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990

Form

Department of the Treasury  
Internal Revenue Service

## 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

2011

Open to Public  
Inspection

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

A For the 2011 calendar year, or tax year beginning SEP 1, 2011 and ending AUG 31, 2012

B Check if applicable: <input checked="" 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	C Name of organization <b>North Texas State Soccer Association</b>		D Employer identification number <b>75-2800087</b>
	Doing Business As		E Telephone number <b>214-297-5022</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3803 Parkwood Blvd., Suite 200</b>		G Gross receipts \$ <b>10,491,814.</b>
	City or town, state or country, and ZIP + 4 <b>Frisco, TX 75034</b>		H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number <b>7195</b>
F Name and address of principal officer: <b>Billy Babcock</b> <b>3803 Parkwood Blvd, Ste 200, Frisco, TX 750</b>			
I Tax-exempt status: <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			
J Website: <b>www.ntxsoccer.org</b>			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other			
L Year of formation: <b>1964</b> M State of legal domicile: <b>TX</b>			

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>To foster and advance the cause of soccer within the North Texas area and to plan, establish,</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	900
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	896
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	43
	6 Total number of volunteers (estimate if necessary)	6	6186
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	155,691.	160,713.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,361,623.	10,032,346.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,891.	12,417.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,250.	208,695.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,602,455.	10,414,171.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 1e)	891,085.	849,932.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11d, 11f, 24e)	7,835,140.	8,955,233.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,726,225.	9,805,165.
19 Revenue less expenses. Subtract line 18 from line 12	876,230.	609,006.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	8,292,987.	9,640,286.
	22 Net assets or fund balances. Subtract line 21 from line 20	164,900.	180,559.
		8,128,087.	9,459,727.

## 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.

Sign Here	Signature of officer	Date			
	<b>James Mills</b> Board Member	<b>4-8-2013</b>			
Paid Preparer	Print/Type preparer's name <b>Jason A. George, CPA</b>	Preparer's signature	Date <b>04/05/13</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00532431</b>
Use Only	Firm's name <b>PriceKubecka, PLLC</b>	Firm's EIN <b>75-2783674</b>	Phone no. <b>(972) 888-0950</b>		
	Firm's address <b>16775 Addison Road, Suite 500 Addison, TX 75001</b>				

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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See Schedule O for Organization Mission Statement Continuation

SCANNED APR 29 2013

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**Part III** Statement of Program Service AccomplishmentsCheck 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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 9,805,165. including grants of \$ \_\_\_\_\_) (Revenue \$ 10,152,533.)

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 **▶** 9,805,165.

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**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>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<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>3</b>	X
<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>4</b>	X
<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>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which 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>6</b>	X
<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>7</b>	X
<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>8</b>	X
<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>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	X
<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>11a</b> X	
<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>11b</b>	X
<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>11c</b>	X
<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>11d</b>	X
<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>11e</b> X	
<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>11f</b>	X
<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>12a</b>	X
<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>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<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>15</b>	X
<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>16</b>	X
<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>17</b>	X
<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>18</b> X	
<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>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

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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 any government or organization 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>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</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>24d</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>25b</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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</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>28c</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>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</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>		X
<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 OForm **990** (2011)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	598	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	43	
2b	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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>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?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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**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 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.	900	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	896	
<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?	<input checked="" type="checkbox"/>	
<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?		<input checked="" type="checkbox"/>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/>	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b> Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
<b>7a</b> 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?	<input checked="" type="checkbox"/>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
<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?		<input checked="" type="checkbox"/>
<b>b</b> Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<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		<input checked="" type="checkbox"/>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<input checked="" type="checkbox"/>	
<b>b</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?	<input checked="" type="checkbox"/>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
<b>13</b> Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
<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		<input checked="" type="checkbox"/>
<b>b</b> Other officers or key employees of the organization		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
<b>b</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**

**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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**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**  
**3803 Parkwood Blvd., Ste 200, Frisco, TX 75034**

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**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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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		X
<b>5</b> 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		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of 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	160,713.				
	g Noncash contributions included in lines 1a-1f \$						
	<b>h Total. Add lines 1a-1f</b>			160,713.			
<b>Program Service Revenue</b>	2 a <b>Prog.serv.revenue</b>	Business Code	711210	10,029,313.	10,029,313.		
	b						
	c						
	d						
	e						
	f All other program service revenue	711210	3,033.	3,033.			
	g <b>Total. Add lines 2a-2f</b>			10,032,346.			
	<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			11,208.	11,208.	
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)							
d Net gain or (loss)				1,209.	1,209.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a		178,568.			
b Less: direct expenses		b		77,643.			
c Net income or (loss) from fundraising events				100,925.			100,925.
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 <b>Other Revenue</b>	711210	107,770.	107,770.				
b							
c							
d All other revenue							
e <b>Total. Add lines 11a-11d</b>			107,770.				
12 <b>Total revenue. See instructions.</b>			10,414,171.	10,152,533.	0.	100,925.	

**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 to any question in this Part IX ☐

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 United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, 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	204,524.	204,524.		
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	542,936.	542,936.		
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	6,048.	6,048.		
9 Other employee benefits				
10 Payroll taxes	96,424.	96,424.		
11 Fees for services (non-employees):				
a Management				
b Legal	23,933.	23,933.		
c Accounting	36,310.	36,310.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	4,094,977.	4,094,977.		
12 Advertising and promotion	121,163.	121,163.		
13 Office expenses	565,640.	565,640.		
14 Information technology				
15 Royalties				
16 Occupancy	1,480,490.	1,480,490.		
17 Travel	22,391.	22,391.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	84,736.	84,736.		
20 Interest	2,954.	2,954.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,587.	17,587.		
23 Insurance	44,359.	44,359.		
24 Other expenses. Itemize expenses not covered 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.)				
a Tournaments	584,499.	584,499.		
b Uniforms	540,395.	540,395.		
c Trophies	379,648.	379,648.		
d Concessions	330,892.	330,892.		
e All other expenses	625,259.	625,259.		
25 Total functional expenses. Add lines 1 through 24e	9,805,165.	9,805,165.	0.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	4,599,630.	1	4,205,291.
	2 Savings and temporary cash investments	1,688,112.	2	2,897,658.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,151.	4	11,911.
	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	4,597.	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 1,295,729.		
	b Less: accumulated depreciation	10b 0.		
		1,335,023.	10c	1,295,729.
	11 Investments - publicly traded securities	634,179.	11	1,160,431.
	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	27,295.	15	64,669.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	8,292,987.	16	9,640,286.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	5,707.	17	29,888.
	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	50,432.	24	46,208.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	108,761.	25	104,463.
	26 <b>Total liabilities.</b> Add lines 17 through 25	164,900.	26	180,559.
	<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		8,128,087.	32	9,459,727.
33 Total net assets or fund balances		8,128,087.	33	9,459,727.
34 <b>Total liabilities and net assets/fund balances</b>		8,292,987.	34	9,640,286.

Form 990 (2011)

**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	10,414,171.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,805,165.
3	Revenue less expenses. Subtract line 2 from line 1	3	609,006.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,128,087.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	722,634.
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	9,459,727.

**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?
- 2b Were the organization's financial statements audited by an independent accountant?
- 2c 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
- 2d 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?
- 3b 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 (2011)

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.**

OMB No. 1545-0047

2011

**Open to Public Inspection**

Name of the organization

# North Texas State Soccer Association

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, 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) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 stop here <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2011.</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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</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 stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</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 stop here. 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 - 2010.</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 stop here. 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) 2011

(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	515,794.	242,091.	149,399.	155,691.	160,713.	1,223,688.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8,752,767.	9,050,210.	8,884,129.	9,361,623.	10,032,346.	46,081,075.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5	9,268,561.	9,292,301.	9,033,528.	9,517,314.	10,193,059.	47,304,763.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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.
c Add lines 7a and 7b						0.
8 <b>Public support</b> (Subtract line 7c from line 6.)						47,304,763.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	9,268,561.	9,292,301.	9,033,528.	9,517,314.	10,193,059.	47,304,763.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,444.	41,985.	24,439.	20,891.	12,417.	132,176.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	32,444.	41,985.	24,439.	20,891.	12,417.	132,176.
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.)	871,897.	870,874.	918,291.	64,250.	208,695.	2,934,007.
13 <b>Total support</b> (Add lines 9, 10c, 11, and 12.)	10,172,902.	10,205,160.	9,976,258.	9,602,455.	10,414,171.	50,370,946.
14 <b>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**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	93.91 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	92.49 %

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	.26 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	.42 %

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**

Name of the organization

North Texas State Soccer Association

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 exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

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:

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ \_\_\_\_\_ %  
 b Permanent endowment ☐ \_\_\_\_\_ %  
 c Temporarily restricted endowment ☐ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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 property	(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		85,000.		85,000.
c Leasehold improvements		1,200.		1,200.
d Equipment		485,842.		485,842.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,295,729.

Schedule D (Form 990) 2011

**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) Book value
(1) Federal income taxes	
(2) Deferred Revenue	112,475.
(3) Other Liabilities	<8,012.>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	
104,463.	

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).

132053  
01-23-12

**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	10,414,171.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,805,165.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	609,006.
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	<33,296.>
8	Other (Describe in Part XIV.)	8	755,930.
9	Total adjustments (net). Add lines 4 through 8	9	722,634.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,331,640.

**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.

**Part XI, Line 8 - Other Adjustments:**

Beg balances of associations that were reported in 2010 but

not in 2011: 0.

Eagle Mountain -32,671.

Grand Prairie -98,129.

Grapevine-Southlake -266,856.

Beg balances of associations that were reported in 2011 but

**Part XIV** Supplemental Information (continued)

not in 2010: 0.

Cleburne 97,856.

Lewisville 924,274.

Tyler 131,456.

Total to Schedule D, Part XI, Line 8 755,930.

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

Several associations were added that required an adjustment of \$1,153,586.

Several associations were removed that required a negative adjustment of  
\$397,656

Eight associations had total correction adjustments of \$33,295.

Total Other Adjustments: \$722,634

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

# 2011

## Open To Public Inspection

Name of the organization

# North Texas State Soccer Association

**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			
<b>Total</b>						

- 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)	1 (total number)	
Revenue	1 Gross receipts	53,888.	109,434.	15,246.	178,568.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	53,888.	109,434.	15,246.	178,568.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	40,225.	29,310.	8,108.	77,643.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				( 77,643 )
	11 Net income summary. Combine line 3, column (d), and line 10				100,925.

**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				
	2 Cash prizes				
Direct Expenses	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? ☐ Yes ☐ 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? ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity operated in:

<b>a The organization's facility</b>	<b>13a</b>	<b>%</b>
--------------------------------------	------------	----------

b An outside facility	13b	%
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**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

**2011**

Open to Public  
Inspection

Name of the organization

North Texas State Soccer Association

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 - President and paid Scheduler are married.

Dallas East Soccer - President and Treasurer are married.

Garland Soccer Association - Some of the board members or family members of the board members have a business relationship as a referee.

Glen Rose Soccer Association - 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 is an officer of the company that provides equipment.

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

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

Irving - Vice President and Registrar are married.

Kilgore Soccer Association - Two of the Commissioners are family.

McKinney Soccer Association - Referee Director and League Director are family; Referee Director is also Referee Assignor; some of the board members or family members of the board members have a business relationship

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

Name of the organization

North Texas State Soccer Association

Employer identification number  
75-2800087

as a referee.

Nacogdoches Youth Soccer Association - President and Registrar are married;  
Treasurer and Secretary are married.

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

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.

Tri County Soccer Association - President, Registrar, Purchasing, and Field  
Maintenance are all family; Assistant Coach Coordinator and U8 Boy's  
Commissioner are family; U8 Girl's Coordinator and U12 Girl's Coordinator  
are family; U5 Girl's Coordinator and U14 Girl's Coordinator are family.

Van Soccer Association - Registrar and Division Commissioner are married.

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

Kaufman Soccer Association - Updated bylaws and league rules

Nacogdoches Youth Soccer Association - Updated bylaws

North Texas Co-Ed Soccer Association - Updated bylaws

Form 990, Part VI, Section A, line 6: The organization has 124 Member  
Associations.

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

Name of the organization

North Texas State Soccer Association

Employer identification number

75-2800087

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 executive director 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 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: -33,296.

Beg balances of associations that were reported in 2010 but not in 2011: 0.

Eagle Mountain -32,671.

Grand Prairie -98,129.

132212  
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization

North Texas State Soccer Association

Employer identification number

75-2800087

Grapevine-Southlake -266,856.

Beg balances of associations that were reported in 2011 but  
not in 2010: 0.

Cleburne 97,856.

Lewisville 924,274.

Tyler 131,456.

Total to Form 990, Part XI, Line 5 722,634.

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

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
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
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
Greater Wichita Falls Soccer Association	PO Box 4612 - Wichita Falls, TX 76308	75-1835455
Henderson County Soccer Association	635 Bryson Avenue - Athens, TX 75751	75-2709416

North Texas State Soccer Association

75-2800087

Hutchinson County Youth Soccer Association	PO Box 1421 - Borger, TX 79007	75-1925574
Henderson Soccer Association	PO Box 2021 - Henderson, TX 75653	26-4237950
Irving Soccer Association	PO Box 153745 - Irving, TX 75015	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	112 Sports Pkwy, Ste A - Keller, TX 76248	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	9603 White Rock Trail Ste 301 - 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	2150 S. Central Expway, Ste 100 - McKinney, TX 75070	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 75965	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 Women's Soccer Association	PO Box 803264 - Dallas, TX 75380	75-1811113

North Texas State Soccer Association

75-2800087

Prosper Area Soccer Association	PO Box 1207 - Prosper, TX 75078	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 75482	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	1224 N. Hwy 377 #303 PMB 141 - 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
North Texas Co-ed Soccer Association	101 W. Buckingham Road Ste 130 - Richardson, TX 75081	75-2571683
Birdville Area Youth Futbol Alliance	PO Box 48531 - Watauga, TX 76148	26-0105050
Cleburne Soccer Association	PO Box 255 - Cleburne, TX 76033	75-1539479
Greater Lewisville Area Soccer Association	1565 W. Main Street #140 - Lewisville, TX 75067	75-2470031
Tyler Soccer Association	PO Box 7663 - Tyler, TX 75711	75-1718474

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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
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
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
Greater Wichita Falls Soccer Association	PO Box 4612 - Wichita Falls, TX 76308	75-1835455
Henderson County Soccer Association	635 Bryson Avenue - Athens, TX 75751	75-2709416



# North Texas State Soccer Association

75-2800087

Hutchinson County Youth Soccer Association	PO Box 1421 - Borger, TX 79007	75-1925574
Henderson Soccer Association	PO Box 2021 - Henderson, TX 75653	26-4237950
Irving Soccer Association	PO Box 153745 - Irving, TX 75015	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	112 Sports Pkwy, Ste A - Keller, TX 76248	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	9603 White Rock Trail Ste 301 - 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	2150 S. Central Expway, Ste 100 - McKinney, TX 75070	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 75965	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 Women's Soccer Association	PO Box 803264 - Dallas, TX 75380	75-1811113

North Texas State Soccer Association

75-2800087

Prosper Area Soccer Association	PO Box 1207 - Prosper, TX 75078	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 75482	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	1224 N. Hwy 377 #303 PMB 141 - 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
North Texas Co-ed Soccer Association	101 W. Buckingham Road Ste 130 - Richardson, TX 75081	75-2571683
Birdville Area Youth Futbol Alliance	PO Box 48531 - Watauga, TX 76148	26-0105050
Cleburne Soccer Association	PO Box 255 - Cleburne, TX 76033	75-1539479
Greater Lewisville Area Soccer Association	1565 W. Main Street #140 - Lewisville, TX 75067	75-2470031
Tyler Soccer Association	PO Box 7663 - Tyler, TX 75711	75-1718474

**North Texas State Soccer Association**  
**Group Tax Return - Form 990**  
**Period Ended August 2012**  
**Attachment to Form 990 - Part VII, List of Officers**

Names:	Amarillo		Arlington		Birdville Area Youth Futbol Alliance		Camplion Farmers Branch		Cleburne Soccer Association, Inc		Cooke County		Coppell	
	Soccer Association	75-1717056	Soccer Association	23-7284138	Soccer Association	26-0105050	Soccer Association	75-2487471	Soccer Association	75-1539479	Soccer Association	75-2250366	Soccer Association	75-2342739
President/Executive Director	Tim Gabriel		David Walters		Darren West		Tommy Ellis		Lanny Martindale		Louis Stewart		Angela Lancaster	
Vice President/Exec VP	Mike Ford		Richard Leverenz		JW Morrow		Chris Boyd		Colby Underwood		Chad Hair		Lou Saucedo	
Treasurer	Curt Pohlineier		Richard Leverenz		Tara Taylor		Daniel Sawyers		Dennis Jobe		Kelli Walker		Jessee Van Luvan	
Secretary	Sheena Wood		Richard Leverenz				Vacant		Ricky Vasquez		Kelli Walker		Dawn Anspe	
Compensation:														
President/Executive Director														
Vice President/Exec VP														
Treasurer														
Secretary														
Association:														
Address	4146 Business Park Drive		3630 W Pioneer Pkwy, #101		PO Box 48531		2150 N Josey Ln Ste 204		PO Box 255		PO Box 1532		PO Box 354	
City	Amarillo		Arlington		Watauga		Carrollton		Cleburne		Gainesville		Coppell	
State	TX		Texas		TX		TX		TX		TX		TX	
Zip	79110		76013		76148-0531		75006		76033		76241		75019	

**North Texas State Soccer Association**  
**Group Tax Return - Form 990**  
**Period Ended August 2012**  
**Attachment to Form 990 - Part VII, List of Officers**

Dallas East Soccer Association 75-2660998	Duncanville Soccer Association 75-2345793	Ennis Soccer Association 75-2350015	Frisco Soccer Association 75-2646420	Ft Worth Adult Soccer Assoc 75-2215295	Ft Worth Youth Soccer Assoc 75-2465533	Garland Soccer Association 75-2001835	Glen Rose Soccer Association 75-2609309
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**Names:**

President/Executive Director  
Vice President/Exec VP  
Treasurer  
Secretary

Raul Lopez	Kourtney Roberson	Mike Erwerle	Gary Mirsky	Jamie Fougereousse	Miguel Garcia	David Arciniega	Enz Mullins
Billy Harris	Chris Lopez	Glenda Selvesa	Bobbie Drake	Kerry Redlin	David Harrell	Kim Ventry	Corey Bolt
Addie Lopez	Faviola Garcia	Mike Erwerle	Brian Dilodovico	Doug Condie	Curtis Manske	Sam Perry	Kan Quinlan
Minam Negrete	Lacy Chavez	Laura Nutt	Dustin Ross	Doug Condie	Steve Wade	n/a	Kelley Ellenberger

**Compensation:**

President/Executive Director  
Vice President/Exec VP  
Treasurer  
Secretary

-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-

**Association:**

Address  
City  
State  
Zip

1800 Barnes Bndge	214 S Main St, Ste 100C	PO Box 1192	PO Box 1479	5043 Trail Lake Dr	PO Box 26798	PO Box 451841	PO Box 1596
Dallas	Duncanville	Ennis	Frisco	Ft Worth	Ft Worth	Garland	Glen Rose
TX	TX	TX	TX	TX	TX	TX	TX
75228	75116	75120	75034	76133	76126	75045	76043

**North Texas State Soccer Association**  
**Group Tax Return - Form 990**  
**Period Ended August 2012**  
**Attachment to Form 990 - Part VII, List of Officers**

Names - President/Executive Director Vice President/Exec VP Treasurer Secretary	Granbury Soccer Association Soccer Association 75-2556101	Greater Lewisville Soccer Association 75-2470031	Greater Longview Soccer Association 75-1956707	Greater Wichita Falls Soccer Assoc 75-1835455	Henderson Soccer Assoc 26-4237950	Henderson County Soccer Assoc #172 75-2709416	Hutchinson County Soccer Association 75-1925574
	Ivy Wilbourne Angel Krzeminski Georgia Welch None	Mike Malone Mark Grommes Dick Melvier Linda Porter	David Sommer vacant Susan Dunaway Keith Langston	JC Whaley Mark Hood Becky Turpin Ashley Pankik	Traci Tidwell Ken Sabella Debbie Jennings Theresa White	Mark Hall Ken Mespenitt Jennifer Mahmoud Paula Godwin	Nathan Gillian Jeff Porter Came Burleson Sheila Gillian
<b>Compensation:</b>	-	-	-	-	-	-	-
President/Executive Director	-	-	-	-	-	-	-
Vice President/Exec VP	-	-	-	-	-	-	-
Treasurer	-	-	-	-	-	-	-
Secretary	-	-	-	-	-	-	-

**Association:**  
 Address  
 City  
 State  
 Zip

PO Box 414  
 Granbury  
 TX  
 76048

1565 W Main St. #140  
 Lewisville  
 TX  
 75067

3301 W Marshall Ave Suite 215  
 Longview  
 Texas  
 75604

PO Box 4612  
 Wichita Falls  
 TX  
 76308

PO Box 2021  
 Henderson  
 TX  
 75653

635 Bryson Ave  
 Athens  
 TX  
 75751

PO Box 1421  
 Borger  
 TX  
 79007

North Texas State Soccer Association  
 Group Tax Return - Form 990  
 Period Ended August 2012  
 Attachment to Form 990 - Part VII, List of Officers

	Irving Soccer Association 75-1780897	Jacksonville Soccer Association 75-0358895	Kaufman Soccer Association 47-0891252	Keller Soccer Association 75-2558936	Kilgore Soccer Association 75-2089225	Lake Cities Soccer Association 75-1477743	Lake Highlands Soccer Association 75-2496611
<b>Names:</b>							
President/Executive Director	Jimmy Perez	Brad Jacobson	Douglas Roberts	Ed Palluth	Chris Raymond	Sal DeVivo	Dick White
Vice President/Exec VP	Isaac Saucedo	Michael Mathis	Marisol Castaneda	Rusty Steel	Lupe Rodriguez	Fabio Salas	Ken Frumin
Treasurer	Tamey Escudero	Amy Traylor	Terri Cline	Jerry Smith	Debra Brockway	Jeremy Oswald	Jay Marquis
Secretary	Vacant	Susan Fitts	Vickey Roberts	Rob Zell		Frances Thomas	Renee Reagan
<b>Compensation:</b>							
President/Executive Director	-	-	-	-	-	-	-
Vice President/Exec VP	-	-	-	-	-	-	-
Treasurer	-	-	-	-	-	-	-
Secretary	-	-	-	-	-	-	-
<b>Association:</b>							
Address	PO Box 153745	PO Box 315	1370 Cr 144	112 Sports Parkway, Suite A	PO Box 3311	PO Box 1174	9603 White Rock Trail, Ste 301
City	Irving	Jacksonville	Kaufman	Keller	Kilgore	Lake Dallas	Dallas
State	TX	Texas	Texas	TX	TX	TX	TX
Zip	75015	75766	75142	76248	75663	75065	75238

**North Texas State Soccer Association**  
**Group Tax Return - Form 990**  
**Period Ended August 2012**  
**Attachment to Form 990 - Part VII, List of Officers**

		Lindale	Mansfield	McKinney	Midland	Midlothian	Nacogdoches Youth	North FTW Alliance
		Soccer Association	Soccer Association	Soccer Association	Soccer Association	Soccer Association	Soccer Association	Soccer Association
		75-2505883	75-2234443	75-2392217	75-2418505	75-2391852	75-2585996	75-2776300
<b>Names:</b>		Donna Tuman Ron Bunchy/Pam Day/David Bryant Melissa Love Laune Wallace Amy Womack	Tim McCann Debbi Hinds Anke Minter Beth Caldwell	John Long Kevin Springer Jim Villalon Cynthia Ayers	Roderick Strambler Chris Yonts Andrea Webb Samantha Luna	Jason Gilson Jeff Hyndman Marcus Duggins Holly Clayton	Scotty Spake Jeremy Terrell Keshia Bechel Jeremy Bechel	Andrew Alsbrook Debrau Starr Brian Ammon Brian Ammon
<b>Compensation</b>								
President/Executive Director								
Vice President/Exec VP								
Treasurer								
Secretary								
<b>Association:</b>								
Address		P O Box 2541	2623 Hwy 287 N	2150 S Central Expwy, Ste 100	1405 W Illinois Ave	330 N 8th St, Ste 209	P O Box 632186	PO Box 77804
City		Lindale	Mansfield	McKinney	Midland	Midlothian	Nacogdoches	FT Worth
State		Texas	TX	Texas	TX	TX	TX	TX
Zip		75771	76063	75070	79701	76065	75965	76177

**Names:**

**President/Executive Director**  
Tami Nunns  
Lamy Hall  
Amarda Hall  
Mike Korhuv  
Randy Mears  
Scott Moninger  
Debi Welch  
Tammie Hudec

Treasurer	Jim Carlsen	Robert Malphurs	Catherine Morgan	Irene Peterson	Kelvia Bishop	Carla Cruijsa	James Green	Jim Merrill	James Green	Jim Merrill
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1. *What is the purpose of the study?*  
 2. *What are the research questions or hypotheses?*  
 3. *What is the study design?*  
 4. *What is the sample size and how was it selected?*  
 5. *What are the variables being measured?*  
 6. *What are the data collection methods?*  
 7. *What are the results of the study?*  
 8. *What are the conclusions and implications of the study?*

President/Executive Director

Secretary

[illegible]

Zip	75081	75380-3284	75078	75154	75088	76902-0274	75482
					75088	76902-0274	75482



**North Texas State Soccer Association**

**Group Tax Return - Form 990**

**Period Ended August 2012**

**Attachment to Form 990 - Part VII, List of Officers**

**Names:**

President/Executive Director

Vice President/Exec VP

Treasurer

Secretary

**Compensation:**

President/Executive Director

Vice President/Exec VP

Treasurer

Secretary

**Association:**

Address

City

State

Zip

Terrell Soccer Association 75-2785930	The Colony Youth Soccer Association 75-252308	Tn County Soccer Association 75-2391547	Trophy Club Roanoke Soccer Association 75-2720358	Tyler Soccer Association 75-1718474	Van Soccer Association 20-5388678	West TX Men's Soccer Association 75-2155411	Wylie Youth Soccer Association 75-2809103
Greg Carreon Karen Burns Charles Burns Cecé Venazuela	Curtis Williams Steven Davis Deanna Pluggie Lanette Hess	David Conner Dustin Conner Dorina Ward Kelly Nicholson	Matt Tibbitts Margaret Anderson Diane Holley Nicole Tidwell	Chad Spearman Jon Alexander Randy Hill Jeremy Baggett	Robert Stephens Marcos Santos Lindy Moosberg Melissa Hance	Tray Rasberry Wayland Horton Rory Oneill	Jeff Murray Lucy Neveloff Shannon Howard Nichole Hamdon
- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -	- - - -
PO Box 25 Terrell TX 75160	P O Box 560334 The Colony Texas 75068	PO Box 157 Mabank Texas 75147	1224 N Hwy 377 #303, PMB 141 Roanoke TX 76262	PO Box 7663 Tyler TX 75711	PO Box 608 Van TX 75790	5717 14th Street Lubbock TX 79416	PO Box 987 Wylie Texas 75098

**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 ☒ **X**
- 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.

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>North Texas State Soccer Association</b>	Employer identification number (EIN) or  <input checked="" type="checkbox"/> <b>75-2800087</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>3803 Parkwood Blvd., Suite 200</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Frisco, TX 75034</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	01	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 ► **3803 Parkwood Blvd., Ste 200 - Frisco, TX 75034**  
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 ☒ **X** 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, 2013** , 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, 2011** , and ending **AUG 31, 2012** .

- 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 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 Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2012)