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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 2014

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

IIIC	TIAI NEVERIU		iation about Form 990 and its instructi	ons is at www.irs	s.gov/iorm990.		Inspection					
<u>A</u> _	For the	014 calendar year, or tax yea	ar beginning September 1	, 2014, and endin	ng Augus	t_31	, 20 15					
В	Check if a	oplicable C Name of organization	Utah Youth Soccer Association	-	C	Employ	er identification number					
	Address o						94-2661376					
	Name cha	nge Number and street (or	r P O box if mail is not delivered to street add	ress) Room/su	ıite E	Telepho	one number					
	Initial retu	9159 So State Stree	ŀ		801 307-5150							
	Final return	al return/terminated. City or town, state or province, country, and ZIP or foreign postal code										
$\bar{\sqcap}$	Amended		Gross r	eceipts \$								
\exists		pending F Name and address of	principal officer Brian Smith Pres.									
☐ Application pending F Name and address of principal officer Brian Smith Pres. H(a) Is this a group return for subordinates? ☐ Yes ☐ 9159 So. State St., Sandy, UT 84070 H(b) Are all subordinates included? ☐ Yes ☐ H(c) Are all subordinates i												
_	T			/			a list (see instructions)					
'	Tax-exem		501(c) () ◀ (insert no) 4947	(a)(1) or 527								
J K	Website:			number ►								
_	art I	anization Corporation Trust	Association ☐ Other ►	L Year of format	tion	M State	e of legal domicile					
		Summary										
•		——————————————————————————————————————	ation's mission or most significant ac		sociation prov	ides so	occer education					
Activities & Governance		dn playing opportunities for	approximately \$58,000 youth in the St	ate of Utah.								
Ē												
Ve	2 (rganization discontinued its operation			1	its net assets					
Ğ	3 !		of the governing body (Part VI, line			3	9					
8	4		ng members of the governing body			4	6					
iţie	5	otal number of individuals	employed in calendar year 2014 (Pa	t V, line 2a) .		5	18					
춪	6	otal number of volunteers (estimate if necessary)			6	1100 (est.)					
ĎĞ	7a -	otal unrelated business rev	renue from Part VIII, column (C), line	12		7a						
<u> </u>	b	let unrelated business taxa	ble income from Form 990-T, line 34	<u></u>		7b						
- ∌					Prior Year	r	Current Year					
	8 (Contributions and grants (Pa	art VIII, line 1b	[6	77,831	675,767					
Ē	9 1	rogram service revenue (Pa	1	,442,63								
Revenue	10	vestment income (Part VIII		56,822								
Œ	11 (ther revenue (Part VIII, colu	mn(A) lines 5, 60 8c, 90, 10c, and	11e)								
	12	otal revenue - add lines 8 th	nrough 11 (mùst equal Part VIII colum	nn (A), line 12)	2.0	76,716	3,519,812					
	13 (irants and similar amounts	paid (Part X, column (A), mes 1-3)			7,250						
		enefits paid to or for memb										
s		alaries, other compensation		13,170	705,225							
1Se			s (Part IX, column (A), line 11e) .		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Expenses			(Part IX, column (D), line 25)									
Ã			umn (A), lines 11a-11d, 11f-24e)		1 3	885,199	2,308,633					
			3–17 (must equal Part IX, column (A)	, line 25)		05,619						
	1		btract line 18 from line 12			71,097						
- 8					Beginning of Curr							
ets or	20	otal assets (Part X, line 16)		-								
Net Asse Fund Balz	21	otal liabilities (Part X, line 2				155,701						
E S	22	· · · · · · · · · · · · · · · · · · ·	Subtract line 21 from line 20			43,084						
_	art II	Signature Block	. Subtract line 21 Horri line 20 .			12,617	1,945,137					
			examined this return, including accompanying			boot of	and the surface of the last of the					
			arer (other than officer) is based on all informat				my knowledge and belief, it is					
	Т	1										
Sig	n	Signatu e of office	^		l_ Date							
He			1			1201	1,:					
•••		Type or print name and title	<u> </u>			acj	<u> </u>					
_		Print/Type preparer's name	Preparer's signature	D:	ate /		PTIN					
Pa			HABAI	Check	[귀 ".]							
	eparer	Stephen K. Adamson, CPA				self-em	1,00,0000					
Us	e Only		damson, CPA's,L.C.		1	EIN ►	87-0468196					
Ma	v the IP	Firm's address > Salt Lake (intions)	Phone	ono e	801 278-5777					
_			e preparer shown above? (see instru		· · · ·	• • •	Yes No					
For	Paperw	rk Reduction Act Notice, see	e the separate instructions.	Cat N	No 11282Y	1	Form 990 (2014)					
					01 12	1-	5 1 h					
					1	Ϊ.	/\ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					

Form 99	90 (2014)				Page 2
Part		am Service Accomplishm			
			te to any line in this P	art III	<u> </u>
1	Briefly describe the organiza				
	It provides education and dev			ing youth soccer in the State of	Utah.
	it provides education and dev	veropriterical opportunities for	an members.		
2	Did the organization underta	ake any significant program	services during the ve	ear which were not listed on the	
_					☐ Yes ☑ No
3	Did the organization cease	e conducting, or make sig	gnificant changes in h	now it conducts, any program	☐ Yes ☑ No
	If "Yes," describe these cha				L les E No
4		_	shments for each of its	three largest program services	s, as measured by
	expenses. Section 501(c)(3) the total expenses, and reverse	and 501(c)(4) organization:	s are required to repor	t the amount of grants and allo	cations to others,
4a	(Code: 90099) (Expens	es \$ 2,596,422 includ	ing grants of \$	25,000) (Revenue \$	2,729,499)
	The Association adminsters r	egistration, scheduling, etc.,	for various soccer even	ts across the State of Utah. The A	
	provides the platform for soc	cer education and play for ap	proximately 58,000 play	ers.	
	••••••				
		•••		•••••••••••••••••••••••••••••••••••••••	
				•••••••••••••	
4b	(Code:) (Expense	es \$includ	ing grants of \$) (Revenue \$)
	•••••				
	•••••				
4c	(Code:) (Expense	on \$ and bullet	una aranta af C	\	
40	(Code) (Expense	es \$includ	ing grants or \$) (Hevenue \$)

					·
4d	Other program services (De	scribe in Schedule O)		·	
	(Expenses \$	including grants of \$) (Revenue	\$	
40	Total program service exper			•	

Form 9	90 (2014)		1	Page 3
Part	IV 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," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	2	√	√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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		√
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		1
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		√
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, VIII, IX, or X as applicable.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4	,
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	√	
	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		√
	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		√
	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	✓	1
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	1	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	!	√
14 a b	and any and any and any	14a		/
	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		1
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		✓
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		✓
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		√
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		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Forr	ი 990	(2014)

	10 (2014)			Page 4
Part	Checklist of Required Schedules (continued)			т
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21	✓	✓
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	V	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		1
b c	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		24d 25a		1
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		<i>'</i>
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 "Yes," 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 filling thresholds, conditions, and exceptions):		٠ .	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
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 34	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>	33		1
35a	or IV, and Part V, line 1	34		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	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</i> ,			
38	Part VI	37		1
	10. 11515 1 orni oco inicio dio required to complete confedere C	38	L V	1 (2014

				age
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of note to any line in this Part V	····	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 48			-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
Ç	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			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	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)?			1
_	·	4a		<u> </u>
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1
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		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	ļ	✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	-	٠, -
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		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	١- ۾		,
^	sponsoring organization have excess business holdings at any time during the year?	8	-	✓
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	ł	1
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	1	1
10	Section 501(c)(7) organizations. Enter:			'
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]		ŀ
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	1		
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?	12a		_
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	1	+-
а	Note. See the instructions for additional information the organization must report on Schedule O.	138		\vdash
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		<u></u> .	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
_	If "Ves " has it filed a Form 700 to report these payments? If "No " provide an evaluation in Schodule O	146	1	1

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	ee ins	tructi	ons.				
Secti	on A. Governing Body and Management							
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.			1				
ь 2								
3	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? .							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1				
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		1				
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, stockholders, or persons other than the governing body?	7b		1				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	✓	<u> </u>				
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>				
9	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	9		1				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C						
40-	Did the averagination have local charters branches are efficience	40-	Yes	No				
10a b	Did the organization have local chapters, branches, or affiliates?	10a		/				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a	./	<u> </u>				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110	•					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1					
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?							
14	Did the organization have a written document retention and destruction policy?	13 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?							
а	The organization's CEO, Executive Director, or top management official	15a	✓	<u> </u>				
b	Other officers or key employees of the organization	15b	1	<u> </u>				
16a								
_	with a taxable entity during the year?	16a		1				
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?	16b						
Secti	ion C. Disclosure	100	L	Ь				
17	List the states with which a copy of this Form 990 is required to be filed ▶							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	c)(3)s	only)				
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and re Andrew Hiatt, 9159 S. State St., Sandy, UT 84070	cords	:▶					

	(2014)	

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

Check if Schedule O contains a response or note to any line in this Part VII	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key 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 no	r any relate	d org	anız			ompe	ensa	ited any currer	t officer, directo	r, or trustee.
					C) ation					
(A)	(B)			neck	more	e than o		(D)	(E)	(F)
Name and Title	Average hours per			nless person is both an and a director/trustee)				Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Annan Haycock	2									
Region 1 Director		-	├	\vdash	├			0	0	0
(2) Toby Yoshida Region 2 Director	2	1								
(3) Loren Mott	2	 •	┝╾	-			ļ	0	0	0
Region 3 Director	-	1						0	o	•
(4) Victor Galindo	2	 	-				<u> </u>		0	0
Region 4 Director	-	1						0	0	0
(5) Debbie Franicis	2	<u> </u>			_			-		
Region 5 Director	† -	1						0	o	0
(6) Kyle Paisley	2						 			
Region 6 Director		✓						o	0	0
(7) Brian Smith	10									
President				1				0	o	0
(8) John Gygi	6									
Vice President			<u></u>	✓				0	0	0
(9) Brian Babcock	6									
Vice President				✓				0	0	0
(10) Andrew Hiatt	40						i			
CEO	<u></u>	ļ			1	<u>.</u>		116,126	0	0
(11) Eric Landon	40	}								
Technical Director					✓			77,259	0	0
(12) Bryan Attridge	44				١,					
Director of Operaitons	ľ	<u> </u>	_	_	1	ļ		71,125	0	0
(13)	 									
(14)			_	-	\vdash		\vdash			
								1		

Pan	(A) Name and title		(do n	ot ch	Pos neck is pe	c) sition more	than of the state	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatio (W-2/1099-M	e from	Estr amo o comp fro orga and	(F) imated bunt of ther ensatio m the nizatior related nization	n I
(15)														
			<u> </u>	_										
						ļ		_						
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(18)		 												
(19)													_	
(20)											_			
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					_									
(24)		<u> </u>	{											
(25)														
1b c d	Sub-total		n A					> > >	264,510 264,510		0			0
2	Total number of individuals (including but reportable compensation from the organi	t not limited						e) w		ore than \$10	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc						emp	ployee, or high	est compe	nsated	3	Yes	No 🗸
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble (con	npei	nsatio							
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind				/
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compens		
								_						
								上						
2	Total number of independent contractor received more than \$100,000 of compensations.							tr	nose listed abo	ove) who				

	990 (201	Statement of Reve	anua			 _		Page 9
, Per	<u> </u>	Check if Schedule C		ponse or note to	any line in this	Part VIII		П
	-	<u> </u>	o de mainte a rec	portion of floto t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats its	1a	Federated campaigns	s 1a	·				
tributions, Gifts, Grants Other Similar Amounts	b	Membership dues .	1b	492,169				
S, C	С	Fundraising events .		21,673				
턃	d	Related organizations						
ns, Sim	е	Government grants (con						
utio	f	All other contributions, g and similar amounts not inc	Accelerate de la constantina					
훈통				161,925				
Contributions, and Other Sim	9 h	Noncash contributions include Total. Add lines 1a-1			- · · · · · · · · · · · · · · · · · · ·			
9	-"	Total. Add lines 1a-1	<u> </u>	Business Code	675,767			
Program Service Revenue	2a	Soccer events/compet	itions	90099	2,729,499	2 720 400		
Rev	b	Journal Competence		90099	2,729,499	2,729,499		
<u>6</u>	c					·-··-		
Serv	d							
Ĕ	е	***************************************						
ogra	f	All other program ser						
<u>_</u>	g	Total. Add lines 2a-2			2,729,499			
	3	Investment income						
	١.	and other similar amo	•		43,746			43,746
	4	Income from investmen	•	•				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(),1.52.	(ii) i Groona.				
	Ь	Less: rental expenses		<u> </u>				
	c	Rental income or (loss)						
	d	Net rental income or ((loss)	<u></u> ▶				
	7a	Gross amount from sales of	(i) Secunties	(II) Other				
		assets other than inventory	418,945					
	b	Less: cost or other basis						
		and sales expenses .	348,145					
	C	Gain or (loss)	70,800					-
	d	Net gain or (loss) .		<u></u> . ▶	70,800			70,800
e	8a	Gross income from fu	ındraising					
Jen J	"	events (not including \$	indialoning					
Other Revenue		of contributions reporte	ed on line 1c).					
ē		See Part IV, line 18 .	a			i		
ğ	b	Less: direct expenses	s b					
		Net income or (loss) f		events . ►				
	9a	Gross income from ga						
		See Part IV, line 19 .						
		Less: direct expenses Net income or (loss) f						-
		Gross sales of in		vides				-
	'04	returns and allowance						
	ь	Less: cost of goods s	_		·			
		Net income or (loss) f						
j		Miscellaneous R		Business Code			 .	-
	11a							
	ь							
	C	***************************************						
	d	All other revenue .		L	ļ			
	12	Total. Add lines 11a- Total revenue. See in						
			ionidolionia		3.519.812	2.729.499		114.546

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons	se or note to any lir	ne in this Part IX .		
	t 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 domestic organizations				
	and domestic governments. See Part IV, line 21	25,000	25,000		·
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	13,250	13,250		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
	- · · · <u>-</u>	264,510	187,810	72,578	4,122
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	210 020	101 250	110 004	0.507
8	Pension plan accruals and contributions (include	318,930	191,359	118,004	9,567
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	73,880	44,328	27,336	2,216
10	Payroll taxes	47,905	28,743	17,725	1,437
11	Fees for services (non-employees):			,	.,
а	Management				
b	Legal				
С	Accounting	13,321	7,993	4,929	399
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	20,037			20,037
13	Office expenses	60,171	36,103	22,263	1,805
14	Information technology [94,495	56,697	34,963	2,835
15	Royalties				
16	Occupancy	14,204	8,522	5,255	427
17	Travel	376,146	376,146		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20 21	Interest	51,170	30,702	18,933	1,535
22	Depreciation, depletion, and amortization .	114,161	114,161 48,432	20.000	2.425
23	Insurance	80,719 158,163	143,061	29,866 14,347	
24	Other expenses. Itemize expenses not covered	130,103	143,001	14,347	
	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 Costs	1,268,585	1,268,585		
b	Board Expenses	3,681		3,681	
С	Risk Management	15,530	15,530		
d					. <u> </u>
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,013,858	2,596,422	369,880	47,556
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)				

33

34

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X П (A) (B) Beginning of year End of year 1 1 1,490,472 1.088.393 2 Savings and temporary cash investments 2 17,438 9,532 3 3 4 550 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 6 7 Inventories for sale or use Ω 8 9 Prepaid expenses and deferred charges . . . 9 36,338 90,254 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,589,034 10b Less: accumulated depreciation 152,027 10c 1,973,393 2,437,007 Investments—publicly traded securities 11 11 1,039,588 701,974 12 Investments—other securities. See Part IV, line 11. 12 13 Investments—program-related, See Part IV, line 11. 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 4,155,701 4,729,239 17 Accounts payable and accrued expenses 17 42,487 17,444 18 18 Deferred revenue 19 19 1,260,968 1,338,061 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 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 1,018,973 997,784 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 320,656 430,813 Total liabilities. Add lines 17 through 25 . 26 26 2,643,084 2,784,102 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and **Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 1,495,067 1,887,435 28 28 17.550 57,702 or Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Net Assets 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32

Total liabilities and net assets/fund balances .

Form 990 (2014)

1,945,137

4,729,239

33

34

1,512,617

4,155,701

Form 9	90 (2014)			Pí	age 12
Par	t XI Reconciliation of Net Assets				- <u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				. П
1	Total revenue (must equal Part VIII, column (A), line 12)	1			19,812
2	Total expenses (must equal Part IX, column (A), line 25)	2			13,858
3	Revenue less expenses. Subtract line 2 from line 1	3			05,954
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			12,617
5	Net unrealized gains (losses) on investments	5			3,434)
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			_
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,9	45,137
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗸
				Yes	No
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," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			
	reviewed on a separate basis, consolidated basis, or both:		- [
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		L		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.				<u> </u>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			

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.

3a

3b

Form **990** (2014)

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

▶ Attach to Form 990 or Form 990-EZ.

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

4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number **Utah Youth Soccer Association** 94-2661376 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ 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). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 🗹 An organization that normally receives: (1) more than 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see document? above or IRC section instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) Total

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . levied 2 revenues organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3. . . . 5 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 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 9 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 VI.) Total support. Add lines 7 through 10 11 | 12 12 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 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage from 2013 Schedule A, Part II, line 14 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Secti	on A. Public Support	under the tes	sta ilated beig	w, please co	inpiete Fait ii	1.)	_
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010		(0) 2012	(a) 2010	(0) 2014	(i) Total
•	received. (Do not include any "unusual grants.")	452,760	457,589	542,351	577 021	675 767	2 706 200
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	1,115,062	1,186,634	1,245,928	577,831 1,442,063	2,729,499	2,706,298 7,719,186
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3	1,567,822	1,644,223	1,788,279	2,019,894	3,405,266	10,425,484
	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	· \$4.					
	line 6.)					٠	10,425,484
	on B. Total Support		· · ·			· ,	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	1,567,822	1,644,223	1,788,279	2,019,894	3,405,266	10,425,484
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	70,597	50,145	54,429	56,822	144,546	376,539
ь	Unrelated business taxable income (less	70,337	30,143	37,423	30,822	144,340	370,339
_	section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	70,597	50,145	54,429	56,822	144,546	376,539
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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,638,419	1,694,419	1,842,708	2,076,716	3,549,812	10,802,013
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, secon	d, third, fourth	, or fifth tax ye		n 501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage	e				
15	Public support percentage for 2014 (line 8	<u>_</u>		3, column (f))		15	96.51 %
16	Public support percentage from 2013 Sch					16	96.74 %
	on D. Computation of Investment Inc						22.7 70
17	Investment income percentage for 2014 (y line 13, colur	nn (f))	17	3.49 %
18	Investment income percentage from 2013					18	3.26 %
19a	331/3% support tests-2014. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests – 2013. If the organiz line 18 is not more than 331/3%, check this b						31/3%, and
20	Private foundation. If the organization di	=	-	=			_

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

S	е	ction	A.	All	Supp	orting	O	rganizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
ing <i>by</i>			
tus ted	2		
ver	3a	70. 18.e.	
ind the	3b		
)(2)	3c		Low
? If	4a	`^.``.	<u> </u>
ign ion	4b	27.02.	
ion sed)(B)	4c		******
es," EIN on, ion	5a		The supplies of the second
ady	5b 5c		
) to ass ilso il in	6	***	1000 mg 1000 m
itial ent)).	7	1799	, , , ,
7?	8		
ore oed	9a		
ich	9b		
efit	9c		
3(f) ing	10a		
to	10b		

Part I	Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			<u> </u>
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		•	
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1_		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		ļ	ئــــا
0 1	<u> </u>	2	L	
Section	on C. Type II Supporting Organizations			
	Warran and a three and the same to the same and the same		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			ئــــا
Saction	on D. All Type III Supporting Organizations	1_	l	
Secui	on b. All Type III Supporting Organizations		V	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	<u></u>	Yes	NO
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	ļ		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the		Ì	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	⊢ <u>ʻ</u>	-	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	 	ļ
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>		~ 0 1
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetru	ction	6).
a	The organization satisfied the Activities Test. Complete line 2 below.	,,,,,,,	00.0.	3 /.
b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	epp in	etn int	ione1
•)CC 1110		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		 	
	•	2a	<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's expected organization of the			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.			
•		2b	₩	
3	Parent of Supported Organizations. Answer (a) and (b) below.		}	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	20	 	
L	• • • • • • • • • • • • • • • • • • • •	3a	 	
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	l	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			structions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	,		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	<u> </u>	
e Discount claimed for blockage or other factors (explain in detail in Part VI):	\$,		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	1、 我A.数文的类型,Arxi 电	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	2-145 / 17/9/5/5	
4 Enter greater of line 2 or line 3	4	其产 型域 x 经/ 经 *	
5 Income tax imposed in prior year	5	66 A. Ja (5 14 1/20)	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ir		g organization (see

Part		3) Supporting Organi	zations (continued)	
Secti	on D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	ponsive	
	(provide details in Part VI). See instructions.		-	
9	Distributable amount for 2014 from Section C, line 6		<u> </u>	
10_	Line 8 amount divided by Line 9 amount			
6.	estion E. Dietuikution Allegations (see instructions)	(i)	(ii)	(iii)
36	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
	District the control of the control			Amount for 2014
$-\frac{1}{2}$	Distributable amount for 2014 from Section C, line 6	**************************************		82.4. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)		36 8 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
	Excess distributions carryover, if any, to 2014:			
a		2 / 0000 2 000		877 - X20 - X - X - X - X - X - X - X - X - X -
<u> </u>				
c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	+		
	10 22 22 22 22 22 22 22 22 22 22 22 22 22			W/9 / 7 /* '0000000000
e	From 2013		, and a second s	
f				17 3 3 MK - Y
<u>g</u>	Applied to underdistributions of prior years Applied to 2014 distributable amount	V 87-88 \		** **********************************
	Carryover from 2009 not applied (see instructions)			· *****
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	\$ X	X - 40 20000000 473607 475 1	
4	Distributions for 2014 from Section	XX / X . · X . · X . · X . · . · . · . · . ·		
4	D, line 7:			
a	Applied to underdistributions of prior years		<u> </u>	**************************************
_ <u></u>	Applied to 2014 distributable amount			X 77 8 88 8 1
	Remainder. Subtract lines 4a and 4b from 4.	\$ ^^\$ \$\$ \$\$\$\$\$ \$\$ \$\$ \$\$		· *** * * * * * *
5	Remaining underdistributions for years prior to 2014, if		5 . X.X	
_	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).	* * *		3000
6	Remaining underdistributions for 2014. Subtract lines 3h	, , ,		<u> </u>
	and 4b from line 1 (if amount greater than zero, see	15 R	* 4 7 4 %	
	instructions).	·	. ^,	
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	l			
<u>b</u>	<u>. 1</u>			
d	Excess from 2013			
<u>u</u>				
		<u> </u>	L	<u> </u>

Schedule A (F	Schedule A (Form 990 or 990-EZ) 2014 Page 8					
Part VI	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)

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.

2014

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

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 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 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 a 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. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 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 3 tax year ► 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 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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	Organizations Maintaining	Collections of	Art, Hist	torical T	reasures,	or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	ds, chec	k any of the	e follow	ving that are a	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e progr	rams	
b	☐ Scholarly research		е					••••••
	☐ Preservation for future generations	1						•••••••
4	Provide a description of the organizat XIII.		and expla	in how th	ney further	the org	anization's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra	ngements.						
	Complete if the organization 990, Part X, line 21.						•	
1a	Is the organization an agent, trustee, included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing ta	able:		-	Amount
С	Beginning balance					10		
ď	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun							tv? Yes No
	If "Yes," explain the arrangement in Pa							
	V Endowment Funds.				***************************************	p		· · · · · · · · · · · · · · · · · · ·
	Complete if the organization	answered "Yes	" to Forr	n 990. P	art IV. line	10.		
	9	(a) Current year		or year	(c) Two year		(d) Three years ba	ck (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 t	he current vear er	nd balanc	e (line 1a	column (a)) held :	as.	
a	Board designated or quasi-endowmer		%	, (iii o 19	, 001411111 (4	,,	40 .	
b	Permanent endowment ►		/0					
c	Temporarily restricted endowment ▶							
•	The percentages in lines 2a, 2b, and 2		00%					
За	Are there endowment funds not in the	•		zation tha	at 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 organi							. 3b
4	Describe in Part XIII the intended uses							<u> </u>
Part								
	Complete if the organization		" to For	m 990. F	art IV, line	11a. S	See Form 990), Part X. line 10.
	Description of property	(a) Cost or o (investm	ther basis	(b) Cost of	or other basis ther)	(c)	Accumulated epreciation	(d) Book value
1a	Land		1,289,948	†	-			1,289,948
b	Buildings		1,073,046				26,360	1,46,686
c	Leasehold improvements		:,,,,,,,,,,,	†···-			20,000	1170,000
ď	Equipment		226,040				125,667	100,373
6	Other						. 20,007	100,013
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part .	X, columr	n (B), line 10)c.) .		2,437,007

Part VII	Complete if the organization answers		m 990	. Part IV. lin	e 11b. See Forn	n 990. Part X. line 12
	(a) Description of security or category			Book value	(c) Me	ethod of valuation:
(4) Financial	(including name of security)	<u>-</u>			Cost or en	d-of-year market value
(1) Financial	derivatives		<u> </u>			
					<u> </u>	
(A)						
(B)					 	
(C)	•••••••••••••••••••••••••••••••••••••••					
(D)	••••••				 	
(E)					-	
(F)						
(G)			-		-	
(H)			<u> </u>		+	
	b) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII	Investments-Program Related	<u>.</u>	L		<u> </u>	2000000000 4 20 10000000 12 30
	Complete if the organization answer		m 990	. Part IV. lin	e 11c. See Forn	n 990. Part X. line 13.
	(a) Description of investment			Book value	(c) M	ethod of valuation id-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
_(6)						
(7)						·
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 13.) ▶					
Part IX	Other Assets.					
	Complete if the organization ans		m 990	, Part IV, lir	e 11d. See Forn	
	· · · · · · · · · · · · · · · · · · ·	a) Description	.=-			(b) Book value
(1)						
(2)						
(3)						-
(4)						
(5)						
<u>(6)</u>						
<u>(7)</u>				•		
(8)	· · · · · · · · · · · · · · · · · · ·		 -			
	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	m 990	Part IV. lin	e 11e or 11f. Se	e Form 990 Part X
	line 25.		000	,		, o i oiiii ooo, i ai i ii,
1.	(a) Description of liability	(b) Book value	- Т			· · · · · · · · · · · · · · · · · · ·
(1) Federal in						
(2) Payroll	Taxes Payable	-	8,326			
(3) Tournar			750			
(4) Referee		4	11,737			
	ships Payable	 	10,000			
(6)			.5/555			
(7)						
(8)						
(9)						
Total. (Column ((b) must equal Form 990, Part X, col. (B) line 25.)	4	30,813			
2. Liability for	r uncertain tax positions. In Part XIII, prov	ide the text of the footr	note to t			
organization'	s liability for uncertain tax positions under	r FIN 48 (ASC 740). Ch	eck her	e if the text of	the footnote has be	een provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	eturn.
1	Total revenue, gains, and other support per audited financial statements	1 432,520
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	Net unrealized gains (losses) on investments 2a (73,434)	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e (73,434)
3	Subtract line 2e from line 1	3 505,954
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	nvestment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
_		4c
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 505,954
Part 2		Return.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
	Total expenses and losses per audited financial statements	1 3,013,858
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
_	Donated services and use of facilities	
	Prior year adjustments	
	Other losses	
	Other (Describe in Part XIII.)	
	Add lines 2a through 2d	2e 0
	Subtract line 2e from line 1	3 3,013,858
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
	Other (Describe in Part XIII.)	
	Add lines 4a and 4b	4c 0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 3,013,858
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	

Schedule D (Fo	rm 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	

		••••

	•••••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	

		•••••

SCHEDULE I

(Form 990)

Department of the Treasury Internal Reverue Service Name of the organization

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.

2014 Open to Public Inspection

Employer identification number

OMB No 1545-0047

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

Schedule 1 (Form 990) (2014) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance 94-2661376 ✓ Yes Field Grant Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of non-cash assistance (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 25,000 grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501(c)(3) 94-2685413 (b) EIN 1 (a) Name and address of organization (1) Ogden School Foundation 1950 Monroe Blvd. Ogden Ut 84401 **Utah Youth Soccer Association** Part I Part II 2 9 <u>®</u> (12) ව ₹ 9 E 6

Schedule I (Fo	Schedule I (Form 990) (2014)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	nestic Individua space is needed	ils. Complete if the .	organization answ	ered "Yes" to Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 College	1 College Scholarships	15	13,250			
2						
3						
4						
S						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	he information re	equired in Part I, line	e 2, Part III, column	(b), and any other additi	onal information.
Part II Line	Part II Line 1. Field grants are made to qualifying organizations to suppor soccer field development in the state of Utah.	tions to suppor soc	ccer field developmen	in the state of Utah.		
Part III Line	Part III Line 1. College/University scholarships are granted to Utah Youth Soccer Players. Scholarships are granted based on selection criteria established	d to Utah Youth Soc	cer Players. Scholars	hips are granted base	d on selection criteria establi	peys
by the boar	by the board of directors. Payments are made directly to the college/university on behalf of the recipient.	the college/universi	ty on behalf of the reci	ipient.		
			0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
						Schedule I (Form 990) (2014)

SCHEDULE 0 (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 2014

Open to Public

► Attach to Form 990 or 990-EZ.

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