> <td>9,114,837.</td> <td>8,726,225.</td> </tr> <tr> <td>861,421.</td> <td>876,230.</td> </tr> </tbody> </table>	0.	0.	0.	0.	825,357.	891,085.	0.	0.	8,289,480.	7,835,140.	9,114,837.	8,726,225.	861,421.	876,230.
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<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>21</b> Total liabilities (Part X, line 26) <b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<table border="1"> <thead> <tr> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td>9,220,387.</td> <td>8,292,987.</td> </tr> <tr> <td>670,418.</td> <td>164,900.</td> </tr> <tr> <td>8,549,969.</td> <td>8,128,087.</td> </tr> </tbody> </table>	Beginning of Current Year	End of Year	9,220,387.	8,292,987.	670,418.	164,900.	8,549,969.	8,128,087.						
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>Toni Briggs-McGee</i> <b>Toni Briggs-McGee, Treasurer</b> Type or print name and title	Date <i>2-7-12</i>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Jason A. George, CPA</b> Firm's name ▶ <b>PriceKubecka, PLLC</b> Firm's address ▶ <b>16775 Addison Road, Suite 500</b> <b>Addison, TX 75001</b>	Preparer's signature <i>Jason A. George</i> Date <b>01/26/12</b> Check <input type="checkbox"/> if self-employed PTIN Firm's EIN Phone no. <b>(972) 888-0950</b>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

*Call 3*

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

To foster and advance the cause of soccer within the North Texas area and to plan, establish, approve and administer all the rules and regulations.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code \_\_\_\_\_) (Expenses \$ 8,726,225. including grants of \$ \_\_\_\_\_) (Revenue \$ 9,487,761.)  
 The NTSSA Group of affiliates seeks to provide continuing soccer programs to the North Texas area for adults and children. The purpose of the affiliates is to plan soccer activities during the year.

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶** 8,726,225.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</b> 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? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</b> Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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).		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	531	
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	41	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</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 Accounts.		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b> Enter		
<b>a</b> Gross income from members or shareholders		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>c</b> Enter the amount of reserves on hand		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2010)

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	3316	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	733	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?	X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?		X
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?	X	
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official		X
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **None**

**18** 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

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **Annice Reed - 972-323-1323**  
**1740 South I-35, Carrollton, TX 75006**

11

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	155,691.				
	g Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			155,691.			
<b>Program Service Revenue</b>	2 a <u>Prog.serv.revenue</u>	Business Code	711210	9362440.	9362440.		
	b						
	c						
	d						
	e						
	f All other program service revenue	711210	<817.>	<817.>			
	<b>g Total.</b> Add lines 2a-2f			9361623.			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			12,462.	12,462.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less. cost or other basis and sales expenses						
	c Gain or (loss)			8,429.	8,429.		
	d Net gain or (loss)			8,429.	8,429.		
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a		125006.			
	b Less direct expenses	b		166003.			
	c Net income or (loss) from fundraising events			<40,997.>		<40,997.>	
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>			Business Code				
11 a <u>Other Revenue</u>	711210	105,247.	105,247.				
b							
c							
d All other revenue							
e <b>Total.</b> Add lines 11a-11d			105,247.				
<b>12 Total revenue.</b> See instructions.			9602455.	9487761.	0.	<40,997.>	

**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)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 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	446,051.	446,051.		
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	369,451.	369,451.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	5,616.	5,616.		
10 Payroll taxes	69,967.	69,967.		
11 Fees for services (non-employees)				
a Management				
b Legal	7,624.	7,624.		
c Accounting	43,077.	43,077.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	3,716,060.	3,716,060.		
12 Advertising and promotion	111,177.	111,177.		
13 Office expenses	447,772.	447,772.		
14 Information technology				
15 Royalties				
16 Occupancy	1,161,143.	1,161,143.		
17 Travel	28,494.	28,494.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	89,017.	89,017.		
20 Interest	905.	905.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,487.	14,487.		
23 Insurance	55,270.	55,270.		
24 Other expenses. Itemize expenses not covered 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.)				
a Tournaments	495,357.	495,357.		
b Uniforms	458,795.	458,795.		
c Trophies	358,422.	358,422.		
d Field Equipment (balls,	332,946.	332,946.		
e Other Expenses	261,503.	261,503.		
f All other expenses	253,091.	253,091.		
25 Total functional expenses. Add lines 1 through 24f	8,726,225.	8,726,225.	0.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	4,832,059.	1	4,599,630.
	2 Savings and temporary cash investments	2,736,833.	2	1,688,112.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	13,676.	4	4,151.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	8,415.	8	4,597.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 1,335,023.		
	b Less: accumulated depreciation	10b	10c	1,335,023.
	11 Investments - publicly traded securities	1,596,182.	11	634,179.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	33,222.	15	27,295.
	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	9,220,387.	16	8,292,987.
<b>Liabilities</b>	17 Accounts payable and accrued expenses	92,581.	17	5,707.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	87,235.	24	50,432.
	25 Other liabilities. Complete Part X of Schedule D	490,602.	25	108,761.
	26 <b>Total liabilities.</b> Add lines 17 through 25	670,418.	26	164,900.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	8,549,969.	32	8,128,087.
	33 <b>Total net assets or fund balances</b>	8,549,969.	33	8,128,087.
	34 <b>Total liabilities and net assets/fund balances</b>	9,220,387.	34	8,292,987.

Form 990 (2010)

**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,602,455.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,726,225.
3	Revenue less expenses Subtract line 2 from line 1	3	876,230.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,549,969.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<1,298,112.>
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	8,128,087.

**Part XII Financial Statements and Reporting**

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

☐1 Accounting method used to prepare the Form 990: ☐ 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?

b Were the organization's financial statements audited by an independent accountant?

c 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?

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?

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

Yes No

2a X

2b X

2c

3a X

3b

Form 990 (2010)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

# 2010

**Open to Public Inspection**

Name of the organization

North Texas State Soccer Association Inc

Employer identification number

75-2800087

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ 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.)

9 ☒ 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).**

11 ☐ 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.

a ☐ Type I                      b ☐ Type II                      c ☐ Type III - Functionally integrated                      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2010

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	268,131.	515,794.	242,091.	149,399.	155,691.	1,331,106.
<b>2</b> 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	8,604,451.	8,752,767.	9,050,210.	8,884,129.	9,361,623.	44,653,180.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	8,872,582.	9,268,561.	9,292,301.	9,033,528.	9,517,314.	45,984,286.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						45,984,286.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	8,872,582.	9,268,561.	9,292,301.	9,033,528.	9,517,314.	45,984,286.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	87,562.	32,444.	41,985.	24,439.	20,891.	207,321.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	87,562.	32,444.	41,985.	24,439.	20,891.	207,321.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	800,564.	871,897.	870,874.	918,291.	64,250.	3,525,876.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	9,760,708.	10,172,902.	10,205,160.	9,976,258.	9,602,455.	49,717,483.

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	92.49 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	90.97 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	.42 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	.50 %

**19a 33 1/3% support tests - 2010.** 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 - 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 did not check a box on line 14, 19a, or 19b, check this box and 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

**2010**Open to Public  
Inspection

Name of the organization

North Texas State Soccer Association Inc

Employer identification number

75-2800087

**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) Funds 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 exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	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, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar 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), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of 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	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Yes No

(i) unrelated organizations

3a(i) ☐ ☐

(ii) related organizations

3a(ii) ☐ ☐

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b ☐ ☐

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		723,687.		723,687.
b Buildings		286,873.		286,873.
c Leasehold improvements		1,000.		1,000.
d Equipment		323,463.		323,463.
e Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,335,023.

Schedule D (Form 990) 2010

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Deferred Revenue	109,508.
(3) Other Liabilities	<747.▶
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	
108,761.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

032053  
12-20-10

Schedule D (Form 990) 2010

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,602,455.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,726,225.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	876,230.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	<6,479.>
8	Other (Describe in Part XIV.)	8	<1,291,633.>
9	Total adjustments (net) Add lines 4 through 8	9	<1,298,112.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<421,882.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	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.

See Schedule O, Form 990, Part XI, Line 5, Changes in Net Assets:

An association was added that required an adjustment of \$61,387.

Several associations were removed that required a negative adjustment of \$1,354,956

Two associations had total correction adjustments of \$1,936.

Total Other Adjustments: <\$1,291,633>

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

# 2010

**Open To Public Inspection**

Name of the organization

North Texas State Soccer Association Inc

Employer identification number

75-2800087

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Candy Sales (event type)	Merch. Sales (event type)	None (total number)	
Revenue	1 Gross receipts	58,951.	66,055.		125,006.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	58,951.	66,055.		125,006.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	45,434.	120,569.		166,003.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				( 166,003.)
	11 Net income summary. Combine line 3, column (d), and line 10				<40,997.>

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 11 | Does the organization operate gaming activities with nonmembers?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity operated in:   |                              |                             |
| a  | The organization's facility   | 13a                          | %                           |
| b  | An outside facility   | 13b                          | %                           |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                     |                              |                             |

Name 

Address 

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name 

Address ►

**16** Gaming manager information:

Name 

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ▶

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**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.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

North Texas State Soccer Association Inc

Employer identification number  
75-2800087

Form 990, Part I, Line 1, Description of Organization Mission:

approve and administer all the rules and regulations.

Form 990, Part VI, Section A, line 2: The following affiliates have an  
officer, director, trustee, or key employee with a family relationship or a  
business relationship with another officer, director, trustee, or key  
employee:

Arlington Youth - Vice President of Recreational Leagues and Vice President  
of Adult Leagues are married; President and paid Scheduler are married.

Birdville Area Youth Futbol Alliance - U7 Commissioner and Secretary are  
married.

Cooke County Soccer Association - Commissioner Chair and Referee

Chairperson are married; Registrar is stepmother to Commissioner Chair.

Dallas East Soccer - President and Treasurer are married.

Ennis Soccer Association - President and Treasurer are married.

Eagle Mountain Soccer Association - Treasurer and Registrar are married;  
Equipment Manager and Uniform Coordinator are married.

Garland Soccer Association - U10 Director and U6 Director are married; some  
of the board members or family members of the board members have a business  
relationship as a referee.

Greater Longview Soccer Association - Tournament Director's family owns the  
business where uniforms are purchased from.

Greater Wichita Falls Soccer Association - President's business performs  
field maintenance; Registrar's husband performs complex cleanup.

Henderson Soccer Association - Treasurer and 2nd Vice President are



Name of the organization

North Texas State Soccer Association Inc

Employer identification number

75-2800087

Partners in the same accounting firm.

Hutchinson County Youth - President and Secretary are married; Field Manager and Treasurer are married.

Irving - Vice President and Registrar are married.

Jacksonville Soccer Association - President works for company owned by Secretary.

Kaufman Soccer Association - President and Registrar are married.

Midland - President and Secretary are married; Commissioner and Vice Commissioner are married.

Midlothian Soccer Assoc - President and Referee Assignor are married.

Nacogdoches Youth Soccer Association - President and Assistant Registrar are married.

North Texas Co-Ed Soccer Association - President is landlord for association office.

North Texas Premier Soccer Association - President and General Manager are married.

Rowlett Youth Soccer Association - RYSA pays rent and utilities to Treasurer's spouse.

Terrell Soccer Association - President and Concession Manager are married; Treasurer and Scheduler are married; Secretary and Member at Large are married; U8 Commissioner and Equipment Manager are married; Cup and Games and Coach Coordinator are married.

Tri County Soccer Association - President, Registrar, U14-U19 Girl's Commissioner, and Field Maintenance are all family; Publicity and U8 Boy's Commissioner and A&D and Concessions are family.

Form 990, Part VI, Section A, line 4: The following associations made changes to their organizational documents since the prior Form 990 was

032212  
01-24-11

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

Name of the organization

North Texas State Soccer Association Inc

Employer identification number

75-2800087

filed:

Eagle Mountain Soccer Association - Updated bylaws

Garland Soccer Association - Updated bylaws

Kilgore Soccer Association - Updated bylaws

Midland Soccer Association - Updated bylaws

Form 990, Part VI, Section A, line 6: The organization has 130 Member Associations.

Form 990, Part VI, Section A, line 7a: All associations have members that pay dues.

Form 990, Part VI, Section A, line 7b: The association members elect the board of directors. It is the standard practice for the board of director elections to be held annually.

Form 990, Part VI, Section A, line 8a: All organizations contemporaneously document the meetings held or written actions undertaken during the year by the governing body except for the following:

Irving Soccer Association - Meetings are not documented

Form 990, Part VI, Section B, line 11: A copy of the Form 990 was reviewed by the organization's governing body before it was filed.

Form 990, Part VI, Section B, Line 12c: The officers, directors or trustees, and key employees are required to sign an annual conflict of

Name of the organization

North Texas State Soccer Association Inc

Employer identification number

75-2800087

interest statement and disclose interests that could give rise to conflict.

Form 990, Part VI, Section C, Line 19: The organization makes its governing documents, conflict of interest policy, and financial statements available upon request.

Form 990, Part XI, line 5, Changes in Net Assets:

Prior period adjustments: -6,479.

Beg balances of associations that were reported in 2010 but not in 2009: 0.

Birdville Area Youth Futbol Alliance 61,387.

Beg balances of associations that were reported in 2009 but not in 2010: 0.

Mesquite -177,374.

Canton -163.

Mineral Wells -33,453.

Sandhills -19,315.

Seagoville -7,365.

Denton -281,486.

Greater Lewisville -690,259.

Mount Pleasant Youth -10,752.

Texoma -134,789.

Additional adjustments: 0.

Cooke County -120.

Ft. Worth Adult 2,056.

Total to Form 990, Part XI, Line 5 -1,298,112.

Form 990                      Line H(b) - List of Affiliated                      Statement      1  
    Organizations Included in Group Return

Name of Organization	Organization's Address	Employer ID
Amarillo Soccer Association	4146 Business Park Drive - Amarillo, TX 79110	75-1717056
Arlington Youth Soccer Associaiton	3630 W. Pioneer Pkwy, Ste 101 - Arlington, TX 76013	23-7284138
Cooke County Soccer Association	PO Box 1532 - Gainesville, TX 76241	75-2250366
Coppell Youth Soccer Association	PO Box 354 - Coppell, TX 75019	75-2342739
Dallas East Soccer Association	1800 Barnes Bridge - Dallas, TX 75228	75-2660998
Duncanville Soccer Association	214 S Main St Ste 100C - Duncanville, TX 75116	75-2345793
Eagle Mountain Soccer Association	PO Box 136037 - Ft. Worth, TX 76136	75-2776825
Ennis Soccer Association	PO Box 1192 - Ennis, TX 75120	75-2350015
Fort Worth Adult Soccer Association	5043 Trail Lake Drive - Fort Worth, TX 76133	75-2215295
Fort Worth Youth Soccer Association	PO Box 26798 - Fort Worth, TX 76126	75-2465533
Frisco Soccer Association	PO Box 1479 - Frisco, TX 75034	75-2646420
Garland Soccer Association	PO Box 451841 - Garland, TX 75045	75-2001835
Glen Rose Soccer Association	PO Box 1596 - Glen Rose, TX 76043	75-2609309
Grapevine-Southlake Soccer Association	1001 W. Northwest Highway Ste D - Grapevine, TX 76051	75-2535091
Grandbury Soccer Association	PO Box 414 - Grandbury, TX 76048	75-2556101
Greater Longview Soccer Association	3301 W. Marshall Ave, Ste 215 - Longview, TX 75604	75-1956707

North Texas State Soccer Association Inc

75-2800087

Greater Wichita Falls Soccer Association	PO Box 4612 - Wichita Falls, TX 76308	75-1835455
Henderson County Soccer Association	PO Box 2653 - Athens, TX 75751	75-2709416
Hutchinson County Youth Soccer Association	PO Box 1421 - Borger, TX 79008	75-1925574
Henderson Soccer Association	PO Box 2021 - Henderson, TX 75653	26-4237950
Irving Soccer Association	1400 W. Irving Blvd., #202 - Irving, TX 75061	75-1780897
Jacksonville Soccer Association	PO Box 315 - Jacksonville, TX 75766	75-2411182
Kaufman Soccer Association	1370 County Rd 144 - Kaufman, TX 75142	47-0891252
Keller Soccer Association	PO Box 462 - Keller, TX 76244	75-2655936
Kilgore Soccer Association	PO Box 3311 - Kilgore, TX 75663	75-2089225
Lake Cities Soccer Association	PO Box 1174 - Lake Dallas, TX 75065	75-1477743
Lake Highlands Soccer Association	PO Box 38353 - Dallas, TX 75238	75-2496611
Mansfield Adult and Youth Soccer Association	2363 Hwy 287 N., Ste 206 - Mansfield, TX 76063	75-2234443
Lindale Soccer Association	PO Box 2541 - Lindale, TX 75771	75-2505883
McKinney Soccer Association	2414 W. University Ave Ste 115A - McKinney, TX 75071	75-2392217
Midland Soccer Association	1405 W. Illinois Ave. - Midland, TX 79701	75-2418505
Midlothian Soccer Association	330 North 8th St #209 - Midlothian, TX 76065	75-2391852
Nacogdoches Youth Soccer Association	PO Box 632196 - Nacogdoches, TX 75963	75-2585996
North Fort Worth Alliance Soccer Association	PO Box 77804 - Fort Worth, TX 76177	75-2776300
North Texas Premier Soccer Association	903 N. Bowser Ste 320 - Richardson, TX 75081	75-1636781

North Texas State Soccer Association Inc

75-2800087

North Texas Women's Soccer Association	PO Box 803264 - Dallas, TX 75380	75-1811113
Prosper Area Soccer Association	9219 Prairie Meadows - Celina, TX 75009	20-8744615
Red Oak Soccer Association	PO Box 550 - Red Oak, TX 75154	75-2579840
Rowlett Youth Soccer Association	5211 Gordon Smith - Rowlett, TX 75088	75-2752823
San Angelo Adult Soccer League	PO Box 271 - San Angelo, TX 76902	75-2763549
Sulphur Springs Soccer Association	PO Box 571 - Sulphur Springs, TX 75483	20-1569784
Terrell Soccer Association	PO Box 25 - Terrell, TX 75160	75-2785930
The Colony Youth Soccer Association	PO Box 560334 - The Colony, TX 75056	75-2523081
Tri-County Soccer Association	PO Box 157 - Mabank, TX 75147	75-2391547
Trophy Club Roanoke Soccer Association	PO Box 842 - Roanoke, TX 76262	75-2720358
Van Soccer Association	PO Box 608 - Van, TX 75790	20-5388678
West Texas Men's Soccer Association	5717 14th St - Lubbock, TX 79416	75-2155411
Wylie Youth Soccer Association	PO Box 997 - Wylie, TX 75098	75-2809103
Carrollton-Farmers Branch Soccer Association	2150 N. Josey Lane Ste 204 - Carrollton, TX 75006	75-2487471
Grand Prairie Soccer Association	2305 Oak Ln., Suite 127 - Grand Prairie, TX 75051	75-2530454
North Texas Co-ed Soccer Association	631 Tumbleweed Ct. - Plano, TX 75023	75-2571683
Birdville Area Youth Futbol Alliance	PO Box 48246 - Watauga, TX 76148	26-0105050

Form 8868	List of Affiliated Organizations Included in Group Return	Statement 2
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Name of Organization	Organization's Address	Employer ID
Amarillo Soccer Association	4146 Business Park Drive - Amarillo, TX 79110	75-1717056
Arlington Youth Soccer Associaiton	3630 W. Pioneer Pkwy, Ste 101 - Arlington, TX 76013	23-7284138
Cooke County Soccer Association	PO Box 1532 - Gainesville, TX 76241	75-2250366
Coppell Youth Soccer Association	PO Box 354 - Coppell, TX 75019	75-2342739
Dallas East Soccer Association	1800 Barnes Bridge - Dallas, TX 75228	75-2660998
Duncanville Soccer Association	214 S Main St Ste 100C - Duncanville, TX 75116	75-2345793
Eagle Mountain Soccer Association	PO Box 136037 - Ft. Worth, TX 76136	75-2776825
Ennis Soccer Association	PO Box 1192 - Ennis, TX 75120	75-2350015
Fort Worth Adult Soccer Association	5043 Trail Lake Drive - Fort Worth, TX 76133	75-2215295
Fort Worth Youth Soccer Association	PO Box 26798 - Fort Worth, TX 76126	75-2465533
Frisco Soccer Association	PO Box 1479 - Frisco, TX 75034	75-2646420
Garland Soccer Association	PO Box 451841 - Garland, TX 75045	75-2001835
Glen Rose Soccer Association	PO Box 1596 - Glen Rose, TX 76043	75-2609309
Grapevine-Southlake Soccer Association	1001 W. Northwest Highway Ste D - Grapevine, TX 76051	75-2535091
Grandbury Soccer Association	PO Box 414 - Grandbury, TX 76048	75-2556101
Greater Longview Soccer Association	3301 W. Marshall Ave, Ste 215 - Longview, TX 75604	75-1956707

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Greater Wichita Falls Soccer Association	PO Box 4612 - Wichita Falls, TX 76308	75-1835455
Henderson County Soccer Association	PO Box 2653 - Athens, TX 75751	75-2709416
Hutchinson County Youth Soccer Association	PO Box 1421 - Borger, TX 79008	75-1925574
Henderson Soccer Association	PO Box 2021 - Henderson, TX 75653	26-4237950
Irving Soccer Association	1400 W. Irving Blvd., #202 - Irving, TX 75061	75-1780897
Jacksonville Soccer Association	PO Box 315 - Jacksonville, TX 75766	75-2411182
Kaufman Soccer Association	1370 County Rd 144 - Kaufman, TX 75142	47-0891252
Keller Soccer Association	PO Box 462 - Keller, TX 76244	75-2655936
Kilgore Soccer Association	PO Box 3311 - Kilgore, TX 75663	75-2089225
Lake Cities Soccer Association	PO Box 1174 - Lake Dallas, TX 75065	75-1477743
Lake Highlands Soccer Association	PO Box 38353 - Dallas, TX 75238	75-2496611
Mansfield Adult and Youth Soccer Association	2363 Hwy 287 N., Ste 206 - Mansfield, TX 76063	75-2234443
Lindale Soccer Association	PO Box 2541 - Lindale, TX 75771	75-2505883
McKinney Soccer Association	2414 W. University Ave Ste 115A - McKinney, TX 75071	75-2392217
Midland Soccer Association	1405 W. Illinois Ave. - Midland, TX 79701	75-2418505
Midlothian Soccer Association	330 North 8th St #209 - Midlothian, TX 76065	75-2391852
Nacogdoches Youth Soccer Association	PO Box 632196 - Nacogdoches, TX 75963	75-2585996
North Fort Worth Alliance Soccer Association	PO Box 77804 - Fort Worth, TX 76177	75-2776300
North Texas Premier Soccer Association	903 N. Bowser Ste 320 - Richardson, TX 75081	75-1636781



North Texas State Soccer Association Inc

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North Texas Women's Soccer Association	PO Box 803264 - Dallas, TX 75380	75-1811113
Prosper Area Soccer Association	9219 Prairie Meadows - Celina, TX 75009	20-8744615
Red Oak Soccer Association	PO Box 550 - Red Oak, TX 75154	75-2579840
Rowlett Youth Soccer Association	5211 Gordon Smith - Rowlett, TX 75088	75-2752823
San Angelo Adult Soccer League	PO Box 271 - San Angelo, TX 76902	75-2763549
Sulphur Springs Soccer Association	PO Box 571 - Sulphur Springs, TX 75483	20-1569784
Terrell Soccer Association	PO Box 25 - Terrell, TX 75160	75-2785930
The Colony Youth Soccer Association	PO Box 560334 - The Colony, TX 75056	75-2523081
Tri-County Soccer Association	PO Box 157 - Mabank, TX 75147	75-2391547
Trophy Club Roanoke Soccer Association	PO Box 842 - Roanoke, TX 76262	75-2720358
Van Soccer Association	PO Box 608 - Van, TX 75790	20-5388678
West Texas Men's Soccer Association	5717 14th St - Lubbock, TX 79416	75-2155411
Wylie Youth Soccer Association	PO Box 997 - Wylie, TX 75098	75-2809103
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Birdville Area Youth Futbol Alliance	PO Box 48246 - Watauga, TX 76148	26-0105050

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

<b>Type or print</b>	Name of exempt organization <b>North Texas State Soccer Association Inc</b>	<b>Employer identification number</b> <b>75-2800087</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions. <b>1740 South I-35</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Carrollton, TX 75006</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**Annice Reed**

- The books are in the care of ► **1740 South I-35 - Carrollton, TX 75006**  
Telephone No. ► **972-323-1323** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **7195**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☒ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **April 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning **SEP 1, 2010**, and ending **AUG 31, 2011**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)