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SCANNED WAR

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

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)

2011

Open to Public

OMB No 1545-0047

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

JUL 1 2011

and ending JUN 30 2012

Check if C Name of organization D Employer identification number Address X change COLORADO YOUTH SOCCER Doing Business As 84-0833340 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-7800 E ORCHARD RD City or town, state or country, and ZIP + 4 G Gross receipts \$ 2 767 692. Applica-GREENWOOD VILLAGE CO 80111 H(a) Is this a group return pendina F Name and address of principal officer: JOHN BISSELL for affiliates? JYes Lx No SAME AS C ABOVE H(b) Are all affiliates included? I Tax-exempt status x 501(c)(3) 501(c) (4947(a)(1) or) (insert no.) If "No," attach a list (see instructions) J Website: www.coyouthsoccer.org H(c) Group exemption number ▶ K Form of organization: x Corporation Trust Association Other > Year of formation: 1978 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities SEE EXPLANATION FOR FORM 990 Governance PART III, LINE 1 ON SCHEDULE O. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 11 Total number of volunteers (estimate if necessary) 6 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 137,751. b Net unrelated business taxable income from Form 990-T, line 34 7h **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 41,836 112,452. Program service revenue (Part VIII, line 2g) 2,316,736 2 469 779. Investment income (Part VIII, column (A), lines 3, 4, and 7d 10 59.822 36 182. Other revenue (Part VIII, column (A), lines 5, 6d, 8c 9c, 10c and 10c 11 165 117 149,279. Total revenue - add lines 8 through 11 (must equal Part VIII, celumn (A) 2,583,511 2,767,692. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 141,140 194,570. Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 771,863 521 681. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,012,301 2,016,871. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2 925 304 2.733.122. 19 Revenue less expenses. Subtract line 18 from line 12 <341.793 34,570. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 3,393,159 3 302 391. 21 Total liabilities (Part X, line 26) 1 070 912 940 749. Net assets or fund balances Subtract line 21 from line 20 2 322 247 361 642. 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. Signature of officer Date Sign JOHN BISSELL Type or print name and title Date Print/Type preparer's name ফ্রি Paid 1/3/13 JULIE D REUSSER self-employed Preparer Firm's name KUNDINGER, CORDER & ENGLE Firm's EIN 84-1255464 Use Only Firm's address - 475 LINCOLN ST #200 DENVER CO 80203 Phone no. (303) 534-5953 May the IRS discuss this return with the preparer shown above? (see instructions) x Yes

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

Form **990** (2011)

	990 (2011) COLORADO YOUTH SOCCER	84-08	3340	Page 2
Pai	rt III Statement of Program Service Accomplishments			
1	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission		<u>. </u>	<u>_</u>
1	SEE SCHEDULE O.			
	SEE SCREDULE V.			
2	Did the organization undertake any significant program services during the year which were not liste	ed on		
	the prior Form 990 or 990-EZ?		□ Y₁	es 🗓 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 of "Yes," describe these changes on Schedule O	n services?	Y	es 🗓 No
4	Describe the organization's program service accomplishments for each of its three largest program	services, as measure	d by expens	ses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the	amount of grants ar	id allocation	s to
	others, the total expenses, and revenue, if any, for each program service reported.			
4a	(Code) (Expenses \$ 320, 951, including grants of \$) (Revenue \$		<u>910,457.</u>)
	REGISTRATION: TO REGISTER YOUTH UNDER AGE 19 AND TO PROVIDE THEM THE			
	OPPORTUNITY TO PLAY SOCCER AT A LEVEL COMENSURATE WITH THEIR AGE			
	ABILITY AND DESIRE, TOTAL PLAYER REGISTRATION IS APPROXIMATELY 65,000			
	PLAYERS, ANNUALLY,			
		<u>.</u>		
				 -
4b	(Code) (Expenses \$ 529_020, including grants of \$) /5		560 540 \
40	REFEREE: TO COMPENSATE OFFICIALS FOR GAMES WORKED TO ADMINISTER GAME) (Revenue \$		<u>560,519.</u>)
	REPORTING FUNCTIONS AND TO PROMOTE TRAINING AND DEVELOPMENT OF REFEREES			
	SKILLS TO ENHANCE THE GAME OF SOCCER, OVER 1,000 OFFICIALS PARTICIPATE			
	IN CYS LEAGUES AND TOURNAMENTS.			
	<u> </u>			
4c	(Code) (Expenses \$ 398, 423, including grants of \$) (Revenue \$		<u>355,263.</u>)
	OLYMPIC DEVELOPMENT PROGRAM: TO IDENTIFY A POOL OF PLAYERS IN EACH AGE			
	GROUP FROM WHICH A STATE TEAM WILL BE SELECTED FOR REGIONAL COMPETITION			
	AND/OR CAMPS, TO PROVIDE HIGH LEVEL TRAINING TO BENEFIT AND ENHANCE THE			
	DEVELOPMENT OF PLAYERS, APPROXIMATELY 800 PLAYERS PARTICIPATE IN ODP			
	ANNUALLY,			<u>.</u>
	 			
	· · · · · · · · · · · · · · · · · · ·			
	0			
4d	Other program services (Describe in Schedule O)		_	
_	(Expenses \$ 807,935, including grants of \$ 194,570,) (Revenue \$	649	204.)	
40	Total program conice expenses			

Form 990 (2011) COLORADO YOUTH SOCCER Part IV Checklist of Required Schedules

		<u> </u>	Yes	Nia
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	\Box	res	No
1	If "Yes," complete Schedule A			
_	Is the organization required to complete Schedule B, Schedule of Contributors?		Х	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	Х	
3	public office? If "Yes," complete Schedule C, Part I			••
		3	-	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			
E	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4_		<u> </u>
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_ 5		<u> </u>
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			**
7		6_		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		
٥	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		_ <u>x</u>
8	Schedule D, Part III			v
^	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide	8		X
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	,		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		_ X
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
"	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	- 14		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	[х
G	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	<u> </u>		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	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? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	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)? If "Yes," complete Schedule D, Part X	11f		_x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Ves," complete Schedule F, Parts II and IV	15_		X
16	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? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	_17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	-	X
20a	• • • • • • • • • • • • • • • • • • • •	20a		Х_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	004 ::
		Form	33U (2011)

		1 1	Tes	NO
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		. 1	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ıİ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		. [
	Schedule J	23		Х
24a			ĺ	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	040		•
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
þ	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? If "Yes," complete			
	Schedule L, Part I	25b		_х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b	X	
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		ų.
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	 	Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		_X
		35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	05.	1	
26	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		<u> x</u>
36	If "Yes," complete Schedule R, Part V, line 2	26		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	",		
	Note. All Form 990 filers are required to complete Schedule O	38	_x	
			990 (20111

Form 990 (2011) COLORADO YOUTH SOCCER <u>Page</u> **5** 84-0833340 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 4a 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)? 4a **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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a 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? 6a x b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6ь Organizations that may receive deductible contributions under section 170(c). a 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? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</u> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h N/A 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the organization make any taxable distributions under section 4966? N/A 9a Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. a Gross income from members or shareholders N/A 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 13b c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

COLORADO YOUTH SOCCER Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Lx Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ALLAN JAMES - 303-346-2777

Form	990	(2011	١

COLORADO YOUTH SOCCER

84-0833340

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

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

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

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

List persons in the following order. individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization n	organization compensate						sated any current officer, director, or trustee.				
(A)	(C)						(D)	(E)	(F)		
Name and Title	Average	Average Position (do not check more than one					one	Reportable	Reportable	Estimated	
	hours per	ox, unless person is both an ifficer and a director/trustee)				h an	compensation	compensation	amount of		
	week	-	cer an	dad	recto	or/trus	tee)	from	from related	other	
	(describe	igg						the	organizations	compensation	
	hours for	ρ̈́ο	20			ated		organization	(W-2/1099-MISC)	from the	
	related	ustee	trust		8	beu		(W-2/1099-MISC)		organization	
	organizations in Schedule	ua! tr	lonal		ploy	2 8				and related organizations	
	O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) JOHN DESTEFANO											
PRESIDENT	13.00	х		х				0,	0.	0.	
(2) RANDY GREENWOOD						}					
VICE-PRESIDENT	2,00	х		х		<u> </u>	<u> </u>	0.	0.	0.	
(3) DON SMITH											
SECRETARY	3.00	х		x				0.	0.	0.	
(4) JOHN BISSELL											
TREASURER	13.00	x		х				0.	0.	0.	
(5) KURT LOCHMILLER					İ						
DIRECTOR	2.00	х						0.	0.	0.	
(6) MICHAEL CRAWFORD											
DIRECTOR	2.00	x						0.	0,	0.	
(7) SID HUDDLESTON											
DIRECTOR	2.00	х						0,	0.	0.	
(8) NEIL DUNCAN											
DIRECTOR	2.00	х						0.	0.	0.	
(9) NICK LORUSSO											
DIRECTOR	2.00	X_	ļ			_		0.	0.	0_	
(10) ALLAN JAMES											
CONTROLLER	40,00	ļ		х		_	_	70,619.	0.	14,919.	
(11) JEFF PARK			İ	ŀ	ľ			! 		[[
CEO (THROUGH JULY 2011)	45,00	ļ	ļ .	x				62,104.	0.	7,614.	
(12) NATHAN SHOTTS											
CEO	45.00	_	ļ	<u>x</u>				78,979.	0,	11,279,	
		-				-					
			-	 	 	\vdash					
		_	_			<u> </u>					
						\vdash	-				
			<u>L</u>		<u></u>						

Form	990 (2011) COLORADO YOU;									84-0833	340		Pa	age 8
Par	VII Section A. Officers, Directors, Tru	istees, Key Er	mplo	yee	s, a	nd F	High	est	Compensated Employ	ees (continued)				
	` (A) ` Name and title	(B) Average hours per week	box	not ci unle:	ss pe	ntion more rson	than of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) timate nount o other	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS			e ion ed	
				_										
											_			
		 												
							<u> </u>						_	
							<u> </u>							
		 												
							ļ. <u>.</u>							-
	Sub-total		<u> </u>	<u> </u>		<u> </u>	>		211,702.		0.	_	33	812.
<u>d</u>	Total from continuation sheets to Part V <u>Total (add lines 1b and 1c)</u>	<u>-</u>					<u> </u>		211,702		0.		33	0. 812.
	Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed a	bov	e) wi	no r	eceived more than \$100	J,000 of reportable	.e		Yes	No.
3	Did the organization list any former officer line 1a? If "Yes." complete Schedule J for s			e, ke	ey er	mplo	oyee	or	highest compensated e	mployee on		3	103	x
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le c						The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	the organization		4		x
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion f	rom	any	y unr			idual for services		5		х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest continuous the organization. Report compensation for										ıpens	ation f	from	
	(A) Name and business	eddress	NO	NE					(B) Description of	services		ompe		n
														_
	Total number of independent contractors (including but s	not l	mıte	d to	tho	190 1	ster	ahove) who received r	nore than				
~	\$100,000 of compensation from the organ	_	.01 11		<u></u>	10	0		2 above, wito received i	noro triair				

	,	· · · · · · · · · · · · · · · · · · ·				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
t st	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
Am (S	С	Fundraising events		1c					
護희	d	Related organizations		1d					
ž.E	е	Government grants (contribut	ions)	1e					
isi	f	All other contributions, gifts, gran	ts, and			i			
혈휲		similar amounts not included abo	ve [1f	112,452.				
da	g	Noncash contributions included in lines	1a-1f \$			i			
<u> </u>	h	Total. Add lines 1a-1f			•	112 452.			
					Business Code				
ဗ္ဗ	2 a	REGISTRATION			711300	910,457.	910,457,		
Program Service Revenue	b	REFEREES			711300	560,519.	560,519.		
en S	C	TOURNAMENTS			711300	482,030,	482,030.		
e S	d	OLYMPIC DEVELOPMENT			711300	355,263,	355,263.		
5		COACHING			711300	135,326,	135_326.		
٦	f	All other program service reve	enue		711300	26 184.	26 184.		
-	g	Total. Add lines 2a-2f			<u> </u>	2,469,779.			
	3	Investment income (including	dıvıdend	s, intere	est, and				
		other similar amounts)				36,182.			36,182.
	4	Income from investment of ta	x-exempt	bond p	roceeds			-	
	5	Royalties			_	5,864,			5,864.
			(i) R	leal	(II) Personal				
	6 a		<u> </u>						
		Less. rental expenses							
		Rental income or (loss)							
		Net rental income or (loss)			<u> </u>				
}	7 a	Gross amount from sales of	(ı) Sec	urities	(II) Other				
Į		assets other than inventory	-						
1	þ	Less cost or other basis							
		and sales expenses							
Ì		Gain or (loss)			L				
		Net gain or (loss)		/ 1	<u> </u>				
흴	ва	Gross income from fundraisin	-	•					
Ş		including \$	0						
Other Revenu		contributions reported on line Part IV, line 18	10). See						
호	.	Less: direct expenses		a					
ಕ∣		 Net income or (loss) from fund 	draicina e	b					
		Gross income from gaming ac	-						
	ə d	Part IV, line 19	ZATINGS C	a	[
	h	Less: direct expenses		b			j		
		: Net income or (loss) from gam	nna activ						
		Gross sales of inventory, less	-	11103					
	10 0	and allowances	returns	а					
l	h	Less: cost of goods sold		b	-				
Ì		: Net income or (loss) from sale	s of inve		_				
İ		Miscellaneous Revenu		, y	Business Code				
ļ	11 =	GOAL POST SCRIPTS	· <u>·</u>		541800	137,751.	1	137,751.	
		MISCELLANEOUS			900099	5,664.	5,664.	191,191.	_
	c	<u> </u>			700077	5,004.	3,004.		_
		All other revenue			-				
		Total. Add lines 11a-11d				143,415.			
	12	Total revenue. See instructions.				2,767,692.	2,475,443.	137 751.	42 046

84-0833340

Form 990 (2011) COLORADO YOUTH SOCCER 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)

	Check if Schedule O contains a response of include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
'	organizations in the United States. See Part IV, line 21	194 570	194,570.		
2	Grants and other assistance to individuals in	194,570.	194,570.		
2	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	-			
5	Compensation of current officers, directors,				
•	trustees, and key employees	299,406.		299,406.	
6	Compensation not included above, to disqualified	233,400,	-	233,400.	
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	159,982,	104.796.	EE 106	
8	Pension plan accruals and contributions (include	139,302,	TO4, /36.	55,186,	
5	section 401(k) and section 403(b) employer contributions	10,720,	7.840.	2,880.	
9	Other employee benefits	19.340.	14.922.	2,880.	
10	Payroll taxes	32,233	8,017.	24 216	
11	Fees for services (non-employees).	32,233,	0,017.	24,210,	
''	Management				
b	Legal				
	Accounting				
c d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				<u>.</u>
	Other	EE 4E0	22 150	23 200	
9 12	Advertising and promotion	55,458.	32,159.	23,299,	
13	Office expenses	115,644.	106,783,	8,861.	
14	Information technology	16 704.	1,032.	15,672.	
15	Royalties	10,704.	1,032.	15,672.	
16	Occupancy	173,145,	84.582.	88,563,	
17	Travel	68,514,	58,690.	9,824,	·
18	Payments of travel or entertainment expenses	00,514,	30,030,	5,024,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	63,665.		63,665	
20	Interest	63,863,		03,003,	
21	Payments to affiliates	154.984.	154,959.	25.	 -
22	Depreciation, depletion, and amortization	13,932,	5 970.	7.962.	
23	Insurance	202,720	169,950.	32 770	
24	Other expenses. Itemize expenses not covered	202.720.	109,930,	32,770.	-··-
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	REF/COACH PACKETS	633,706,	633,706,		
b	TOURNMENT CAMP OTHER	259.051.	259,051,		
c	COMMISSIONS	70 100	55,100.	15,000.	
ď	UNIFORMS & EQUIPMENT	58,270	43,975.	14,295	
e	All other expenses	130,978,	120,227.	10,751,	
25	Total functional expenses. Add lines 1 through 24e	2,733,122,	2,056,329	676,793.	
<u>26</u>	Joint costs. Complete this line only if the organization	2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,000,029,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

84-0833340

Pa	rt X	Balance Sheet					
	,	,			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing .			540,271.	1	233,444.
	2	Savings and temporary cash investments		[2,550,745.	2	2,743,179.
	3	Pledges and grants receivable, net .				3	
	4	Accounts receivable, net		[55,618,	4	137,571,
	5	Receivables from current and former officers, dir	rectors	s, trustees, key	•		•
		employees, and highest compensated employee	es. Co	mplete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
		employees' beneficiary organizations (see instru		• • • •		6	
ets	7	Notes and loans receivable, net		' ·		7	
Assets	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			177,611,	9	119,584,
	I -	Land, buildings, and equipment cost or other	I	1	1,7,011,		117,504,
		basis Complete Part VI of Schedule D	10a	117,568,			
	h	Less accumulated depreciation	10b	101,514.	25 146.	10c	16,054,
	11	Investments - publicly traded securities		101,514.	23,140,	11	10,034,
	12	Investments - other securities. See Part IV, line 1	11			12	
	13	Investments - program-related See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			43,768.	15	E2 EE0
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	3 393 159	16	52,559 3,302,391
	17	Accounts payable and accrued expenses	ai iii ie	54)	252,800.	17	175_041
	18	Grants payable		Ì	101.644.	18	134,139
	19	Deferred revenue	716.468.	19	·		
	20	Tax-exempt bond liabilities	710,400.	20	631,569		
m	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director		F		21	
ij	22	highest compensated employees, and disqualifi					
<u>=</u>		of Schedule L	eu pei	Sons Complete Fait ii		22	
	23	Secured mortgages and notes payable to unrela	atad th	urd parties		23	<u> </u>
	24	Unsecured notes and loans payable to unrelated		· ·		24	
	25	Other liabilities (including federal income tax, pa		· -		24	
	25	parties, and other liabilities not included on lines	•				
		Schedule D	11.54) Complete Falt X of		25	
	26	Total liabilities, Add lines 17 through 25			1,070,912.	26	040 740
	20	Organizations that follow SFAS 117, check he	250	y and complete	1,070,914.	20	940 749
m		lines 27 through 29, and lines 33 and 34.	31 C P	and complete			
ĕ	27	Unrestricted net assets			2 211 407	27	0 214 000
ā	28	Temporarily restricted net assets		•	2,311,497.	28	2,314,892,
8	29	Permanently restricted net assets		}	10,750,	29	46,750,
Ĕ	25	Organizations that do not follow SFAS 117, cl		25			
Ē		complete lines 30 through 34.	HECK I	nere ▶			
ပ္သ	20	•				20	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		ont fund		30	
As	31	Paid-in or capital surplus, or land, building, or eq		· · · · · · · · · · · · · · · · · · ·		31	
Net	32	Retained earnings, endowment, accumulated in	come,	or other lunds .		32	
_				-			2 361 642. 3 302 391.
ž —	33 34	Total net assets or fund Total liabilities and net	d balances	d balances	d balances	d balances 2,322,247.	d balances 2 , 322 , 247 , 33

-orm	990 (2011) COLORADO YOUTH SOCCER	84-0833340		Pac	je 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				\mathbf{x}
	·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	.767.	692.
2	Total expenses (must equal Part IX, column (A), line 25)	2		733	
3	Revenue less expenses. Subtract line 2 from line 1	3			570
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	.322	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			825.
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	2	.361	
Pa	t XII Financial Statements and Reporting			•	
	Check if Schedule O contains a response to any question in this Part XII				x
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_ x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	x Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audıt			
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form	990 (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

| 201

Open to Public

OMB No 1545-0047

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.

Inspection
Employer identification number

			OUTH SOCCER						84	-0833340
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	t.) See inst	tructions		
The orga	anization is not a	a private foundation	because it is (For lines 1	I through 1	11, check	only one b	ox.)			
1 🖳	A church, co	nvention of churche	s, or association of chure	ches desci	ribed in se	ction 170	(b)(1)(A)(i)			
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)						
з 🖳	A hospital or	a cooperative hospi	tal service organization o	described i	n section	170(b)(1)((A)(iii).			
4 📙	A medical re	search organization	operated in conjunction	with a hos	pıtal desci	ribed in <mark>se</mark>	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,
	city, and stat	e								
5	An organizat	on operated for the	benefit of a college or ur	niversity ov	vned or op	perated by	a governi	mental uni	t describe	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)							
6	A federal, sta	ate, or local governm	ent or governmental unit	t described	ın sectio	n 170(b)(1	I)(A)(v).			
7 🖳	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	oublic described in
	section 170((b)(1)(A)(vi). (Comple	te Part II)							
8 <u></u>	A community	trust described in s	section 170(b)(1)(A)(vi). ((Complete	Part II)					
9 Lx	An organizat	on that normally rec	eives (1) more than 33 1	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, ar	nd gross receipts from
	activities rela	ited to its exempt fui	nctions - subject to certa	un exceptio	ons, and (2) no more	than 33 1	/3% of its	support	from gross investment
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	after June 30, 1975
_	See section	509(a)(2). (Complete	Part III)							
10 📙	│ An organızat	ion organized and o	perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	1).		
11	_	-	perated exclusively for th						•	• •
	more publicly	y supported organiza	ations described in section	on 509(a)(1	l) or section	on 509(a)(2	2) See se o	ction 509(a)(3). Che	ck the box that
			organization and compli		-				_	1
_	a L Type		,,			tionally int	_		d ∟	Type III - Other
e			at the organization is not							
		=	han one or more publicly		_				9(a)(1) or s	section 509(a)(2)
f	_		tten determination from t	the IRS tha	it it is a Ty	pe I, Type	II, or Type	e III		
	•	rganization, check th		٠.		_			_	
g	_		organization accepted ar			-				[,],
	• • •	-	lirectly controls, either al	one or tog	etner with	persons c	iescribea	ın (ii) and (iii) below,	-
	-	•	upported organization?							11g(i)
		•	n described in (i) above?			•				11g(ii)
L			person described in (i) o							11g(iii)
h	Provide the i	ollowing information	about the supported or	gamzadom	S).					
			(iii) Type of	Viv.) Is the o	raanization	(v) Did you	u notify the	(vi) Is	the	
	ne of supported ganization	(ii) EIN	organization	in col. (i) lis				organizatio	on in col.	(vii) Amount of
U	yamzanon		(described on lines 1-9 above or IRC section	governing	•			(i) organız U.S	.?	support
			(see instructions))	Yes	No	Yes	No	Yes	No	
	· ·		,							
				!			!		! !	
		!								
	<u> </u>				-			<u> </u>		
				1			!]	
			-							
				<u> </u>				<u>L</u> _		
	-									
Takal		I	1	1	ŀ	1	1	1	1 1	

S^-	, fails to qualify under the tests		- Complete i alt	,			
		(=) 2007	(h) 2009	(=) 2000	(4) 2010	(-) 2011	(6 Total
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
'	membership fees received (Do not		1				
	include any "unusual grants ")						
2	Tax revenues levied for the organ-			<u> </u>	 		-
~	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	- 					
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				<u> </u>		-
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly					İ	
	supported organization) included		!				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,					1.	
	column (f)					<u> </u>	
	Public support. Subtract line 5 from line 4					l. <u>.</u>	
	ction B. Total Support				,	<u>, </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4			ļ			
8	Gross income from interest,		i				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	 -			 	ļ	
9	Net income from unrelated business				ļ		
	activities, whether or not the						
	business is regularly carried on			-			
10	Other income Do not include gain						
	or loss from the sale of capital		1				
44	assets (Explain in Part IV) Total support. Add lines 7 through 10			 	 	-	
	Gross receipts from related activities,	etc (see instructi		<u> </u>		12	L
	First five years. If the Form 990 is for			rd fourth or fifth t	tay year as a section		,
13	organization, check this box and stor	•	s mst, second, tri	ra, roartii, or intii t	lax year as a section)	▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage		· <u>·</u>		
	Public support percentage for 2011 (column (f))		14	9/
	Public support percentage from 2010			ν,, .		15	9/
16a	33 1/3% support test - 2011. If the	organization did no	ot check the box	on line 13, and line	14 is 33 1/3% or i	more, check this b	
	stop here. The organization qualifies	-					▶□
b	33 1/3% support test - 2010. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes				ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		. ▶□
t	10% -facts-and-circumstances tes	t - 2010. If the orç	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circi	umstances" test, d	check this box and	l stop here. Explai	n in Part IV how th	e
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a publ	licly supported org	anization .	▶□

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

Schedule A (Form 990 or 990-EZ) 2011 COLORADO YOUTH SOCCER 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	siow, piedde comp	ictor aren.				
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	70.882	79 127	75 565	41,836.	112,452,	379,862.
2	Gross receipts from admissions,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	75,555.	41,030,	112, 432,	3,75,002,
-	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,184,161.	2,265,309.	2,194,291.	2,316,726.	2,469,779,	11,430,266,
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	į					-
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,255,043.	2,344,436,	2,269,856,	2,358,562,	2 582 231.	11,810,128,
7 a	Amounts included on lines 1, 2, and		1				
	3 received from disqualified persons						0.
k	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 Add lines 7a and 7b	-				-	
				·			0.
	Public support (Subtract line 7c from line 6)						11,810,128.
		(-) 2007	(F) 2000	(-) 0000	(-1) 0010	(-) 0011	(6 Tatal
	Indar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	Gross income from interest,	2,255,043,	2,344,436.	2,269,856.	2,358,562.	2,582,231.	11,810,128.
102	dividends, payments received on securities loans, rents, royalties and income from similar sources	134,049.	136.848.	109,166,	70,648.	42.046.	492,757.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	134,049.	136,848.	109,166,	70 648.	42,046.	492,757.
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 assets (Explain in Part IV)	2 474.	26 234	6 854	206	5_664.	41,432,
13	Total support (Add lines 9, 10c, 11, and 12)	2,391,566,	_2,507,518,	2.385.876.	2,429,416,	2,629,941.	12,344,317,
14	First five years. If the Form 990 is for						
	check this box and stop here	•			•	(/ /)	▶□
Se	ction C. Computation of Publi	ic Support Per	rcentage	· · · · · · · · · · · · · · · · · · ·			
15	Public support percentage for 2011 (I	ine 8, column (f) di	vided by line 13, co	olumn (f))		15	95.67 %
	Public support percentage from 2010		=	\ <i>''</i>		16	94.56 %
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13. column (f))		17	3.99 %
	Investment income percentage from 2			- , , , , , , , , , , , , , , , , , , ,	Ì	18	4.77 %
	33 1/3% support tests - 2011. If the	•		n line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box a	=					→ x
ŀ	33 1/3% support tests - 2010. If the	=	=				
•	line 18 is not more than 33 1/3%, che						▶ □
20	Private foundation. If the organization		-				
_							

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revertue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

COLORADO YOUTH SOCCER 84-0833340 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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 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? 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? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 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 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 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 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 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

	dule D (Form 990) 2011 COLORADO YOU	JTH SOCCER				8 <u>4</u> -	<u>-08333</u>	340	P:	age Z
Par	t III Organizations Maintaining Co	ollections of Art	t, Historical Tre	easures, or	Other S	Similar .	Asse	ts (conti	nued)
3	Using the organization's acquisition, accession	n, and other records	, check any of the	following that a	re a signi	ficant use	of its	collectio	n item	IS
	(check all that apply).									
а	Public exhibition	d	Loan or excl	nange programs	5					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	, , , , , , , , , , , , , , , , , , , ,									
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or other s	ımılar as	sets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organization	n answered "Ye	s" to For	m 990, Pa	art IV, I	ıne 9, or		
	reported an amount on Form 990, Part								_	
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other asset	s not inc	luded	_	_	_	_
	on Form 990, Part X?							Yes		∟ No
ь	If "Yes," explain the arrangement in Part XIV a	and complete the foll	owing table.		1					
	Amount									
c Beginning balance										
d Additions during the year										
e Distributions during the year										
f										
2a Did the organization include an amount on Form 990, Part X, line 21?								Yes	<u> </u>	∟ No
	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if			· ·						
		(a) Current year	(b) Prior year	(c) Two years b		Three year		(e) Fou	years	back
1a	Beginning of year balance	1,135,927,	1,144,379,	1,137,8	302.	1,124	<u>,187,</u>			
b	Contributions	7,000.					_			
С	Net investment earnings, gains, and losses	17,347.	24,209.	40,!			.352 <u>.</u> .240.			
d	Grants or scholarships	21,600.	27,661.	17,	252.					
е	Other expenditures for facilities and programs 84,000, 5,000, 16,714, 30,497,									
	and programs	84,000.	5,000.	16,	714.					
f	Administrative expenses				-					
g	End of year balance	1,054,674.	1,135,927,	1,144,	379.	1,137	<u>.802.</u>	L		
2	Provide the estimated percentage of the curre	•		i)) held as						
а	Board designated or quasi-endowment	100.00	_%							
Ь	Permanent endowment	%								
С	Temporarily restricted endowment	<u></u> %								
_	The percentages in lines 2a, 2b, and 2c should									
Зa	Are there endowment funds not in the posses	ssion of the organiza	tion that are neid a	na aaministered	ior trie i	organizati	on	ı	V	
	by:							2=(3)	Yes	No
	(ii) unrelated organizations (iii) related organizations							3a(i)		_X
L	If "Yes" to 3a(ii), are the related organizations	hatad as required on	Sobodulo D2					3a(ii)		<u>x</u>
b	Describe in Part XIV the intended uses of the							_3b		
Par	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or ot		or other	(c) Accu	ımulated		(d) Boo	k valu	
	bescription of property	basis (investm	','	(other)	• •	ciation	ļ	(u) D00	K Valu	
1a	Land		223.0				_			
_	Buildings	-	-				_			
b	Leasehold improvements			_			\dashv			
c d	Equipment			117.568.		101.51	<u></u>		16	054.
	Other		-			101,01	-		10	.034.
	, Add lines 1a through 1e. (Column (d) must ed	gual Form 990 Part 3	X. column (B) line 1			<u> </u>	_		16	054.
, 5 (0			, 20.0 (D); mig 1	- ,-,-,		Scl	hedule	D (Forn		

Schedule D (Form 990) 2011 COLORADO YOUTH	SOCCER		84-083	3340 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line			
(a) Description of security or category , (including name of security)	(b) Book value		c) Method of valuation or end-of-year market	
(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			
(a) Description of investment type	(b) Book value		c) Method of valuation or end-of-year market	
(1)				
(2)		<u> </u>		
(3)				
(4)				
(5)				
(6)				
(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, In		<u> </u>		· · · · · · · · · · · · · · · · · · ·
	a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			_	
(8)				
(9)				
(10)	453			
Total. (Column (b) must equal Form 990, Part X, col (B) I. Part X Other Liabilities. See Form 990, Part				
(-) Description of lightly	A, III le 25	(b) Book value		
(1) Federal income taxes		(b) Book Value		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) I. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnot 2. FIN 48 (ASC 740)	ine 25.)			
2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnot	e to the organization's financial stat	rements that reports the organization	ion's liability for uncertain ta	x positions under

		Form 990) 2011 COLORADO YOUTH SOCCER Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Financ	cial State	84-0833340 ements	Page 4
1		evenue (Form 990, Part VIII, column (A), line 12)			1		2,767,692.
2		xpenses (Form 990, Part IX, column (A), line 25)	• •		2		2,733,122,
3		or (deficit) for the year. Subtract line 2 from line 1	•	•	3		34,570.
4		realized gains (losses) on investments			4		4,825.
5		d services and use of facilities			5		1,023,
6	Investn	nent expenses			6		
7	Prior pe	eriod adjustments	•		7		
8	Other (I	Describe in Part XIV.)	•		8		
9	Total ad	djustments (net) Add lines 4 through 8			9		4,825,
10	Excess	or (deficit) for the year per audited financial statements. Combine lines 3 and	9		10		39 395
Pai	rt XII	Reconciliation of Revenue per Audited Financial Statemen	nts Wi	th Rever	nue per F	Return	
1	Total re	evenue, gains, and other support per audited financial statements				1	2,772,517.
2	Amoun	ts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unr	realized gains on investments	2a		4,825	.]	
b	Donate	d services and use of facilities .	2b		•		
С	Recove	eries of prior year grants	2c			1	
d	Other (I	Describe in Part XIV.)	2d]	
е	Add line	es 2a through 2d				2e	4.825.
3	Subtrac	ct line 2e from line 1				3	2,767,692.
4	Amoun	ts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investn	nent expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (I	Describe in Part XIV)	4b				
С	Add lin	es 4a and 4b				4c	0.
5	Total re	evenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	2 767 692
Pa	rt XIII	Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expe	nses per	Return	•
1	Total ex	xpenses and losses per audited financial statements				1	2,733,122,
2	Amoun	ts included on line 1 but not on Form 990, Part IX, line 25					
а	Donate	d services and use of facilities	2a			<u> </u>	
b	Prior ye	ear adjustments	2b			J	
С	Other lo	osses	2c	<u> </u>]	
d	Other (Describe in Part XIV.)	2d	<u> </u>		<u>.</u>	
е	Add line	es 2a through 2d				2e	0.
3	Subtrac	ct line 2e from line 1				3	2,733,122.
4	Amoun	ts included on Form 990, Part IX, line 25, but not on line 1					
а	Investn	nent expenses not included on Form 990, Part VIII, line 7b	4a			_[
b	Other (Describe in Part XIV.)	4b			<u> </u>	
С	Add lin	es 4a and 4b				4c	0.
_ 5_		xpenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	2,733,122.
Pa	rt XIV	Supplemental Information					
X, lın	e 2, Part	s part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl NE 4: TO DEVELOP THE FINANCIAL RESOURCES NECESSARY TO				•	
STRE	ENGTHEN	COLORADO YOUTH SOCCER AND TO SOLICIT, RECEIVE, HOLD,					
ADM]	<u>INISTER</u>	AND DISTRIBUTE FUNDS TO OR FOR THE BENEFIT OF COLORADO	YOUTH				_
soco	CER AND	ITS MEMBER CLUBS,		·			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2011
Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Name of the organization	!						Employer identification number
Part I General Information on Grants and Assistance	nd Assistance						84-0833340
1 Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance?	to substantiate the		or assistance, the	grantees' eligibilit	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for mon	toring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	$_{ extsf{O}}$ United States. $^{ extsf{O}}$	omplete if the org	anization answered "\	res" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	\$5,000. Check the	s box if no one recipier	it received more th		can be duplicated if	Part II can be duplicated if additional space is needed	▲ pape
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARVADA SOCCER ASSOCIATION							
6275 SIMMS #200							
ARVADA, CO 80004	84-0728422	501(C)(3)	20,000.	0	N/A	N/A	SOCCER FIELDS/FACILITIES
EL PASO PRIDE SOCCER ASSOCIATION 2660 VICKERS DRIVE							SAFETY FENCING AT THEIR
COLORADO SPRINGS, CO 80918	74-1271042	501(C)(3)	18,000	0.	N/A	N/A	SOCCER COMPLEX.
. 5							
	84-1411827	501(C)(3)	65,000.	0	N/A	N/A	ro 3 soccer FIELDS
AS COUNTY SO COLORADO - 8							
#122 - ENGLEWOOD, CO 80112	74-2392779	501(C)(3)	26,000.	0.	N/A	N/A	SOCCER FIELDS/FACILITIES
COLORADO STORM SOCCER CLUB COLORADO STORM SOCCER CLUB CENTENNIAL. CO 80112	84-0758620	501(C)(3)	30 000	0	4 /b		SOCCER FIELDS/FACILITIES
RING							
GLENWOOD SPRINGS, CO 81602	84-1354087	501(C)(3)	7,000	0.	N/A	N/A	SOCCER FIELDS/FACILITIES
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government or	ganizations listed in th	e line 1 table				\
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2011)

Page 1		IES		18				n 990)
84-0833340	(h) Purpose of grant or assistance	SOCCER FIELDS/FACILITIES						Schedule I (Form 990)
	(g) Description of non-cash assistance	N/A						
od (Gorm 000)	(f) Method of valuation (book, FMV, appraisal, other)	N/A						
mitted Ctates (Cch	(e) Amount of non-cash assistance	0						
I ode of one in the	(d) Amount of cash grant	2 000 5						
Caro chaoman	(c) IRC section if applicable	501(C)(3)						
I SOCCER	(b) EIN	84-2548762						
Schedule I (Form 990) COLORADO YOUTH (SOCCER)	(a) Name and address of organization or government	VAIL VALLEY SOCCER CLUB P.O. BOX 1403 VAIL CO 81658	t					

Schedule I (Form 990) (2011)

132102 01-27-12

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. Name of the organization

Employer identification number

	COL	ORADO YOUTH	SOCCER					8.	<u>4-08333</u>	340		
Part I	Excess Benefit	t Transactio	ons (section	on 501(c)(3) and section	n 501(c)(4) organizatio	ns only)					
						line 25a or 25b, or Fo		Z. Part \	/. line 40	b.		
1	ounplote it the org	<u> </u>	0.00 .00	0111 01111	000,1 4,111,	200 01 205, 01 1 01	000 L	_, ,	, 11110 - 10		(c) Corr	octod?
•	(a) Name of di	squalified pers	on		(b) Description of transaction							
							_				Yes	No
					<u> </u>				_			
			_									
		- -										
2 Enter	the amount of tax imp	posed on the o	rganization	manager	s or disqualifi	ed persons during the	vear un	der				
	on 4958		. g			ou porcorre during are	you. a	.	▶ \$			
-	the amount of tax, if a	any on line 2 o	bovo roim	burood by	the ergenize	tion			•			
3 Enter	the amount of tax, if a	arry, on line 2, a	wove, reim	bursea by	r the organiza	шоп			•			
Part II	Loans to and/o	or From Inte	rocted I	Persons								
rait ii												
				1		line 26, or Form 990 E	Z, Part \	/, line 38				
(a) Name of interested person and purpose		(b) Loan to		(c) Origi	nal principal	(d) Balance due		ln	by bo	oroved ard or		ritten
		the organ	ization /	ı aı	nount		deta	ault?	cómn	uttee?_	agreei	ment?
		To	From				Yes	No	Yes	No_	Yes	No
							_					
				<u> </u>				· · · · ·				
							 -	_				
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	·			}			┼		1		-	
					<u></u>		ļ.,,		ļ <u>.</u>			
									1			
Total					▶ \$							
Part III	Grants or Assi	stance Ben	efiting Ir	ntereste	ed Person	S.						
	Complete if the org	ianization answ	ered "Yes"	on Form	990. Part IV.	line 27						
	(a) Name of interested	-	1			en interested person	and		(c) Am	ount an	d type o	f
,	a) Name of interested	1 pc/30//		(D) Holati	the or	ganization	and	l l		assistan		'
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

Schedule L (Form 990 or 990 EZ) 2011 COLOR Part IV Business Transactions In	volving Interested Persons.	-	84-0833340		Page 2
	vered "Yes" on Form 990, Part IV, line 28a, 28	2h or 29o			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of ation's nues?
				Yes	No
JON DESTEFANO	PRESIDENT OF CYS	78,500.	DURING THE		х
				ļ	_
		·-··		<u> </u>	
				1	
				1	
		·			
Part V Supplemental Information					
Complete this part to provide add	litional information for responses to questions	on Schedule L (see	instructions)		
·					
SCH L, PART IV, BUSINESS TRANSACTIO	NS INVOLVING INTERESTED PERSONS:				
(A) NAME OF PERSON: JON DESTEFANO					
(A) NAME OF PERSON: BON DESTERANCE			·	_	
(D) DESCRIPTION OF TRANSACTION: DUR	RING THE FISCAL YEAR ENDED 2012 C	YS			
INCURRED \$55,100 FOR COMMISSIONS ON	THE SALE OF ADVERTISING IN GOAL	POST			
SCRIPTS TO A COMPANY IN WHICH JON I	<u>ESTEFANO HAS SIGNIFICANT OWNERSHI</u>	<u>P</u>			
INTEREST, IN ADDITION, CYS PAID \$2	23,400 TO ANOTHER COMPANY OWNED BY	THE		_ ·	
WIFE OF THE SAME BOARD MEMBER FOR F	PRODUCTION COSTS PELATED TO THE CO	AT.			
WITH OT THE STATE BOING MANDER TON T	ROBOGITON COSTS RELEATED TO THE GOL				
POST SCRIPTS AND FOR SPONSORSHIP CO	MMISSIONS.				
	<u> </u>				
				_	
				 -	

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

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.

2011
Open to Public Inspection

Employer identification number

COLORADO YOUTH SOCCER 84-0833340 LINE 1 DESCRIPTION OF ORGANIZATION MISSION COLORADO YOUTH SOCCER, AFFILIATED WITH FIFA, US SOCCER, US YOUTH SOCCER, AND USOC, IS A CHARITABLE AND EDUCATIONAL ORGANIZATION FORMED TO ORGANIZE. ADVANCE AND FOSTER THE SPORT OF SOCCER FOR PLAYERS UNDER 19 YEARS OF AGE IN THE STATE OF COLORADO, THE MISSION OF CYS IS TO PROMOTE AND DEVELOP THE SPORT OF SOCCER FOR ALL INDIVIDUALS THROUGHOUT THE STATE OF COLORADO, INCLUDING THOSE IN RURAL, SUBURBAN, URBAN AND INNER-CITY AREAS, WITHOUT REGARD TO RACE, CREED, RELIGION, NATIONAL ORIGIN AND GENDER OR PHYSICAL ABILITY FORM 990 PART III LINE 4D OTHER PROGRAM SERVICES: COACHING: TO PROVIDE TRAINING CLINICS, AND WORKSHOPS FOR COACHES IN ORDER TO IMPROVE THEIR ABILITIES TO COACH AND DEVELOP YOUTH PLAYERS THERE ARE OVER 5,000 COACHES IN COLORADO WITH OVER 500 ATTENDING EDUCATIONAL PROGRAMS ANNUALLY TOURNAMENTS: TO ORGANIZE AND PROMOTE SOCCER TOURNAMENTS, ENCOURAGING COMPETITION AND THE BETTERMENT OF SKILLS GOAL POST SCRIPTS: A PUBLICATION TO MEMBERS TO INFORM ABOUT SOCCER **ACTIVITIES** OTHER PROGRAMS INCLUDE THE TOP SOCCER PROGRAM SOCCER START PROGRAM AND FIELD GRANTS EXPENSES \$ 807,935. INCLUDING GRANTS OF \$ 194,570. REVENUE \$ 649 204

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization COLORADO YOUTH SOCCER	Employer identification number 84-0833340
FORM 990 PART VI SECTION A LINE 6: THE ORGANIZATION HAS MEMBERS.	
FORM 990, PART VI, SECTION A, LINE 7A: PER THE ORGANIZATION'S BYLAWS, CYS	
AND ITS MEMBER ORGANIZATIONS SHALL HAVE THE BOARD OF DIRECTORS SELECTED	
THROUGH AN OPEN AND DEMOCRATIC ELECTION PROCESS. ALL MEMBER ORGANIZATIONS	<u> </u>
MUST HAVE A VOTING MEMBERSHIP,	
FORM 990 PART VI SECTION A LINE 7B: ACTIONS AND POLICIES ADOPTED BY THE	
BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE OF CYS SHALL BE REPORTED TO ITS	
MEMBER ORGANIZATIONS, WHO HAVE THE RIGHT TO PROMPT AND EQUITABLE HEARING	
PROCEDURES.	
FORM 990 PART VI SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN	
INDEPENDENT CPA FIRM AFTER THE COMPLETION OF THE ANNUAL AUDIT. THE FORM	
990 IS REVIEWED BY CYS TREASURER AND CONTROLLER, AND ANY CORRECTIONS OR	
QUESTIONS ARE MADE, A COPY OF THE CORRECTED 990 IS THEN FORWARDED TO ALL	
BOARD MEMBERS FOR REVIEW AND COMMENT BEFORE IT IS FILED WITH THE IRS.	
FORM 990 PART VI SECTION B, LINE 12C: THE EXECUTIVE COMMITTEE REGULARLY	
MEETS AND REVIEWS ANY POTENTIAL ISSUES, THE TREASURER AND CONTROLLER REVIEW	
AREAS IDENTIFIED WITH POTENTIAL CONFLICTS MONTHLY,	
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION REVIEW INCLUDES	
LOOKING AT COMPARABLE DATA OF SIMILAR POSITIONS IN REGIONAL, STATE AND	
LOCAL AREAS, THE EXECUTIVE COMMITTEE RECOMMENDS SALARY INCREASES OR	
ADJUSTMENTS; THE ENTIRE BOARD OF DIRECTORS APPROVES COMPENSATION VIA THE	
BUDGET PROCESS,	

Schedule O (Form 990 or 990 EZ) (2011)	Page 2
Name of the organization COLORADO YOUTH SOCCER	Employer identification number 84-0833340
. FORM 990 PART VI SECTION C. LINE 19: THE ORGANIZATION'S BYLAWS ARE	
AVAILABLE ON THEIR WEBSITE, AND ALL OTHER INFORMATION CAN BE PROVIDED UPON	···
REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS: 4,825.	
FORM 990, SECTION XI, LINE 2C:	
THE CYS BOARD OF DIRECTORS ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT	
OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN	
INDEPENDENT ACCOUNTANT, THIS PROCESS HAS NOT CHANGED FROM THE PRIOR	
YEARS,	
	

Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			▶ 🗓
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this for	n)	
Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	sly filed	Form 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file	e (6 months	for a corporation
required 1	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	ile Form	8868 to re	quest an extension
	file any of the forms listed in Part I or Part II with the exc					
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the e	lectronic fili	ng of this form,
	urs gov/efile and click on e-file for Chanties & Nonprofits		·			
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded)		
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and	comple	te	
Part I only				•		▶ □
All other	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	at an ex	ension of ti	me
to file inc	ome tax returns	-	·			
Type or	Name of exempt organization or other filer, see instru	ctions.		Emplo	ver identific	ation number (EIN) or
print]		(, , , , , , , , , , , , , , , , , , ,
	COLORADO YOUTH SOCCER			x	84-08	33340
File by the due date for	Number, street, and room or suite no If a P.O. box, s	ee instruc	tions	Social		mber (SSN)
filing your	7800 E ORCHARD RD. NO. 150					(,
return See instructions	City, town or post office, state, and ZIP code For a fo	oreign add	ress see instructions			
	GREENWOOD VILLAGE CO 80111	oroigir add	1000, 000 1101140110110			
	GREENWOOD VIBBAGE, CO UVIII			_		
Enter the	Return code for the return that this application is for (file	a conara	to application for each return)			0 1
Enter the	neturn code for the return that this application is for the	a separa	te application for each return)			[]]
A1:4		Return	Application			Datum
						Return
Is For						Code
Form 990		01	Form 990-T (corporation)	_		07
Form 990		02	Form 1041-A			08
Form 990		01	Form 4720			09
Form 990		04	Form 5227	_		10
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			
Form 990	O-T (trust other than above)	06	Form 8870			12
	ALLAN JAMES					
	poks are in the care of F 7800 E ORCHARD RD - GI	REENWOOD	•			
•	none No > 303-346-2777		FAX No ► <u>303-346-4842</u>			—
	organization does not have an office or place of busines		•			▶ □
If this	is for a Group Return, enter the organization's four digit	7				
box 🕨	If it is for part of the group, check this box	and atta	ich a list with the names and EINs o	<u>f all me</u>	mbers the e	xtension is for
1 Ire	quest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until		
	FEBRUARY 15 2013 , to file the exemp	t organıza	tion return for the organization name	ed abov	e The exte	nsion
ıs f	or the organization's return for.					
>	calendar year or					
>	x tax year beginning JUL 1, 2011	, ສາ	d ending <u>JUN 30, 2012</u>			
2 If ti	ne tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Final re	turn	
	Change in accounting period					
	- - ·					
3a If t	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax, less anv		<u> </u>	
	nrefundable credits See instructions.	, -	· · · · · · · · · · · · · · · · · · ·	3	a \$	0.
_	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and			
	imated tax payments made Include any prior year overp	_		2	ь \$	0.
_	lance due. Subtract line 3b from line 3a Include your pa	_			- •	
	using EFTPS (Electronic Federal Tax Payment System)	-		2	c s	0.
	If you are going to make an electronic fund withdrawal					
<u>vauuvii</u>	100 all going to make an electronic fund withdrawar		on sood, see a on one of the	J 00	C EC IVI P	agricultural international