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### Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

2015

Open to Public Inspection

Α	For	the 2	015 calendar year, or tax year beginning	, 2015, and end	ding			, 20	
В	Che	ck if ap	plicable C Name of organization		D Em	ployer ide	ntificat	ion number	
	Add	ress ch	ange EXETER YOUTH SOCCER ASSOCIATION		l		02	2-0500163	
	Nam	e chan	Number & street (or P O. box, if mail is not delivered to	street addr.)	Room/ E Tele	phone nu			
Ш	Initia	al retur							
Ш	Fina	l return	/terminated PO BOX 536			(6	03)	777-9922	
Ш	Ame	nded r	City or town, state or province, country, and ZIP or foreign	gn postal code	F Gro	up Exemp	tion		
Ц	Арр	lication	pending NH 03833			nber 🕨		· · · · · · · · · · · · · · · · · · ·	
G	Acc	ountir	g Method X Cash		H Check ▶	If the c	rganıza	tion is <b>not</b>	
ı			▶ N/A		required	to attach	o attach Schedule B		
J	Tax	-exe		947(a)(1) or 52	27 (Form 9	90, 990-E	Z, or 99	0-PF).	
			rganization Corporation Trust Association	U Other					
L			5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts at B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				ırt II,	154 55	
		_			151,778				
L	<sup>2</sup> art		Revenue, Expenses, and Changes in Net Assets or					·	
_			Check if the organization used Schedule O to respond to any question				1	4,365	
		1	Contributions, gifts, grants, and similar amounts received			<del> </del>		147,413	
		2	3			2	<del> </del>	147,41	
		3 4	Investment income			. 4			
	ļ	<del>ч</del> 5а	Gross amount from sale of assets other than inventory	1 1		··	<del> </del>		
		b	Less: cost or other basis and sales expenses	. 5b					
			Gain or (loss) from sale of assets other than inventory (Subtract line 5b			· 5c			
		6	Gaming and fundraising events						
			Gross income from gaming (attach Schedule G if greater than						
	e l		\$15,000)	6a					
	Revenue	b	Gross income from fundraising events (not including \$		1				
	æ		from fundraising events reported on line 1) (attach Schedule G if the						
			sum of such gross income and contributions exceeds \$15,000)	6b					
	1	С	Less direct expenses from gaming and fundraising events $\ \cdot \ \cdots \ \cdot$	6c					
		q	Net income or (loss) from gaming and fundraising events (add lines 6a	and 6b and su	btract	7 12 3			
			line 6c)			6d			
		7a	Gross sales of inventory, less returns and allowances $\hdots$						
		b	Less cost of goods sold						
2		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line				ļ		
3		8	Other revenue (describe in Schedule O)			8	<del> </del>	151,778	
<b>a</b>		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<del> </del>	131, //8			
8	ļ	10	Grants and similar amounts paid (list in Schedule O)	DEC	EIVED	10	<del> </del>		
É	ر د	11	Benefits paid to or for members		71-18 A.Tr. 17.		<del> </del>		
=	Expenses	12	Professional fees and other payments to independent contractors	) 12 13 0 0 14	<del>                                     </del>				
Ĵ	ber	13 14	Occupancy, rent, utilities, and maintenance	g) 13 14	-	<del></del>			
# 2	ω̈́	15	Printing, publications, postage, and shipping	15	-				
		16	Other expenses (describe in Schedule O)	, OC.	\= 11T	16		124,884	
Š		17	Total expenses. Add lines 10 through 16			<b>▶</b> 17		124,884	
<b>5</b> —	$\dashv$	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					26,894	
	ets	19	Net assets or fund balances at beginning of year (from line 27, column			500%		·	
	Ass		end-of-year figure reported on prior year's return)					40,577	
	Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)						
	Z	21	Net assets or fund balances at end of year. Combine lines 18 through					67,471	
F	or Pa	nerw	ork Reduction Act Notice, see the separate instructions.				Form \$	<b>990–EZ</b> (2015)	

For Paperwork Reduction Act Notice, see the separate instructions.

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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			<del>-9-</del> 
	instructions for that vy officer in the organization used confedure of the respond to any question in this that v		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34	<del> </del>	X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			l
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			١
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	<del> </del>	X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			١
	during the year? If "Yes," complete applicable parts of Schedule N	36	10-02-30	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	ملايد	(1.45) (1.15) (1.45) (1.15)	-62-
b	Did the organization file Form 1120-POL for this year?	37b	   जिस्साप	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	2.7	W	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		145	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
39	Section 501(c)(7) organizations. Enter			A THE
a	Initiation fees and capital contributions included on line 9	<b>-</b>  3-, <sub>4</sub> -	Sec.	
b	Gross receipts, included on line 9, for public use of club facilities	4.3.7		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			1 5
	section 4911 , section 4912 ; section 4955 ; section 4955	- ````\$``	Ress.	
b	Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess	Carrie	13/2	الم كالسطاء
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	406		
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	1522	X
С	Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on		1	
	organization managers or disqualified persons during the year under sections 4912,			200
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	100 Mg		
_	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
е		40e	بندر شدا.	X
44	transaction? If "Yes," complete Form 8886-T  List the states with which a copy of this return is filed NONE	100		
41	The organization's books are in care of ► SEE ATTACHMENT #4 Telephone no. ►			
42a	Located at   ZIP + 4			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1	X
	If "Yes," enter the name of the foreign country:	200	海滨	*** ** **
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank		**	15.44
	and Financial Accounts (FBAR)			2.
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
•	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here			▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		THE STATE OF	100
	completed instead of Form 990-EZ			Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	*2	1.4X7.	
~	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		21	7, 7
<b>-</b>	explanation in Schedule O	44d		·
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	44.5		, , ,
.55	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	724	1 S 8	5 🏄 -
	Form 990–F7 (see instructions)			X

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**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.

▶ 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.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **Employer identification number** EXETER YOUTH SOCCER ASSOCIATION 02-0500163 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ),) 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 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.) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 1. 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. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . . . . . . Provide the following information about the supported organization(s) (iv) Is the organization (iii) Type of organization (V) Amount of monetary (Vi) Amount of other (ii) EIN (i) Name of supported listed in your governing document? (described on lines 1-9 support (see instructions) organization support (see instructions) above (see instructions)) Yes No

Total

## 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.

	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	( <b>d</b> ) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	110,551	105,151	124,692	117,383	151,778	609,555
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						
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	Total. Add lines 1 through 5	110,551	105,151	124,692	117,383	151,778	609,555
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						
С	Add lines 7a and 7b · · · · · · · ·						
8	Public support (Subtract line 7c from line 6.)		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		74 St. 1		609,555
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	110,551	105,151	124,692	117,383	151,778	609,555
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b						
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)	110,551	105,151	124,692	117,383	151,778	609,555
14	First five years. If the Form 990 is for the organization, check this box and stop here					501(c)(3)	▶∏
Sec	tion C. Computation of Public Sup	port Percent	age	· · · · · · · · · · · · · · · · · · ·		-	
15	Public support percentage for 2015 (line 8, co			nn (f))		15 ]	00.00%
16	Public support percentage from 2014 Schedu					16	%
	tion D. Computation of Investmen						<del> </del>
17	Investment income percentage for 2015 (line			3, column (f))		17	0.00%
18	Investment income percentage from 2014 Sc	chedule A, Part III	, line 17			18	%
19a	33 1/3% support tests 2015. If the organion more than 33 1/3%, check this box and	zation did not che	eck the box on li	ne 14, and line 1	5 is more than 3	3 1/3%, and line	
h	33 1/3% support tests 2014. If the organi						
b	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n						

## SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

lame of the organization					Employer ider	itification number			
						02-0500163			
Part I Fundraising Activity				swered "Yes" on Form	990, Part IV, line 17.				
Form 990-EZ filers are not			<del></del>	wing activities Check a	all that apply				
a Mail solicitations	raised idilias trii	-	_	tation of non-governme					
b Internet and email solicitations	:	ì		tation of non-government gr					
c Phone solicitations			<b>—</b>	al fundraising events					
d In-person solicitations		•	ه ۱۵۰۵	ia ramaraionig overno					
2a Did the organization have a writte	en or oral agreem	ent with a	ny individi	ual (including officers, d	rectors, trustees				
or key employees listed in Form 9	-		•	, ,	·	···· Yes 🛛 No			
b If "Yes," list the ten highest paid i	ndividuals or ent	ities (fundr	aisers) pu	rsuant to agreements u	nder which the fundraiser				
to be compensated at least \$5,00	00 by the organiz	ation.							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	fundraiser sustody atrol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fund- raiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
- 14-24		Yes	No		·				
1									
2									
3									
4									
5				=		<u> </u>			
6									
7									
8									
9			<u> </u>						
10		+							
otal			<b>&gt;</b>						
<ol> <li>List all states in which the organize or licensing.</li> </ol>	zation is registere	d or licens	ed to solid	cit contributions or has b	peen notified it is exempt f	rom registration			
or incensing.									

Sched	ule G (Form 990 or 990-EZ) 2015 EXETER YOUTH SOCCER ASSOCI 02-0500163	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	_
	formed to administer charitable gaming?	⊠ No
13	Indicate the percentage of gaming activity conducted in:	_
а	The organization's facility 13a	%
b	An outside facility 13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records:	
	Name ▶	
	Address >	·
15a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	⊠ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	E3
	of gaming revenue retained by the third party > \$	
c	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation > \$	
	Description of services provided	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	⊠ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	
	in the organization's own exempt activities during the tax year ▶ \$	
Part		9,
	9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

FDA

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

EXETER YOUTH SOCCER ASSOCIATION

Employer identification number

02-0500163