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## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 20**13** 

Open to Public Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning September 1 2013, and ending August 31 20 14 C Name of organization Utah Youth Soccer Association D Employer identification number Check if applicable.  $\square$ Address change Doing Business As 94-2661376 Number and street (or P.O box if mail is not delivered to street address) E Telephone number Name change Room/suite Initial return 9159 So State Street 801 307-5150 City or town, state or province, country, and ZIP or foreign postal code Terminated Amended return G Gross receipts \$ F Name and address of principal officer H(a) is this a group return for subordinates? Yes Vo No Application pending **Brian Smith** H(b) Are all subordinates included? 🔲 Yes 📝 No 9159 So State St., Sandy, UT 84070 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list. (see instructions) **✓** 501(c)(3) Tax-exempt status 501(c) ( Website: ▶ www.utahyouthsoccer.net H(c) Group exemption number ▶ L Year of formation M State of legal domicile Summary Briefly describe the organization's mission or most significant activities: The Association provides soccer education Activities & Governance and playing opportunities for approximately 53,000 youth in the State of Utah. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 11 Total number of volunteers (estimate if necessary) . . . . . . 6 1,100 (est.) Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** Contributions and grants (Part VIII, line 1h). 542,351 577,831 Revenue Program service revenue (Part VIII, line 2g) 1,245,928 1,442,063 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 54,429 56,822 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, Total revenue—add lines 8 through 11 (must equal par VIII, column (A), line 12) 12 1,842,708 2,076,716 Grants and similar amounts paid (Par IX, column (A), lines 1-3 13 9,250 7,250 Benefits paid to or for members (Part IX, column (A), line 4).
Salaries, other compensation, employee benefits (Part IX, column 14 15 507,592 513,170 16a Professional fundraising fees (Part IX column (A), line 11e) Total fundraising expenses (Part IX, column (D) Ine 25) b 56,822 Other expenses (Part IX, column (A); tines 17 1,245,665 1,385,199 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,762,507 1,905,619 Revenue less expenses. Subtract line 18 from line 12 19 80,201 171,097 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 2,287,131 4,155,701 21 Total liabilities (Part X, line 26) . 1,035,895 2,643,084 22 Net assets or fund balances. Subtract line 21 from line 20 1,251,236 1,512,617 Signature Block Under penalties of perjury, I declare that Inhave 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 pregiarer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of o Here Type or profunding and title Print/Type preparer's name Paid Check [] if self-employed Stephen K. Adamson, CPA P00163066 Preparer ► Smith & Adamson CPA's L.C. Firm's EIN ▶ 87-0468196 Use Only Firm's address ► 5645 S Waterbury Way, D201, SLC, UT 84121 801 278-5777 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes 🗌 No

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Cat. No. 11282Y

Form 99	<u></u>	je <b>2</b>
Part		_
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	riefly describe the organization's mission:	
	tah Youth Soccer Association is the leader in promoting, developing and governing youth soccer in the State of Utah. roviding education and developmental opportunities for all members.	
2	id the organization undertake any significant program services during the year which were not listed on the	
2	rior Form 990 or 990-EZ?	lo
3	"Yes," describe these new services on Schedule O. id the organization cease conducting, or make significant changes in how it conducts, any program ervices?	lo
	"Yes," describe these changes on Schedule O.	
4	escribe the organization's program service accomplishments for each of its three largest program services, as measured xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe ne total expenses, and revenue, if any, for each program service reported.	
4a	Code: 90099 ) (Expenses \$ 1,627,767 including grants of \$ 7,250 ) (Revenue \$ 1,442,063 )	
-	he Association administers registration, scheduling, etc., for various soccer events across the State of Utah. The Association rovides the platform for soccer education and play for approximately 53,000 players.	•••• ••••
4b	Code:) (Expenses \$including grants of \$) (Revenue \$)	
4c	Code: (Expenses ) (Expenses ) (Revenue )	
		••••
4d	ther program services (Describe in Schedule O.)	
40	expenses \$\text{ including grants of \$}\text{) (Revenue \$}\text{)}	
4e	otal program service expenses	

rari	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	<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>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	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? If "Yes," complete Schedule D, Part I	6		<b>√</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			*.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	Î
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? If "Yes," complete Schedule D, Part VII	11b		1
С	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? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	<b>✓</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		<b> </b> ✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<b>√</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>√</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<b>√</b>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>√</b>
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Form 99	0 (2013)		ſ	Page <b>4</b>
Part	V Checklist of Required Schedules (continued)			
04	Did the association report more than \$5,000 of greate or other assistance to any democial organization or		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓	
23	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? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a		√ ✓
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? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>√</b>
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		<b>✓</b>
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		<b>✓</b>
-•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
		•		

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u>···</u>		
10	Fater the pumber reported in Box 2 of Farm 1006 Fater 0, if not explicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		- 1	l
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11			ec L
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		* * }	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	-74		l
-	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?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
<b>.</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		./
7	Organizations that may receive deductible contributions under section 170(c).	OD	*	3
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		~ *c	, ^
	and services provided to the payor?	7a		√ -
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	- <u>-</u> -		<u></u>
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		<b>V</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>∀</b>
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			<u> </u>
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the organization make any taxable distributions under section 4966?	9a		<b>✓</b>
10	Section 501(c)(7) organizations. Enter:	9b		<b>*</b>
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:		,	
a	Gross income from members or shareholders			2
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		_
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	,		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	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			
C 140	Enter the amount of reserves on hand			
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			<b>/</b>
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	200 pm 2 2	/
3	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? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
_	stockholders, or persons other than the governing body?	7b	V8 3.0	<b>,</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		* 83	, , š
a	The governing body?	8a	<b>√</b>	<u> </u>
ь 9	Each committee with authority to act on behalf of the governing body?	8b	<b>-</b>	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	oae.) Yes	No
10-	Did the averagination have lead chapters branches or offiliates?	10a	162	1
10a b	Did the organization have local chapters, branches, or affiliates?	IVa		<b>V</b>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1880 1 44
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>2.</b> 13
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
15	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?	Y:		· ž.
а	The organization's CEO, Executive Director, or top management official	15a	<b>✓</b>	
Ь	Other officers or key employees of the organization	15b	<b>✓</b>	,
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			، اعشیت
b	with a taxable entity during the year?	16a	5-31	<b>✓</b>
	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?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 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 Other (explain in Schedule O)		•	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.			, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Andrew Hiatt, 9159 S State St., Sandy, UT 84070	of the	)	

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

Check if Schedule O contains a response or note to an	ly line in this Part VII $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$ $\ldots$
Chook in Confocutio C Contains a respense of moto to a	

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization noi	r any relate	d org	aniz			ompe	nsa	ted any currer	t officer, director	, or trustee.	
				•	C)						
(A)	(B)	(don	ot ch		more	than e	one	(D)	(E)	(F)	
Name and Title	Average hours per week (list any	box, unless person is both an officer and a director/trustee)					n an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Allan Haycock	22	,						0	o	(	
Region 1 Director	<del>                                     </del>	<u> </u>	<del>                                     </del>	┢	┢		<del>                                     </del>	<u>U</u>			
(2) Toby Yoshida Region 2 Director	2	1						0	o	(	
(3) Loren Mott	-	<u> </u>					-				
Region 3 Director	2	1						0	o	(	
My was Calcada		<u> </u>	╁		┢						
Region 4 Director	2	1						0	o	ſ	
(5) Debbie Franicis		Ť	一	$\vdash$	$\vdash$		<del>                                     </del>	•	-		
Region 5 Director	2	1	ŀ					0	o	(	
(6) Kyle Paisley											
Region 6 Director	2	1						0	o	(	
(7) Brian Smith	10										
President	<b>†</b>			1				l 0	lo	(	
(8) John Gygi	6										
Vice President	T			✓				0	l o	(	
(9) Brian Babcock	6										
Vice President				✓				o	0		
(10) Andrew Hiatt	40										
CEO					✓			117,853	О	(	
(11) Eric Landon	40										
Technical Director					1			72,793	o		
(12) Brian Attridge	40						I			·	
Director of Operations			L		✓			78,906	0	(	
(13)											
(14)	<u> </u>	-									

	(A) Name and title	(B) Average hours per week (list any	Position (do not check more the box, unless person is b officer and a director/tr					an ee)	(D)  Reportable compensation from	(E) Reportable compensation fro related	n from	<b>(F)</b> Estimated amount of other
		hours for related organizations below dotted line)	~ ~	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		compensation from the organization and related organizations
(15)												
(16)												
(17)					-							
(18)						$\vdash$						
(19)												
(20)				-								
(23)												
(24)												
(25)				-								
1b	Sub-total	<u> </u>	<u> </u>	<u> </u>	<u>.                                    </u>	<u> </u>	<u> </u>	<b></b>	269,552		0	0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	:			<b>&gt;</b>	269,552		0	
2	Total number of individuals (including but reportable compensation from the organi	t not limited	to th	nose	lıst	ted	above	e) w	ho received m	ore than \$1	00,00	00 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc Schedule J	tor, o	or tr	ust indi	ee, ividi	key e	emp	oloyee, or high	est compe	nsate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	ubivitu 	al <b>5</b> 🗸
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compensation
		-										
2	Total number of independent contractor							th	ose listed abo	ove) who		
	received more than \$100,000 of compens	sation from	the o	rgar	nıza	tion	<b>&gt;</b>					

Form 9	90 (2013	3)								Page 9
Part	VIII	Statement of Reve					5			
		Check if Schedule O	contains a	a res	oonse or note to	O any line in this  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded under	D) venue d from tax sections -514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e	Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (con All other contributions, gi		1a 1b 1c 1d 1e	455,971	e e e e e e e e e e e e e e e e e e e				
Contributions, and Other Sim	g h	and similar amounts not inc Noncash contributions include	cluded above ded in lines 1a-		121,860					
	<u> </u>	Total. Add lines 1a-1	<u> </u>	<u> </u>	Business Code	577,831			\$ **** * ****	
Program Service Revenue	2a	Event Participation			90099	1,442,063	1,442,063			
- Re	b				30033	1,442,003	1,772,003			
8	c									
2	d								<u>-</u>	
S E	- G									
gran	f	All other program ser		e .						
윤	g	Total. Add lines 2a-2				1.442.063		\$ . Y . Y . S . S . S . S		
	3	Investment income				.,,,,,,,,,	200 200 200 200 200 200 200 200 200 200	Marie 2007 / 200 / 200 /		
l		and other similar amo			▶	63,297				63,297
- 1	4	Income from investmen	t of tax-exen	not bo	ond proceeds▶					
i	5			•	•	,				
		,	(ı) Real		(ii) Personal			4. 42.	1 (A)	3, 3,
	6a	Gross rents							36 36	
	b	Less: rental expenses								
	c	Rental income or (loss)								`
	d	Net rental income or (				Sillard Suitelli Miller 200 and a	omenimikkiski direkteri aramatan esten	Market A. Market	> × 3-4	
	7a	Gross amount from sales of	(i) Securiti	es	(II) Other		Control of the contro	( 5	,	<del></del>
	, a	assets other than inventory		7,014	(4/				, , ,	
	b	Less: cost or other basis and sales expenses .		3,489					555	
	С	Gain or (loss)	(6	,475)					N star	7.
	d	Net gain or (loss) .			>	(6,475)				(6,475
		. ,				(6) \$1 T\$2.73	7250 B			15.73
Other Revenue	8a		ed on line 10	· a						
ಕ	b	Less: direct expenses		. b	L					ing kanan
	C	Net income or (loss) f			events . ►	a. zeria an de "desenta alia		volum on and town	,	<del></del>
	9a	Gross income from ga	-					7 		"[4][[4]
		·		•						* } *,
	Ь	Less: direct expenses			uition .	<u>*(                                    </u>				
	400	Net income or (loss) f			vities ▶	- X · X · X	<b>b</b> 1 2		1.7.00.	W. 1 4 4 25
	10a	returns and allowance	es	· a			ş· xxx s			
	Ь	Less: cost of goods s							<u> </u>	
	<u>c</u>	Net income or (loss) f		or IDV					<del> </del>	
	44-	MISCEIIANEOUS H	ABI IBA		Business Code					
	11a								<b>_</b>	
	b						ļ		ļ	
	C	A II _ 1 L								<del></del>
	di	All other revenue .			I	Ī	I	i	I	

2,076,716

1,442,063

Total. Add lines 11a-11d . . . Total revenue. See instructions.

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	All other organization	ns must complete co	olumn (A).
	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX		
	et include amounts reported on lines 6b, 7b, o, 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	7,500	7,500		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	269,552	190,849	74,768	3,935
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 8	Other salaries and wages	170,952	102,571	64,962	3,419
9	Other employee benefits	33,641	20,185	12,784	672
10	Payroll taxes	39,025	23,415	14,830	780
11	Fees for services (non-employees):				
а	Management			-	
b	Legal				
C	Accounting	10,435	6,261	3,965	209
ď	Lobbying		5	· · · · · · · · · · · · · · · · · · ·	
e	Professional fundraising services. See Part IV, line 17		\$ / · · · · · · · · · · · · · · · · · ·		
f 9	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				<del> </del>
12	Advertising and promotion	27,926			27,926
13	Office expenses	41,908	25,145	15,925	838
14	Information technology	95,914	89,795	13,923	6,119
15	Royalties	33,314	03,733		0,113
16	Occupancy	19,478	11,687	7,402	389
17	Travel	401,878	401,878	7,402	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	401,010	401,070		
19	Conferences, conventions, and meetings .				
20	Interest	20,459	12,275	7,774	410
21	Payments to affiliates	105,969	105,969		
22	Depreciation, depletion, and amortization .	59,261	40,876	17,466	919
23	Insurance	107,236	101,499	5,450	287
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.)			*	£.
а	Direct Program Expenses	474,217	474,217		··., ··, ··.
b	Roard Evnences	6,623	474,211	6,623	
C	Risk Management	13,645	13,645	0,023	
d		10,010	10,010		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,905,619	1,627,767	231,949	45,903
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

	<u></u>	Check if Schedule O contains a response or note to any line in this Pa	rt X		П
		, , , , , , , , , , , , , , , , , , , ,	(A)		(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	963,301	_1	1,088,393
	2	Savings and temporary cash investments	70,183	2	17,438
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	550
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6	Loans and other 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). Complete Part II of Schedule L		- G	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	2,801	8	
	9	Prepaid expenses and deferred charges	74,418	9	36,338
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,192,713			1
	b	Less: accumulated depreciation 10b 219,319	86,692	10c	1,973,394
	11	Investments—publicly traded securities	1,089,736	11	1,039,588
	12	Investments – other securities. See Part IV, line 11	,,,,,,,,	12	1,55,755
	13	Investments – program-related. See Part IV, line 11		13	****
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,287,131	16	4,155,701
	17	Accounts payable and accrued expenses	15,901	17	42,487
	18	Grants payable		18	,
	19	Deferred revenue	992,972		1,260,968
	20	Tax-exempt bond liabilities		20	1,200,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	171	22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	1,018,973
	24	Unsecured notes and loans payable to unrelated third parties		24	1,010,373
	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	27,022		320,656
	26	Total liabilities. Add lines 17 through 25	1,035,895	26	2,643,084
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	1,249,236	27	1,495,067
Ва	28	Temporarily restricted net assets	2,000	28	17,550
p	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.		\$40,5 % t	
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds .		32	
S	33	Total net assets or fund balances	1,251,236	33	1,512,617
	34	Total liabilities and net assets/fund balances	2,287,131		4,155,701
					Form <b>990</b> (2013)

				Pa	ge 12
	1			2.07	6,716
	2				5,619
	3				1,097
	3 4				1,236
	5	-			0,284
	6				
	7				
	8				
	9				
į					
	10			1,51	2,617
					$\checkmark$
				Yes	No
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u	ntant	?	20	./	

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . . . Total revenue (must equal Part VIII, column (A), line 12) . . . . . . . . . . . . . . . 1 Total expenses (must equal Part IX, column (A), line 25) . . . . . . . 2 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 5 6 7 8 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . q Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . . Accounting method used to prepare the Form 990: 
Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," e 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both: ☐ Consolidated basis ☐ Both consolidated and separate basis ☐ Separate basis **b** Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent acco If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. Form **990** (2013)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization							Employer id	entification	number	
Utah	Youth Soccer Asso									61376	
Par			rity Status (All orga						nstructio	ns.	
The c	organization is not	a private founda	tion because it is: (Fo	r lines 1	through 1	1, check	only one	box.)			
1			hes, or association of			ed in sec	tion 170(	(b)(1)(A)(i	).		
2	A school desc	ribed in <b>section</b>	170(b)(1)(A)(ii). (Attac	h Sched	ule E.)						
3	A hospital or a	cooperative hos	spital service organiza	ation desc	cribed in s	section 1	70(b)(1)(	(A)(iii).			
4	A medical rese	earch organization	on operated in conjun	ction with	a hospit	al describ	oed in <b>se</b>	ction 170	)(b)(1)(A)	(iii). Enter th	ne
	hospital's nam	e, city, and state	<b>):</b>								
5		on operated for to ()(1)(A)(iv). (Comp	the benefit of a collect plete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit des	cribed in
6	A federal, state	e, or local govern	nment or government	al unit de	scribed in	section	170(b)(1	)(A)(v).			
7			receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	a governr	mental un	nt or fron	n the gener	al public
8	☐ A community f	trust described in	n section 170(b)(1)(A)	(vi). (Cor	nplete Pa	rt II.)					
9	☑ An organizatio	n that normally	receives: (1) more that	an 331/3%	of its su	ipport fro	m contri	butions,	members	hip fees, ai	nd gross
			to its exempt funct								
	support from	gross investme	nt income and unrel	lated bus	siness tax	kable inc	ome (les	s section	n 511 ta	x) from bu	sinesses
	acquired by th	e organization a	fter June 30, 1975. Se	ee <b>sectio</b>	n 509(a)(	<b>2).</b> (Comp	olete Par	t III.)			
10	An organizatio	n organized and	operated exclusively	to test fo	or public s	safety. Se	e <b>sectio</b>	n 509(a)(	4).		
11			d operated exclusive							or to carry	out the
			licly supported organ								
			describes the type of								
	a ☐ Type I	b ☐ Type	II c ☐ Type III	l-Functio	nally inte	grated	d □.	Type III-N	lon-funct	ionally integ	rated
e		_ ,,	that the organization			_					•
_			ers and other than one								
	or section 509	_				• •	Ū				
f			written determination	on from	the IRS t	that it is	a Type	I. Type I	I. or Tvp	e III suppo	ortina
		heck this box .									n
g	•		he organization accep	oted anv	aift or co	ontributio	n from a	nv of the	!		
3	following pers				<b>J</b> v. v.			,			
	٠.		ndirectly controls, eitl	her alone	or toget	her with	persons	described	d in (ii) aı	nd Y	es No
			ody of the supported							11g(i)	
	• •	-	on described in (i) abo	-						11g(u)	_
		•	a person described in							11g(iii)	+
h			on about the support							[119(11)]	<del></del>
	Name of supported	(ii) EIN	I		organization	T	au natifi	6-31	- 45 -	Aug Amount o	
(1)	organization	(II) EIN	(iii) Type of organization (described on lines 1-9		sted in your		ou notify nization in		s the son in col.	(vii) Amount o suppo	
	•		above or IRC section	governing	document?		of your port?		zed in the S ?		
			(see instructions))	Yes	No	Yes	No	Yes	No	1	
	<del></del>			103	110	103	110	103	110		
(A)											
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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) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . revenues levied for Tax organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 5 The portion of total contributions by 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) . . . . Public support. Subtract line 5 from line 4. Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 Amounts from line 4 . . . . . . 7 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources . . . . . . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) . . . . . . . 11 Total support. Add lines 7 through 10 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f) . . . . % Public support percentage from 2012 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 % 16a 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2012, if the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more. 17a 10%-facts-and-circumstances test - 2013. 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 10%-facts-and-circumstances test - 2012. 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 

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization fails to qualify	under the tes	ts listed belo	w, please co	mplete Part I	1.)	
Section	on A. Public Support		-				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	493,690	452,760	457,589	542,351	577,831	2,524,221
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	915,341	1,115,062	1,186,634	1,245,928	1,442,063	5,905,028
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	1					
4	Tax revenues levied for the						
	organization's benefit and either paid					į	
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the					ŀ	
	organization without charge					ļ	
6	Total. Add lines 1 through 5	1,409,031	1,567,822	1,644,223	1,788,279	2,019,894	8,429,249
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from				300	) F3	
	line 6.)		-2/		and the second		8,429,249
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	1,409,031	1,567,822	1,644,223	1,788,279	2,019,894	8,429,249
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.						
	•	52,409	70,597	50,145	54,429	56,822	284,402
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_		50.400	70.507	50.445	54.400	50,000	204 402
	Add lines 10a and 10b	52,409	70,597	50,145	54,429	56,822	284,402
11	activities not included in line 10b, whether						
	or not the business is regularly carned on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets		į				
	(Explain in Part IV.)		ļ			]	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,461,440	1,638,419	1,694,368	1,842,708	2,076,716	8,713,651
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he	=			· ·		~ · —
Secti	on C. Computation of Public Suppor	t Percentage	<b>9</b>			-	
15	Public support percentage for 2013 (line 8	B, column (f) di	vided by line 1	3, column (f))		15	96.74 %
16	Public support percentage from 2012 Sch	nedule A, Part I	II, line 15 .			16	96 81 %
Secti	on D. Computation of Investment In		ntage				
17	Investment income percentage for 2013 (			-		17	3.26 %
18	Investment income percentage from 2012		-			18	3.19 %
19a	331/3% support tests-2013. If the organ						
	17 is not more than 331/3%, check this box		=				
b	331/3% support tests—2012. If the organiz						
	line 18 is not more than 331/3%, check this	-	_				
20	Private foundation. If the organization di	d not check a l	box on line 14,	, 19a, or 19b, c	check this box	and see instruc	ctions 🕨 🔲

Schedule A (	Form 990 or 990-EZ) 2013 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
*****	

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization **Utah Youth Soccer Association** 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 Total number at end of year . . . . . 1 Aggregate contributions to (during year). 2 Aggregate grants from (during year) . . 3 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? . . . . . . . . ☐ Yes ☐ 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 **Conservation Easements.** Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, 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. 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 XIII, the text of the footnote to its financial statements that describes these items, 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: 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: **b** Assets included in Form 990, Part X.

Part								
3	Using the organization's acquisition, acc collection items (check all that apply):	ession, and other re	ecord	s, chec	k any of th	e follov	ving that are a	significant use of its
а	☐ Public exhibition		d 🗀	] Loan	or exchang	je progi	rams	
b	☐ Scholarly research							
c	☐ Preservation for future generations							
4	Provide a description of the organization XIII.	's collections and e	xplair	n how th	ney further	the org	anızatıon's exe	empt purpose in Part
5	During the year, did the organization sol	icit or receive dona	tions	of art, I	nistorical tr	easure	s, or other sım	ılar
	assets to be sold to raise funds rather that		as pa	rt of the	organızati	on's co	llection? .	· 🗌 Yes 🗍 No
Part								
	Complete if the organization an 990, Part X, line 21.						•	
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?							
b	If "Yes," explain the arrangement in Part 2	XIII and complete th	e folic	owing ta	ble:			
								Amount
C	Beginning balance					1c	:	
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount o							
	If "Yes," explain the arrangement in Part	XIII. Check here if th	е ехр	lanation	has been	provide	ed in Part XIII	<u> </u>
Par			_	000 5		40		
	Complete if the organization an						(d) Three years ba	ck (e) Four years back
	<u>`</u>	a) Current year (b	) Prior	year	(c) Two year	rs Dack	(a) Three years ba	CK (e) Four years back
1a	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains, and losses			_				
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the	current year end bal	ance	(line 1g	, column (a	)) held a	as:	
а	Board designated or quasi-endowment	<b>▶</b> %						
b		%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c s							
3a	Are there endowment funds not in the po	ossession of the org	ganıza	ition tha	it are held	and ad	ministered for	the
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" to 3a(II), are the related organizat							. 3b
4	Describe in Part XIII the intended uses of		endow	ment fu	ınds.			
Part			<b>-</b>	000 5			) F	D- 4 V P 40
	Complete if the organization an							
	Description of property	(a) Cost or other ba	sis (	•	r other basis ther)	de	Accumulated epreciation	(d) Book value
1a	Land	1,289,	948				77.54	1,289,948
b	Buildings	566,	443					566,443
С	Leasehold improvements	148,	011				136,899	11,112
d	Equipment	188,	311				82,420	105,891
е	Other							
Total.	Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Pa	art X,	column	(B), line 10	)(c).)	▶ 🗌	1,973,394

Part VII	Complete if the organization ans		m 990	). Part IV. line	e 11b. Se	e Form	990. Par	t X. line 1	2.
	(a) Description of security or category (including name of security)			) Book value		(c) Meth	nod of valuat	tion	
(1) Financial				<del> </del>		ost or end-	year man		
• •	eld equity interests								
(A)			<del>                                     </del>						
(B)			<u> </u>	<del></del>					
(C)			-						
(D)			-						
(E)									
(F)			<del></del>						
(G)			-			****			
(H)			<del>                                     </del>						
	hlmust and Fam 000 Part V and (Dilling 101)		-		# ## ? *	bir wa		***	w «
	b) must equal Form 990, Part X, col. (B) line 12.)				W W · *	ž r ¥	<u> </u>	- , ;*;*, × !	<u> </u>
Part VIII	Investments—Program Related		··· 000	Doct IV line	110 00	o Form	000 Dos	V line 1	9
	Complete if the organization ans	wered Yes to For			e 110. 5e				ა.
	(a) Description of investment		(Б	) Book value	c		hod of valua ·of-year mar		
(1)									
(2)			<u> </u>						
(3)			ļ						
(4)					<u> </u>				
(5)			ļ						
(6)			<u> </u>						
(7)		<u></u>							
(8)									
(9)			<u> </u>		ļ				
	b) must equal Form 990, Part X, col. (B) line 13.) ▶						14 4 4		#
Part IX	Other Assets.								
	Complete if the organization ans		m 990	<u>),</u> Part IV, line	e 11d. Se	e Form			5.
	(	a) Description					(b)	Book value	
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)				▶			
Part X	Other Liabilities.								
	Complete if the organization ans	wered "Yes" to For	rm 990	0, Part IV, lin	e 11e or 1	l1f.See	Form 99	0, Part X	,,
	line 25.								
1.	(a) Description of liability	(b) Book value			. i	,	. * .	**	3 1%
(1) Federal ır	ncome taxes					(4 · ; (8			. ~
(2) Payroll	Taxes Payable		11,261						X.
(3) Tournan	nent Bonds		2,000		, i		8 3 2		4
(4) Referee		2	90,873						7
(5) District			9,022		, .<	ş ; `	,	. '<	, . `{ <u>&amp;</u>
	ships Payable		7,500		ş *				<i>\$</i>
(7)			-,	2 2 3 4 7	*	7 7	,		
(8)				1	\$		,		
(9)	·			1					
	b) must equal Form 990, Part X, col (B) line 25.)	2	20,656	1					
	r uncertain tax positions. In Part XIII, prov			the organizatio	n's financia	l stateme	nts that re	ports the	
	s liability for uncertain tax positions unde								

Part				
	Complete if the organization answered "Yes" to Form 990,			
1	Total revenue, gains, and other support per audited financial statements	s	<b>1</b>	2,167,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	امما		
a	Net unrealized gains on investments		90,284	
b	Recoveries of prior year grants			
c d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			2,076,716
Part	XII Reconciliation of Expenses per Audited Financial State			
	Complete if the organization answered "Yes" to Form 990,			
1	Total expenses and losses per audited financial statements		1	1,905,619
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		137 🎉	
а	Donated services and use of facilities	2a	45	
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,905,619
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b			
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I XIII Supplemental Information.	ine 18.)	5	1,905,619
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	rt to provide any a	dditional information,	
	······································			
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schedule D (Fo	in appl 5012	Page J
Part XIII	Supplemental Information (continued)	
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# SCHEDULEI

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<b>8</b>	

SCHEDULE I (Form 990)		O g	Grants and Rovernments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	tance to Orgunals in the U	anizations, Inited States Part IV, line 21 or 2	. ci		OMB No. 1545-0047	47
Department of the Treasury Internal Revenue Service		► Information	nation about Sche	► Attach to Form 990.  Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Form 990. d its instructions is	s at www.irs.gov/for	т990.		Open to Public Inspection	_`
Name of the organization						<b>)</b>		Employer ident	Employer identification number	
Part I General I	General Information on Grants and Assistance	Grants and	Assistance				_			
1 Does the organithe selection cri	Does the organization maintain records to substantiate the anthe selection criteria used to award the grants or assistance?	cords to subs d the grants o	tantiate the amount assistance?	int of the grants or	assistance, the gi	rantees' eligibility f	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	istance, and	Vec	၂ ,
2 Describe in Part	Describe in Part IV the organization's procedures for	n's procedure	es for monitoring	monitoring the use of grant funds in the United States.	nds in the United					,
Part II Grants ar Part IV, lir	Grants and Other Assistance to Governn Part IV, line 21, for any recipient that receiv	ance to Gov	vernments and eceived more the	Organizations i	n the United St	ates. Complete	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	answered "	Yes" to Form 9	990,
1 (a) Name and address of organization or government	f organization	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		(h) Purpose of grant or assistance	
(1)										
(2)										
(3)										
(4)										
(5)									***	
(9)										
ω										
(8)										
(6)										
(10)										
(11)										

. . . . .

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Part III line 1, College/University scholarships are granted to Utah Youth Soccer Players. Scholarships are granted based on selection criteria established (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance by the board of directors. Payments are made directly to college/university on behalf of the recipient. \$750 each, \$7,500 Tot. (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 2 (a) Type of grant or assistance 1 College Scholarships ო Ŋ 8 4 9

Schedule O (Form 990 or 990-EZ) (2013)	ule O (Form 990 or 990-EZ) (2013)				
Name of the organization	Employer identification number				
	<u>-</u>				
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#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Utah Youth Soccer Association	94-2661376
Part VI Line 11A) Form 990 copies are provided to the vice president (for finance) and the board of di	rectors for final review
prior to filing.	
Part VI Line 12C) The organization requires the completion of a conflict of interest questionaire for a	ny potential conflict situations.
The organizations president and board of directors must review and approve of any transactions wh	ich may have potential, actual or
perceived conflicts.	
Part VI Line 15) All employee salary decisions are made by the board of directors after performance	evaluations and accumulation
of comparable data regarding the position. Decisions are documented in executive committee meet	ing minutes and ratified by the
board of directors.	
Part VI Line 19) Govening documents, conflict of interest policy and financial statements are available	le upon request.
Part VII Line 2C) The board of directors oversees selection of the auditor.	

Chedule O (Form 990 or 990-EZ) (2013)					
Name of the organization	Employer identification number				
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#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

**Open to Public** Inspection

► Attach to Form 990 or 990-EZ. Department of the Treasury ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number 94-2661376 **Utah Youth Soccer Association** 

Part VI Line 11A) Form 990 copies are provided to the vice president (for finance) and the board of directors for final review
prior to filing.
Part VI Line 12C) The organization requires the completion of a conflict of interest questionaire for any potential conflict situations.
The organizations president and board of directors must review and approve of any transactions which may have potential, actual or
perceived conflicts.
Part VI Line 15) All employee salary decisions are made by the board of directors after performance evaluations and accumulation
of comparable data regarding the position. Decisions are documented in executive committee meeting minutes and ratified by the
board of directors.
Part VI Line 19) Govening documents, conflict of interest policy and financial statements are available upon request.
Part VII Line 2C) The board of directors oversees selection of the auditor.

# Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you a	re filing for an Automatic 3-Month Extension	, complete	only Part I and chec	k this box		. ▶ 🗸
• If you a	re filing for an Additional (Not Automatic) 3-I	Month Exter	nsion, complete onl	y Part II (on page 2 of	this form).	
Do not c	complete Part II unless you have already been	n granted an	automatic 3-month	extension on a previou	usly filed Form	8868.
a corpora 8868 to Return fo	ic filing (e-file). You can electronically file For ation required to file Form 990-T), or an addition request an extension of time to file any of the or Transfers Associated With Certain Person ons). For more details on the electronic filing of	onal (not auto e forms liste nal Benefit (	omatic) 3-month ext d in Part I or Part II Contracts, which m	ension of time. You ca with the exception of ust be sent to the IF	an electronically f Form 8870, li RS in paper fo	y file Form nformation ormat (see
Part I	Automatic 3-Month Extension of Tin	<b>ne.</b> Only su	bmit original (no co	opies needed).		
-	ration required to file Form 990-T and requ				s box and co	mplete
						. ▶ 🗆
	corporations (including 1120-C filers), partner	ships, REMI	Os, and trusts must i	use Form 7004 to requ	uest an extensi	on of time
to me inc	come tax returns.			Enter fileris identifyin	a number cee u	netrustione
	Name of according to a shortly and baseline and baseline			filer's identifying number, see instructions over identification number (EIN) or		
Type or print	UTAH YOUTH SOCCER ASSOCIATION	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2661376	
•	Number, street, and room or suite no. If a P.O.	box, see instr	ructions.	Social security number		
File by the due date fo	9159 SOUTH STATE STREET	•				
filing your return, See	City, town or post office, state, and ZIP code.	For a foreign a	ddress, see instruction	is.	<del></del>	
instructions						
Enter the	Return code for the return that this applicatio	n is for (file a	separate application	n for each return) .		0 1
Applica	ition	Return Code				Return Code
Form 99	90 or Form 990-EZ	01	Form 990-T (corpo	pration)		07
Form 99	90-BL	02	Form 1041-A			08
Form 47	720 (individual)	03	Form 4720 (other than individual)			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870 12		12	
Telephe • If the o • If this is	one No.   801 307-5150  rganization does not have an office or place of s for a Group Return, enter the organization's find the care of the least return about this have	F business in our digit Gro	up Exemption Numb	oer (GEN)		s is
	hole group, check this box		t of the group, chec	K this dox	► □ and atta	acn
1 i u	request an automatic 3-month (6 months for a ntil APRIL 15, 20, 15, to file the export the organization's return for:	corporation	•	•		nsion Is
2 If	the tax year entered in line 1 is for less than 12 Change in accounting period	2 months, ch		al return 🔲 Fınal retur	, 20 <sub>_</sub>	14 .
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$					
	this application is for Forms 990-PF, 990-7					
estimated tax payments made. Include any prior year overpayment allowed as a credit. <b>c</b> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using			3b \$			
E	FTPS (Electronic Federal Tax Payment System	). See instru	ctions.		3c \$	
Caution.	lf you are going to make an electronic funds withdra	wal (direct deb	oit) with this Form 8868	, see Form 8453-EO and	l Form 8879-EO f	or payment