

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016 Open to Public Inspection

Depo	ertment of	the Treasu	ury				numbers on this for and its instruction				Open to Public Inspection
<u>A</u>				ear or fax ve							111000000000000000000000000000000000000
B	Check if ap		C Name of		<u> </u>					D Employer	Identification number
	Address cl		ì		Colorado E	Musion S	occer Club,	Inc.	:	1	
$\Xi$				siness as	Colorado F	apids Y	outh Socces			84-1	230993
Ξ	Name cha	•			box if mail is not delivere	d to street addre	33)		Room/suite	E Telephone	399-5858
	Initial retur Final return				ce, country, and ZIP or fo					303-	399-3636
Ш	terminated		Auro			CO 8001					eipts\$ 2,911,583
	Amended	ungan		d address of princi		CO 8001	<u> </u>			G Gross rece	nps-3 = 7-2-17-0-0
$\Box$	Application	n pending	Aar	on Nage	1				H(a) is this a gro	oup return for su	ibordinates? Yes X No
_				_	na Street	, Suit	e 120		H(b) Are all sut	ordinates Incl	uded? Yes No
			Aur			•	80010		If "No.	attach a list (	(see Instructions)
$\overline{}$	Тах-ехел	not status.			501(c) ( ) ◀	(insert no.)	4947(a)(1) or	527	1		
7	Website:				uthsoccer	.org			H(c) Group exe	edmun notigme	r <b>&gt;</b>
K	Form of o	nganization:	: X Con	poration Tru	st Association	Other		L Y	ear of formation. 2	006	M State of legal domicile: CO
F	art	<u>ં</u> Sા	ummary								
	1 6	Briefly de	escribe the	organization	s mission or most :	significant ac	tivities:				
8		See	Schedu	ıle O							
חפה	١.										
Ž				<del></del>							
ŝ					nization discontinue					الما	12
69 (0)			_		e governing body (						12
Ē					embers of the gove oyed in calendar ye		-11/ !! 0-1			·   7	29
Activities & Governance	1			-	nate if necessary)		• •••				500
4				=	e from Part VIII, co						0
	1				ncome from Form		*****			7b	0
	<del> </del>	10001110	<u> </u>				<u> </u>		Prior Ye	ar	Current Year
	8 (	Contribu	itions and g	grants (Part V	III, line 1h)					9,891	493,795
n Le	9 F	Program	n service re	venue (Part V	(111, line 2g)					7,945	2,402,036
Revenue	10 1			•	lumn (A), lines 3, 4					8,910	<u>15,653</u>
_	11 (				(A), lines 5, 6d, 8d					2,843	99
_					igh 11 (must equal					9,589	2,911,583
					(Part X.column (		)		10	1,832	82,651
_					Part-IX-column (A			· · · · }	78	9,788	896,422
868	1625	oaianes, Professio	onal fundra	ising fees (P	it ix, goldma(A), i	ine (Je)	iii (A), iii les 5–10)	··· · · · · · ·		<del>5,700</del>	0 0 0
Expense	ьт	Total fun	ndraising e	xoenses (Part	IX, column (D), lin	e 25)	11,5	41	· · · · · · · · · · · · · · · · · · ·		No. of the second
ă					(A)-lines 11a-11c			· F = •	2,80	4,110	783,023
	18 1	Total exp	penses. Ac	ld lines-13-17	-(must equal Part	X-column (A	A), line 25)			5,730	1,762,096
					t line 18 from line				38	3,859	1,149,487
200						<del>-</del>			Beginning of Cu		End of Year
Net Assets or Fund Ralances	20 1							···· · <b> </b> -		8,390	2,394,289
Te le	21 1		•	t X, line 26)	otract line 21 from I	 !== 20		-		0,244 8,146	<u>16,656</u> 2,377,633
	art II		ignature		bract line 21 from 1	ine 20	************		1,22	0,140	2,311,633
					e examined this return	n including ec	Companying schedu	les and stateme	nte and to the h	act of my ka	owledge and belief, it is
tn	ue, come	ect, and c	complete. Dy	claration of pre	parer (other than offi	cer) is based o	on all information of v	vhich preparer h	as any knowledg	39.	owiedge and belief, it is
			X	a Na			_			11	16/17
Sig	n	<b>8</b>	Signature of o	fficer						Dale	<del>/                                    </del>
He	re			n Nagel				Execut	tive Dir	rector	
		<del>  `</del>	Type or print n		_ <del></del>	<u> </u>			<del></del>		
Pale	a		oe preparer's n	ame		Preparer's sign	7		Date	Check	H PTIN
	parer	Ken Ro		mass) -	n Poth	/ <u>/</u>	16 M			/17 self-em	ployed P01389203
	Only	Firm's na	ame P			d Compa	any		-   F	imi's EIN 🕨	
Denven CO 90203-2044							303-830-8109				
May	the IR				eparer shown above					Phone no	
For					separate instruction					<u></u>	Form <b>990</b> (2016)
DAA											
											C50
						-			-		

m 990 (2016) Colorado Fusi Part III. Statement of Program	Service Accomplishments	c. 84-1230993	Page 2
V	•	any line in this Part III	X
Briefly describe the organization's miss		ary into in and reacting the same in the s	<u> </u>
Soo Sahodule O			
***************************************			
Did the organization undertake any sign	nificant program services during the y	ear which were not listed on the	
			Yes 🕱 No
If "Yes," describe these new services o	n Schedule O.		
Did the organization cease conducting,	or make significant changes in how i	t conducts, any program	
			🗌 Yes 🕱 No
If "Yes," describe these changes on Sc			
		s three largest program services, as measured by	
* * * * * * * * * * * * * * * * * * * *		ort the amount of grants and allocations to others	•
the total expenses, and revenue, if any	, for each program service reported.		
sportsmanship, foster each player to achieve field. Colorado Fusion recreational and comp	rs a healthy lifest ve his or her highe on Soccer Club is o petitive players r	sport that develops char tyle and enjoyment, and est potential on and off comprised of over 5,500 anging in age from 3 to	encourages the soccer 18.
(Code: ) (Expenses \$		of \$ ) (Revenue \$	
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(Code: ) (Expenses \$	including grants	of\$ ) (Revenue \$	
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An			
Other program services (Describe in So (Expenses \$	chedule O.) including grants of \$	) (Revenue \$	`

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 2 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 X 3 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 X 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 98-197 If "Yes." complete Schedule C. X 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 X Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X Did the organization report an amount in Part X, line 21, for excrow 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 X Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D, Part VI X b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c 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 X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 X 12a Did the organization obtain separate, Independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII .... 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 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 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 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) X 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 X 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 X

	Checklist of Required Schedules (continued)		Van	Ma
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
b		20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		x	
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1 1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			•
_	employees? If "Yes," complete Schedule J	23		X
la	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization Invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
ia	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
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?	1		İ
	if "Yes," complete Schedule L, Part I	25b		X
,	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			ı
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
,	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	1 1		
		27		X
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	(1) (N)	385	19 W
}	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	$\mathbb{R}^{n}(\cdot)$		ÅΘ
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	22		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
)	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	[	'	
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1 '	· ·	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> X</u>
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
ı	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1	'	
	Part I	31		<u> </u>
?	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
}	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
ļ	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
		34		X
а	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	300		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
		-555		
i	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		X
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<del></del>	<u> </u>
	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? If "Yes," complete Schedule R,			**
	Part VI	37		X
В	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	) /201

P	art У Statements Regarding Other IRS Filings and Tax Compliance			age —
	Check if Schedule O contains a response or 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 372	100 X	(2003)	7
b	Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable 1b 0		12	₩V
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	7,73	3.38	<b>!</b> ~
	reportable gaming (gambling) winnings to prize winners?	1c	X	l''''
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	7.00	- 14	
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 29	1	338	<b>!</b> ~
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-  **** 2b	x	1
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	220	κ <del>ς /</del> /	177
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	i	j
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		╁
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	$\vdash$	╁╴
-	· · · · · · · · · · · · · · · · · · ·	1	l	l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1.		١,
_	account)?	4a	<u> </u>	3
ij	If "Yes," enter the name of the foreign country:	No.	188	١.
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	134		<b>1</b> ( )
	(FBAR).	, ×	الأمسة	i Ç
<b>a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		3
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		2
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		┖
9	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			l
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		12
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or			l
	gifts were not tax deductible?	6b		L
	Organizations that may receive deductible contributions under section 170(c).			r.
3	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	13. V	```.	١.,
	and services provided to the payor?	7a	[ "	2
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Π
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		3
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		7 )	<del></del>
В	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	• • •	<b> </b> 3
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76		3
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
, 1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7b		┢
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	38.4	,	┢
	SOONSOTING promitation have excess husiness haldings at any time during the year?		2 4.62	İ
	Sponsoring organizations maintaining donor advised funds.	8	688	20.5
3	Did the sponsoring organization make any taxable distributions under section 4966?	. " 1	0.00	7
•		9a		H
•	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9Ь		ļ
		, sh	2.53	
	Initiation fees and capital contributions included on Part VIII, line 12	1,33	**. 1	>
)	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	-173.	3,	ام. د
	Section 501(c)(12) organizations. Enter:	2000		ì
1	Gross income from members or shareholders		~ (v	S.
	Gross Income from other sources (Do not net amounts due or paid to other sources		86 m	, ,,
	against amounts due or received from them.)	1224		400
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		% (%)	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	كشتا	22.	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		S	127
	Enter the amount of reserves the organization is required to maintain by the states in which		\$ 18.8	34
	the organization is licensed to issue qualified health plans	];%``I	أريح	۲¥.
	Enter the amount of reserves on hand 13c	17/2	ŽŽ	12
1	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form	n 990 (2016) Colorado Fusion Soccer Club, Inc. 84-1230993		P	age 6
Pi	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a '	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	ə instr	uctio	ns
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		32	
	If there are material differences in voting rights among members of the governing body, or	\\s		
	if the governing body delegated broad authority to an executive committee or similar	(4)		
	committee, explain in Schedule O.	**************************************	/x*\	72
b	Enter the number of voting members included in line 1a, above, who are independent	15.2		707
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1.3		W.
	any other officer, director, trustee, or key employee?	2	<b></b> _	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6_	X	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			1
	one or more members of the governing body?	7a	X	
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	20.3	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			W.
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<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	ا بعرا		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	<u>ae.)</u>		
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	l l		ĺ
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<b></b>	<del></del> -
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	322
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10.30	√ · ⊗	W/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<b></b> -
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	├
14	Did the organization have a written document retention and destruction policy?	14	X	- 20
15	Did the process for determining compensation of the following persons include a review and approval by	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3	. ; X
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1.01	. <u>, ,</u> (1	17. ~
а	The organization's CEO, Executive Director, or top management official	15a	X	<del> </del>
Ь	Other officers or key employees of the organization	15b	X	
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1,000
16a			rick) J	7
	with a taxable entity during the year?	16a	<u> </u>	X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	28		60
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	405	12	(A) (A)
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 19	List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an empiration to make its Forms 1023 (or 1024 if applicable), 900, and 900-T (Section 501(c)/3)s only)	• • • • • • •	•••••	• ••
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Don request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
19	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	olorado Fusion Soccer Club 111 N Havana Street, Suite 120			
_		-39	9-5	858

Form 990 (2016	Colorado Fusion Soccer Club, Inc. 84-1230993	Page 7							
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, 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 th organization's ta	is table for all persons required to be listed. Report compensation for the calendar year ending with or within the ax year.								
compensation. I	the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of 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 org	anization nor an	y rela	ated	orga	niza	tion c	om,	pensated any current office	er, director, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for	bo	x, unle	Pos chack ess pa nd a d	irson i iirecto	then or s both oftruste	an e)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) Peter Pak President	2.00	w		,				0	0	
(2) George Gastis	0.00	X		X	┢	$\vdash\vdash$	_	0	0	0
(1/000190 040010	2.00									
Vice President	0.00	X		X				o	0	0
(3) Evan Husney						П				
Secretary	2.00 0.00	x		x				o	o	o
(4) Reed Welch	0.00	<u> </u>		_		$\vdash$			•	
(,,	2.00				ł					
Treasurer	0.00	X		X				0	. 0	0
(5) John Messiter										
Director	1.00 0.00	x						o	0	0
(6)Mark Eastman						H				
Director	1.00	x						o	0	0
(7) Derek Scarth										
Director	1.00	x						0	0	0
(8) Fernando Pineda-		П								
Dimechan	1.00	_								_
Director (9) Kevin Scott	0.00	X		_	_			0	0	0
(0)1.012.11 50000	1.00		ı							
Director	0.00	x		ļ				o	o	0
(10)Lindsey Ghiselli						$\Box$				<u></u>
Director	1.00									_
(11)Bob Boyle	0.00	X	$\dashv$	$\dashv$	$\dashv$	$\dashv$	$\dashv$	0	0	0
Director	1.00	ا								_
DAA	0.00	X		i				0	0	0
										Form <b>990</b> (2016)

FSC 11/13/2017 3:18	PM _				
Form 990 (2016)	Colorado	Fusion	Soccer	Club	, Inc.

Part VII Section A. Officers	s, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	l Employees (continued)	,
(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than o box, unless person is both officer and a director/truste						(D) Reportable compensation from the organization	(E)  Reportable  compensation from  related  organizations  (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted tine)	Individual trustee or director	Institutional trustee	Officer	(ey employee	Highest compensated employee	Former	(W-2/10 <del>99-M</del> ISC)		organization and related organizations
(12) Paul Bravo	1.00									
Director (13) Aaron Nagel Executive Director	40.00	X		x	<u>.</u>			52,500	0	0
					_					
1b Sub-total							<b>&gt;</b>	52,500		
d Total (add lines 1b and 1c)	•			•	•••	•		52,500		
2 Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 of	
<ul> <li>3 Did the organization list any for employee on line 1a? If "Yes,"</li> <li>4 For any Individual listed on line organization and related organization and related organization and related organization and selections.</li> <li>5 Did any person listed on line 1</li> </ul>	ormer officer, din complete Schede 1a, is the sum nizations greater	ector dule of re than	r, or J for porta	suci able i0,00	om com	lividu pens f "Ye	al atio s, " c	n and other compensation complete Schedule J for suc	from the	Yes No  3 X  4 X
for services rendered to the or	ganization? If "Y									5 X
Section B. Independent Contractor  Complete this table for your five	ve highest comp									
compensation from the organi	zation. Report co (A) business address	ompo	<u>ensa</u>	tion	for t	he ca	lend		in the organization's tax yo (B) ton of services	ear. (C) Compensation
Rane au	DUSITIOSS GLUTOSS			_				рездір	aut a services	Compassauri
							-			
Total number of independent received more than \$100,000	contractors (included of compensation	uding	but the	not e org	limit aniz	ed to	tho	se listed above) who	0	
DAA										Form <b>990</b> (2016)

Total. Add lines 1a-1f.  2a Registration fees b Clinics, camps & tournary of All other program service revenue c Tevel Add lines 2a-2f	\$	493,795	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
d Related organizations d Related organizations d Related organizations e Government grants (contributions) f All other contributions, grifs, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f:	\$					
d Related organizations d Related organizations d Related organizations e Government grants (contributions) f All other contributions, grifs, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f. h Total. Add lines 1a-1f.	\$					
d Related organizations d Related organizations d Related organizations e Government grants (contributions) f All other contributions, grifs, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f. h Total. Add lines 1a-1f.	\$					
d Related organizations  e Government grants (contributions)  f All other contributions, grifs, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f:  h Total. Add lines 1a-1f	\$					
e Government grants (contributions)  f All other contributions, grifs, grants, and similar amounts not included above  g Noncash contributions included in lines 1a-1f.  h Total. Add lines 1a-1f.	\$					
f All other contributions, grifts, grants, and similar amounts not included above  1f g Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f:	\$					
	\$					ACT 1 ( 1884 ) 1 ( 1864 )
	\$			Laxiv 25 - N		Park Strain
		D 0.4.		BEET TO THE SECOND		
2a Registration fees b Clinics, camps & tourna		D O. 4.	493,795			<del>(*** *********************************</del>
2a Registration fees b Clinics, camps & tourna	;	Busn. Code			\$5.63 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
b Clinics, camps & tourna		711210	2,290,810	2,290,810		
	ments	711210	111,226	111,226		<u> </u>
용 c						L
₿ d						<u> </u>
E e	.,					
f All other program service revenue.	[					
g Total. Add lines 2a-2f	<u></u>		2,402,036	1 1 ha 1 1		\$## \\\ (###)\\
3 Investment income (including divide	ends, interes	st,				
			15,653			15,653
4 Income from investment of tax-exer	mpt bond pr	oceeds >				<u> </u>
5 Royalties	<u> </u>	<u></u>			<u> </u>	<u> </u>
(i) Real	(ii) Po	ersonal				[42] [13] S. 12, 12, 12, 12, 12, 12, 12, 12, 12, 12,
6a Gross rents						<b>[</b> 66], i ( ) * ( )
b Less: rental exps.				w " min"		Kanaga mara ang m
C Rental inc or (loss)			A*	*\$7 / · · `	13 7 18 18 18 18 18 18 18 18 18 18 18 18 18	
d Net rental income or (loss)	<u></u>	<u> </u>				1862 / 82 / / / / 8
sales of assets (i) Securities	(11)	Other		1 ( Sec. 1987)		
other than inventory	<del></del>			J. (3. 1. y		
b Less, cost or other	1					
basis & sales exps	<del></del>		, , ,	" , " "		₽www.foxeki in
c Gain or (loss)						1. XXIII (1.4 N - y)
d Net gain or (loss)	·······			1.50 5.8 4.8	4920 \ 1 1 1	10 (* 152
8a Gross income from fundraising events	ļ					
(not including \$	1					
(not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b	_		1734 . 111	mp 2 . 2 . 2 .		
See Part IV, line 18	<u></u>			, **		
b Less: direct expenses b c Net income or (loss) from fundralsin			7.07			4 700 C 15 907 P
9a Gross income from gaming activities.	II OVOIILS	.,, ,,,	* 7.70		1 197 s 3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	100 July 100 100 100 100 100 100 100 100 100 10
See Part IV, line 19 a	<u>ا</u>					
b Less: direct expenses b				arth Co		
c Net income or (loss) from gaming a	· ———		,		The same of the same	1 177 . 18 18 18 18
10a Gross sales of inventory, less		··· ·· <u>-</u>	<i>"</i> "		\$ 35° v 10 d	
returns and allowances a	a					
b Less: cost of goods sold b	o[					
c Net income or (loss) from sales of in	nventory	<b>&gt;</b>				
Miscellaneous Revenue		Busn. Code	41,400	( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
11a Other Income		900099	99	99	T	1
<b>b</b>	[					
c	[					
d All other revenue						
e Total. Add lines 11a-11d			99		84.785	
12 Total revenue. See instructions			2,911,583	2,402,135		15,653

Part IX: Statement of Functional Expenses

	Check if Schedule O contains a resp		<del></del>	· · · · · · · · · · · · · · · · · · ·	<del>~~~~~~~~</del>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		Į.	84. N. 483.44.712.	
	and domestic governments. See Part IV, line 21				
2					
	individuals. See Part IV, line 22	82,651	82,651		
3	Grants and other assistance to foreign		•		
	organizations, foreign governments, and foreign	1			
	individuals. See Part IV, lines 15 and 16	<del></del>			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	50 500	00 454	40 40-	
_	trustees, and key employees	52,500	32,471	19,425	604
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	TEC EAR	467 204	070 550	0.600
7	Other salaries and wages	755,545	467,304	279,552	8,689
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		40.000	46 861	
9	Other employee benefits	29,164	18,038		
10	Payroli taxes	59,213	36,623	21,909	681
11	Fees for services (non-employees):	,			
a	Management				
þ	Legal	····			
C	Accounting				
d	Lobbying				<del></del>
0	Professional fundraising services. See Part IV, line 17		and and Sugaration States and Sugar		
f	Investment management fees	···			
8	Other (If line 11g amount exceeds 10% of line 25, column				·
	(A) amount, list line 11g expenses on Schedule O)	125,555			
12	Advertising and promotion	45,481			
13	Office expenses	11,463			
14	Information technology	15,690	8,791	6,836	63
15	Royalties				
16	Occupancy	47,628	37,912	9,430	
17	Travel	54,108	50,699	3,409	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	43,134	34,334	8,541	259
24	Other expenses. Itemize expenses not covered			Paria da de el deserviciones de la compansión de la compa	
	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.)				3/3/33/3/4/
а	Field permits, setup	271,340	271,340		
þ	Equipment	55,040	55,040		
C	Bank & credit card fees	49,471	36,965		
d	Dues, fees & licenses	31,935			
е	All other expenses	32,178			
25		1,762,096	1,366,199	384,356	11,541
26	Joint costs. Complete this fine only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash—non-interest bearing 1 1,639,611 Savings and temporary cash investments ...... 1,330,948 2 110,608 Pledges and grants receivable, net ...... 118.757 Accounts receivable, net 318,336 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 Sant in the organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net \_\_\_\_\_\_ Inventories for sale or use 30,145 Prepaid expenses and deferred charges ...... 10a Land, buildings, and equipment: cost or b Less: accumulated depreciation 10b 10c 525,313 378,961 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 ..... 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets ...... 14 15 2,394,289 2,058,390 Total assets. Add lines 1 through 15 (must equal line 34) . 16 Accounts payable and accrued expenses ..... 130,971 17 17 18 18 699,273 Deferred revenue ...... 19 19 Tax-exempt bond liabilities 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, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties \_\_\_\_\_\_\_ 23 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 Total liabilities. Add lines 17 through 25 ... 830,244 16,656 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets ..... 752,614 27 228,146 Temporarily restricted net assets ...... 28 Fund Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ŏ complete lines 30 through 34. Capital stock or trust principal, or current funds
Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds ....... 32 Total net assets or fund balances ..... 33 1,228,146 33 2,377,633 Total liabilities and net assets/fund balances 2,058,390 34 2,394,289

Form	1990 (2016) Colorado Fusion Soccer Club, Inc. 84-1230993				Pag	<u> 2e 12</u>
P	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>		$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	, 91	1,	<u> 583</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,76	2,0	096
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,14	9,4	487
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,22	8,1	L46
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	8				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	2	,37	7,6	633
Pe	rt XII: Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				-1	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		「	77		<del></del>
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			13. <b>I</b> 1	ø l	\$ <sup>7</sup> / <sub>2</sub>
	Schedule O.		ľ	` :; <b>!</b>	~~ <u>`</u>	11
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		····· [		38.	, /.
	reviewed on a separate basis, consolidated basis, or both:		ŀ			
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		XI	19
b	Were the organization's financial statements audited by an independent accountant?		- 1	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		· · · · · [			<del></del>
	separate basis, consolidated basis, or both:			4	"~`[	<i>"</i> .
	Separate basis Consolidated basis Both consolidated and separate basis		- 1	- 11	, · •	3, 5
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			- 1		•
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in		· · · · • •		, . ·	* .
	Schedule O.		ľ	- " \\	27.1	mr ( <sup>*</sup>
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1	Ī	` 1	
	the Single Audit Act and OMB Circular A-133?		}	3a	}	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	•	· · · ·			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		
		· · · ·		Form	990	(2016)

## 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
2016
Open to Public

Name of the organization

Colorado Fusion Soccer Club, Inc.

Employer identification number 84-1230993

			COIDIAGO Fus	TON DOCCET CIUD	, 111	<u> </u>	07 122	0333
P	art I	Keas	on for Public Charity	Status (All organizations	must co	omplete t	this part.) See instruction	ns.
Γhe	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12,	check onl	y one box.		
1	$\bigcap$	A church, co	nvention of churches, or ass	ociation of churches described	in section	n 170(b)(1)	(A)(i).	
2	П	A school des	cribed in section 170(b)(1)(	A)(ii). (Attach Schedule E (Forr	n 990 or 9	990-EZ).)		
3	Н			ce organization described in se			i).	
Α	Н	•	•	in conjunction with a hospital			•	nospital's name
•	ш		=	a in conjunction was a nospital			Trouble Management	ioopitoi o nome,
_		city, and state						
5		•	•	of a college or university owned	or operat	ed by a go	verminental unit described in	
_			(b)(1)(A)(iv). (Complete Part	· · · · ·	41 41	PA/L1/41/A1	6.A	
6	Н		-	overnmental unit described in s				
7	Ш	_		substantial part of its support fr	om a gov	emmental	unit or from the general publi	C
	$\overline{}$		section 170(b)(1)(A)(vi). (C					
8	Ш	A community	trust described in section 1	i <b>70(b)(1)(A)(vi).</b> (Complete Par	t II.)			
9	Ш			cribed in section 170(b)(1)(A)(				ege
		or university	or a non-land grant college of	of agriculture (see Instructions).	Enter the	name, cit	, and state of the college or	
		university:						
10	X			i) more than 33 1/3% of its sup				
				pt functions—subject to certain				;
				nd unrelated business taxable in				
			•	0, 1975. See section 509(a)(2)				
11	Н	-	-	exclusively to test for public saf	-			
12	$\sqcup$			exclusively for the benefit of, to				
				cations described in section 50				
		$\overline{}$	•	nat describes the type of suppo			·	_
	а			erated, supervised, or controlle	-			ing
		• • •	• ' '	ver to regularly appoint or elect		of the din	ectors or trustees of the	
			· ·	omplete Part IV, Sections A a				
	b			pervised or controlled in conne				
				ting organization vested in the	same pen	sons that c	ontrol or manage the suppor	ted
			• •	Part IV, Sections A and C.				111-
	С			upporting organization operate tructions). You must complete				vitn,
	_							(a)
	d			<ul> <li>A supporting organization open organization generally must satisfied</li> </ul>				
				nust complete Part IV, Sectio				1622
	е			elved a written determination fr		-		
	•	functiona	illy integrated, or Type III no	1-functionally integrated suppor	tina oraar	is viat it is ization.	a Type I, Type III, Type III	
	f		nber of supported organizati					[
	g		ollowing information about th					
- (		of supported	(II) EIN	(III) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
•	-	anization	(-,	(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
			<u></u>		!			
(B)							<u></u>	
• •					1	1 1		1
(C)								<del></del>
,					1	[ [		
(D)					1	<del>                                     </del>	<del></del>	<del> </del>
<b>,-/</b>					1	{ {		1
(E)					<del>                                     </del>	<del>                                     </del>	<del></del>	<del> </del>
\ <b>-</b> /						] ]		]
_			550 300 mas 250 m		<del>1</del> 7,35			<del> </del>
			Port 1, 1988 (1984) (1984) M	1 1866 1866	1 aN	¥ 1000 (4)		Ī

Colorado Fusion Soccer Club, Inc. Schedule A (Form 990 or 990-EZ) 2016 84-1230993 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 ...... 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) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Amounts from line 4 ..... Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... Net Income from unrelated business activities, whether or not the business is regularly carried on ..... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ..... S. 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) ... 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2015 Schedule A, Part II, line 14 15 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2016. 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-2015. 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

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	4		<u> </u>		<i></i>	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Grits, grants, contributions, and membership						
	fees received. (Do not include any "unusual grants.")	403,360	570,145	586,465	1,169,891	493,795	3,223,656
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	2,074,777	2,362,264	2,862,820	2,900,788	2,402,135	12,602,784
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 fumished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,478,137	2,932,409	3,449,285	4,070,679	2,895,930	15,826,440
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	,	, , ,		<del></del>	: / &\ \ \{\}	
8	Public support. (Subtract line 7c from		11 1180	5 🛴 🕻	V (X 3		
500	tine 6.)	<u> </u>	4				15,826,440
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	2,478,137	2,932,409	3,449,285	4,070,679	2,895,930	15,826,440
10a	Gross income from interest, dividends, payments received on securities loans, rents,	2/3:0/20	2/352/403	3/443/200	-,0,0,0,0		22/020/110
	royalties and income from similar sources	2,482	3,128	4,784	8,910	15,653	34,957
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	2,482	3,128	4,784	8,910	15,653	34,957
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.)	2,552					2,552
13	Total support. (Add lines 9, 10c, 11,			Ì		1	
14	and 12.)	2,483,171	2,935,537	3,454,069	4,079,589	2,911,583	15,863,949
17	organization, check this box and stop here			-			▶ □
Sec	tion C. Computation of Public Su			<u> </u>			
15	Public support percentage for 2016 (line 8			n (f))	<del></del>	15	99.76%
16	Public support percentage from 2015 Sche	edule A, Part III, lin	4.0	······································		16	99.83%
Sec	tion D. Computation of Investme	nt Income Per					
17	Investment income percentage for 2016 (li	ine 10c, column (f)	divided by line 13	, column (f))		17	%
18	investment income percentage from 2015					18	%
19a	33 1/3% support tests—2016. If the organ						_ ( <del>T</del>
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2015. If the organ						<b>▶ X</b>
	line 18 is not more than 33 1/3%, check the						▶□
20	Private foundation. If the organization did						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. Ali Supporting Organizations

- 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 12a or 12b 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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.)

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Pa	t IV Supporting Organizations (continued)		1 .	
• -		<del></del>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			) "," °,
а	,		r'	3
	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	<u> </u>	<u> </u>
Sect	ion B. Type I Supporting Organizations		r	
_		سشسا	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	223	0.0	W.
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		(v.,***)	F 9
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	100°	( ) `	"
	controlled the organization's activities. If the organization had more than one supported organization,		3/1/	1 /
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		i,	^
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<del>-1</del>	137	7
2	Did the organization operate for the benefit of any supported organization other than the supported		192	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	137	100	[* 3
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1 25		ŧ
E4	supervised, or controlled the supporting organization.	2	<u> </u>	L
Sect	ion C. Type II Supporting Organizations		V	T 41-
	Miles a secially of the association to discuss a tendent discuss of the tenses of the discussion of th		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	18.3	X.	log in
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1,20	3: 5	1
	or management of the supporting organization was vested in the same persons that controlled or managed	ì	1	<b>!</b> "
Saat	the supported organization(s). ion D. All Type III Supporting Organizations		L	ــــــــــــــــــــــــــــــــــــــ
3600	ion D. Air Type in Cupporting Cryainzations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Γ		<del></del>
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	5%	1	٠.
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	~~		,
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	l î	İ	( )
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	85	75.3	7.80
•	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		İ
3	By reason of the relationship described in (2), did the organization's supported organizations have a	···	W	
•	significant voice in the organization's investment policies and in directing the use of the organization's	\v.\(\)		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	778	S .	· · ·
	supported organizations played in this regard.	3	( ` ` `	
Sect	ion 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 instruc	tions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
8	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			19
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	(4,	2.5 8	( ) ^ `
	those supported organizations and explain how these activities directly furthered their exempt purposes,	[ \\ \\ \\ \	13.00 3	350
	how the organization was responsive to those supported organizations, and how the organization determined	\$ 3.7	<b>"</b>	
_	that these activities constituted substantially all of its activities.	2a	<u> </u>	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		(j)	1000
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			(3) S
	reasons for the organization's position that its supported organization(s) would have engaged in these	F (*)	<b>(</b> %*):	Į
_	activities but for the organization's involvement.	2b	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.	6.37	£	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1.2.50		100
b	trustees of each of the supported organizations? Provide details in Part VI.	3a	132,00	<del>                                     </del>
J	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.		113	1
	er to supported digenizations: it is resulted in refer of the rule played by the organization in this redard.	1 30	1	1

Schedule A (Form 990 or 990-EZ) 2016 Colorado Fusion Soccer Club Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org		nc. 84-1230	)993 Page 6
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The state of the organization of the state of the s			
Instructions. All other Type III non-functionally integrated supporting organizations must Section A - Adjusted Net Income	si com	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	11	<del> </del>	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	<del></del>	
5 Depreciation and depletion	5		<del> </del>
6 Portion of operating expenses paid or incurred for production or	<del>                                     </del>	<del> </del>	<del> </del>
collection of gross income or for management, conservation, or	)	ļ	
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	<del> </del>	<del></del>
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	<del></del>	<del></del>
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	10.7	<del>!</del>	1.7 (4) (30.1) 7.7
instructions for short tax year or assets held for part of year):	13%		
a Average monthly value of securities	1a	::::::::::::::::::::::::::::::::::::::	16. (1)
b Average monthly value of securities  b Average monthly cash balances	1b	<del></del>	<del></del>
	1c		<del> </del>
c Fair market value of other non-exempt-use assets	1d	<del></del>	<del></del>
d Total (add lines 1a, 1b, and 1c)	10		3 (3) (4) (4) (4) (4) (4) (4) (4)
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	+	<u></u>	- C
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,	١.	1	
see instructions).	4	<del></del>	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<del> </del>
6 Multiply line 5 by .035.	6		<b></b>
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		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	2 Of 35 (2	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	1/2/2/2013	
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-functionally integrated	Type I	II supporting organization (	see
instructions).	,, - ··	,, <del>-</del>	•
11444444141		Schedule	A (Form 990 or 990-EZ) 2016

	le A (Form 990 or 990-EZ) 2016 Colorado Fusion So	occer Club, I	<u>nc. 84-1230</u>	993 Page 7
Par	Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations	······································	
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.			<del></del>
<del>-</del> -	Total annual distributions. Add lines 1 through 6.		<del></del>	
8	Distributions to attentive supported organizations to which the organizations	tion is responsive		
•	(provide details in Part VI). See instructions.	atorrio responsive		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	···		
<u></u>	Line of amount divided by Line of amount	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		Excess distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			Autount for 2010
'_	Underdistributions, if any, for years prior to 2016	7 T T T T T T T T T T T T T T T T T T T	***	7 j
2	(reasonable cause required-explain in Part VI). See			
2	instructions.			
3	Excess distributions carryover, if any, to 2016:	·	w.)	100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May 100 May
a	Control of the contro	(1) (1) (2) (3) (4) (4)	17 N 1 1 1 1 1 W	w k z jeste sa je
b		1200 1277	.; X X	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
C	From 2013	angles of the first of the	"30" S 47" >	14/15 March 17 11 1
	From 2014	( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	1777 1354 3	<b>*</b> 3.7. * , , , , * , , , , , , , , , , , , ,
	From 2015	\$\frac{1}{2} \tag{1}		Bright College
	Total of lines 3a through e		N	.23.5 ·
	Applied to underdistributions of prior years	3 3 3 6 3 8 AV		\$** \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
	Applied to 2016 distributable amount			
ı	Carryover from 2011 not applied (see instructions)	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	N 90 (	
1	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			(4,000)
4	Distributions for 2016 from		The state of the second	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Section D, line 7:			\$ 1.5 \forall \text{3" \text{" \t
а	Applied to underdistributions of prior years			The same
	Applied to 2016 distributable amount	N		
	Remainder. Subtract lines 4a and 4b from 4.		(A) (B) (A)	. 2°
5	Remaining underdistributions for years prior to 2016, if		<u></u>	18
	any. Subtract lines 3g and 4a from line 2. For result	Section 1		
	greater than zero, explain in Part VI. See instructions.	101		11.00
6	Remaining underdistributions for 2016. Subtract lines 3h		(me (x) )	
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.	, , , , , , ,		
7	Excess distributions carryover to 2017. Add lines 3j		1000 0 3 2000 0	
	and 4c.			State of the state
8	Breakdown of line 7:	Burren G	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3747 / 2005
а		, 25	17.37 25 x 18	1.20 3.30 5.20
b	Excess from 2013	\$7 - 7 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	· / / / / / / / /	· (*/\) - (\(\) \(\) \(\) \(\) \(\) \(\) \(\)
	Excess from 2014		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
d	Excess from 2015	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		S 1 3,4 21 20
	Excess from 2016	28 C 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4NY 337-33370 AN	1887 S. 13. 13. 18878

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part I	II, Line 12 - Other Income Detail
Other	income \$ 2,552
•• ••• •••	
•	
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 Open to Public

inspection

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

Name of the organization Employer identification number Colorado Fusion Soccer Club, Inc. 84-1230993 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year \_\_\_\_\_\_ 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on 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 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements ... ... .... 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 9 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" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X ... . .. .. ... 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X.

Scho	edule D (Form 990) 2016 Colorado	) Fusion Sc	ccer Club,	Inc.	84-1230	993	Page 2
P	art 間》 Organizations Maintaini	ng Collections o	of Art, Historical	Treasures,	or Other Sim	ilar Assets	
3	Using the organization's acquisition, access collection items (check all that apply):						
a	Public exhibition	d 🗍	Loan or exchange p	programs			
b	Scholarly research	e H	Other				
C	Preservation for future generations	_					
4	Provide a description of the organization's	collections and expla	in how they further th	ne organization	's exempt purpos	e in Part	
_	XIII.						
5	During the year, did the organization solicit						n. n.
D.	assets to be sold to raise funds rather than  Escrow and Custodial A		part of the organizat	ion's collection	<u> </u>	<u> </u>	Yes No
, P.,	Complete if the organization	_	s" on Form 990, I	Part IV, line	9, or reported	an amount	on Form
10	990, Part X, line 21.  Is the organization an agent, trustee, custo	dian as other lateres	dian for contribution		to not		
			•				Yes No
h	Included on Form 990, Part X?  If "Yes," explain the arrangement in Part XI	ill and complete the f	ollowing table:			· · · · · · · · · · · · · · · · · · ·	165 110
	ii 165, explain the anangement in Fart Al	n and complete the n	Ulluwing table.				Amount
_	Reginning halance					1c	7 41104111
۰	Beginning balance				•• ••••	10	
	Additions during the year						<del></del>
	Distributions during the year						
, 2a	Ending balance	Form 990 Part Y lin				<u></u>	Yes No
	If "Yes," explain the arrangement in Part XI						
	et V: Endowment Funds.	II. Oneck here it the	explanation has been	i provided ori i	an /////	<u> </u>	····
,	Complete if the organization	on answered "Yes	s" on Form 990. F	Part IV. line	10.		
	Complete it the organization	(a) Current year	(b) Prior year	(c) Two year		hree years back	(e) Four years back
1a	Beginning of year balance	(0) (0)	(5) / (2)	(6) /6.			1,0,0,0,0,0,0,0,0,0,0
h	Contributions		<del>                                     </del>	<del></del>			<del> </del>
c	Net investment earnings, gains, and			<del>                                     </del>			<del> </del>
•	, , ,						
d	Grants or scholarships		<del>                                     </del>				<del> </del>
	Other expenditures for facilities and			<del> </del>	<del>  </del>		<del>                                     </del>
•	· · · · · · · · · · · · · · · · · · ·			1	ļ		
	programs		<del> </del>	<del>                                     </del>			<del> </del>
	End of year balance						<del>†</del>
2			no (lino 1a, column (s				<u></u>
	Board designated or quasi-endowment ▶	•	se tane 19, commit to	2// 11010 43.			
	***** ****** **	, %					
•	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%.					
3a	Are there endowment funds not in the poss	•	ration that are held a	nd administered	d for the		
-	organization by:				- 101 - 110		Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations				• • • • • • • • • • • • • • • • • • • •		
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requ	ulred on Schedule R?	· ··· ··· ··· ·			
	Describe in Part XIII the intended uses of the						
******	it VI Land, Buildings, and Equ						
	Complete if the organization		s" on Form 990, f	Part IV, line	11a. See Form	1 990, Part	X, line 10
	Description of property	(a) Cost or other		or other basis	(c) Accumulat		(d) Book value
	-	(investment	<u>)                                    </u>	other)	depreciation	1	
1a	Land					.X	
b	Buildings						
	Leasehold improvements						
	Equipment						
	Other	1			L		
Tota	I. Add lines 1a through 1e. (Column (d) mus	t equal Form 990. Pa	rt X. column (B), line	10c.)		▶	

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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016 Colorado Fusion Soccer Clui	b, Inc.	84-123099	<u>3</u>	Page 4
Part XI Reconciliation of Revenue per Audited Financial State		•	urn.	
Complete if the organization answered "Yes" on Form 99				6 001 170
1 Total revenue, gains, and other support per audited financial statements			1	6,991,172
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	10-1		, 4	
a Net unrealized gains (losses) on investments	2a 2b			
b Donated services and use of facilities	2c		83	
c Recoveries of prior year grants d Other (Describe in Part XIII.)	2d	4,079,589	\$\$\frac{1}{2}	
e Add lines 2a through 2d			2e	4,079,589
3 Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •		3	2,911,583
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		37]	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		, 1	
b Other (Describe in Part XIII.)	4b		_^1	
c Add lines 4a and 4b			4c	
3 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u>.,,,                                  </u>	5	2,911,583
Part XII Reconciliation of Expenses per Audited Financial Sta			etur	n.
Complete if the organization answered "Yes" on Form 990				E 457 006
1 Total expenses and losses per audited financial statements				5,457,826
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	الما		Ž	
a Donated services and use of facilities			, 4	
	20		%(.)	
c Other losses d Other (Describe in Part XIII )	2c	3,695,730	×J	
d Other (Describe in Part XIII.) e Add lines 2a through 2d	[20]		2e	3,695,730
3 Subtract line 2e from line 1			3	1,762,096
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			7	27.027000
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		2, 1	
b Other (Describe in Part XIII.)			54	
c Add lines 4a and 4b			4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,762,096
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b a	and 2b; Part V, line 4; Pa	art X, li	ine
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov				
Part XI, Line 2d - Revenue Amounts Include	ed in Fi	nancials -	Oth	er
40 41 44 4				
18 month audit/6 month return		\$	:	4,079,589
Part XII, Line 2d - Expense Amounts Inclu	dod in t	Minopoiolo -	ΔŁ.	ham
Part All, line 2d - Expense Amounts inclu-	ded Turi	inancials -	ÜÜ	ner
18 month audit/6 month return		\$		3,695,730
18 month audit/6 month return	••••••	<b>Y</b> .		3,033,130
			• • • • •	
		• • • • • • • • • • • • • • • • • • • •	•••••	
		· · · · · · · · · · · · · · · · · · ·		

Schedule D (Form 990) 201	6 Colorado Fusion Soc	cer Club, Inc.	84-1230993	Page <b>5</b>
Part XIII Supplem	ental Information (continued)			
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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SCHEDULEI (Form 990)

Name of the organization

Department of the Treasury Interns! Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

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

2016 Open to Public Inspection

Employer Identification number

**≗** □ ..... (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance X Yes 84-1230993 : : : noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. ...... Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) : (e) Amount of noncash assistance the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Inc Colorado Fusion Soccer Club, General Information on Grants and Assistance (b) EIN Enter total number of other organizations listed in the line 1 table : ..... (a) Name and address of organization : : .... : . : : : : or government : Parti : E Ξ € 3 9 ® 9 3 100

For Paperwork Reduction Act Notice, see the instructions for Form 990. DAA

Schedule I (Form 890) (2016)

Schedule I (Form 990) (2016) Colorado Fus	Colorado Fusion Soccer Club,	Inc.	84-1230993		Page 2
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.	o Domestic Individua ional space is needed.	als. Complete if the o	rganization answered	1 "Yes" on Form 990, Part	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Need-based scholarships	82	82,651		cost	
2					
3					
4					
S					
9					
7					
Part IV : Supplemental Information. Provide the information required in Part I, line 2; Part III,	vide the information re	equired in Part I, line		column (b); and any other additional information	nformation.
Part I, Line 2 - Procedures	- Procedures for Monitorin	ing the Use of	f Grant Funds		
Players/Families complete an application	an application	and provide	supporting		
documentation (taxes, Form W-2). A grant	W-2). A grar	it committee	committee reviews the paperwork	aperwork.	
Based on the income level and the number	and the number	of applicat	of applications, the grant	nt	
committee awards a percentage to applican	age to applica	ts. The	applicants then receive	receive a	
letter with the award information and payment options	rmation and pe	yment option	: : : : : : :		
	:				
		:			
					Schedule ! (Form 990) (2016)

**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 2016

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Inspection

Colorado Fusion Soccer Club, Inc.

84-1230993

Employer identification number

Form 990 - Organization's Mission
The Colorado Fusion Soccer Club provides the youth of our diverse community
with the benefits of a team sport that develops character and
sportsmanship, fosters a healthy lifestyle and enjoyment, and encourages
each player to achieve his or her highest potential on and off the soccer
field.
Form 990, Part I, Line 6
The majority of the volunteers in our program are volunteer coaches who run
practices and coach during the games. We also have volunteers who help
manage the teams by coordinating schedules and snacks.
Form 990, Part VI, Line 6 - Classes of Members or Stockholders
Members
Form 990, Part VI, Line 7a - Election of Members and Their Rights
Colorado Fusion Soccer Club members elect the Board of Directors.
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
The draft 990 and annual audit are provided to the Operations Manager. The
Operations Manager then sends the draft 990 and the annual audit to the
Treasurer of the Board of Directors. The Treasurer reviews the 990 and the
annual audit and presents them to the Board of Directors for approval. The
Treasurer then sends them back to the Operations Manager who returns them
to the preparer.

Page 1 of 1