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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

<u>A</u> _	For the 2	016 cale	endar year, or tax year beginni	ng 090116	, 2016, a	nd ending	0	531	, 20 17	
В	Check if ap	plicable	C Name of organization UTAH YO	OUTH SOCCER ASSO	CIATION INC			D Employ	er identification ni	ımber
	Address ch	nange	Doing business as						94-2661376	
	Name char	nge	Number and street (or P O box if	mail is not delivered to st	reet address)	Room/suite	•	E Telepho	ne number	
	Initial return	n	9159 So. State St.						801 307-515	
	Final return/	terminated	City or town, state or province, co	ountry, and ZIP or foreign	postal code					
	Amended r	return	Sandy, UT 84070					G Gross re	eceipts \$	
	Application	n pending	F Name and address of principal of	ficer Brian Smith, Pr	es.		H(a) Is this a c	roup return for	subordinates? Yes	☑ No
	••		9159 So. State St., Sandy, UT	•					s included? Tyes	
	Tax-exemp	ot status	✓ 501(c)(3)		4947(a)(1) or	527			list. (see instructio	
J	Website:		w.utahyouthsoccer.net	7 11.00111107			H(c) Group	exemption	number ▶	
ĸ				ciation ☐ Other ►	I Yes	r of formatio			of legal domicile	UT
_	art I	Summ		old light College	12 100	- Or IOIIIalio	1970	in olate	or regar dorracie	
			escribe the organization's mi	ssion or most signifi	cant activities:	The Ass	ociation pr	ovides so	ccer education	
ø		-	ng opportunities for approxim	_			ooidtioii pi	011403 30	coci caacation	
Governance	<u> </u>	iiu piayi	ing opportunities to approxim	atery 55,000 youth in	trie State of Ota	!!!.				
Ë	2 0	heck th	nis box ▶☐ if the organization	n discontinued its o	perations andi	sposed of	more than	125% of	ite net assets	
Š	3 1	lumber.	of voting members of the go	verning body (Part V	/ line 1a)	CEV	F)	3		0
ن چوخ	4	lumber	of independent voting members	versing body (Fait V	body (Part VI	line 1h)		4		
38	5 T	otal nur	mber of individuals employed	t in calendar vear 20	HE PER VOIGE	725\ A 2	017.	5		15
٤₹			mber of volunteers (estimate		TO Wealt Visitie	2 G) 3/ ·Z		6		
Activities &	1		related business revenue from	**	C) line 125 =	<u> </u>		7a		60 (est.)
7			lated business taxable incon		$\frac{1}{100}$ 34 $\frac{1}{10}$ $\frac{1}{10}$	DEN.		7b		
<u> </u>	 	vet unite	lated Dusiness taxable incom	16 1101117 01111 990-1,	11110 34 3 9	- V.,	Prior Y		Current Ye	
)	8 0	ontribu	tions and grants (Part VIII, lir	no 1h\		-				
Revenue	1		service revenue (Part VIII, lir			· ·		892013		807844
Ven	1	_	·			· ·		3856373		3495509
æ	1		ent income (Part VIII, column	• •	•			51007	<u> </u>	38717
			venue (Part VIII, column (A), I			_				
			enue—add lines 8 through 11			ne 12)		4799393		4342070
	1		nd similar amounts paid (Pai		•		73805		39450	
			paid to or for members (Part		•					
Expenses	15 S		other compensation, employe	•	, ,			727288		609619
ens	16a P		onal fundraising fees (Part IX		•	· · _				
×	b T		draising expenses (Part IX, o						-	
_	111		penses (Part IX, column (A),		•	. · · }_		2790048		2518794
	1	•	penses. Add lines 13-17 (mu			·		3591141		3167863
		levenue	less expenses. Subtract line	e 18 from line 12 .	<u></u>			1208252		1174207
Net Assets or						B	eginning of C		End of Ye	
Sset	20 T		sets (Part X, line 16)			· ·		6266835		5465216
a t	21 T		oilities (Part X, line 26)			· ·		3098322		1119801
_			ts or fund balances. Subtrac	t line 21 from line 20	<u></u>	<u>l</u>		3168513	l	4345415
	art II		ture Block							
			ury, I deciare that I have examined the lete Declaration of preparer (other the						my knowledge and	belief, it is
	ie, correct, a	and comp	neter Declaration Orpreparer (other ti	an onicer) is based on all	information of white	cn preparer i	nas any know	leage		
	1	1	MAH					· · · · · ·		
Si	_	/ Sign	eture of officer					ate '		
He	ere		4NDIZGUD P. HIAT	ī			9/	25/17		
			e or print name and title							
Pa	aid	Print/Ty	pe preparer's name	Preparer's signature		Dat	min	Check	pTIN	
	eparer	Stephe	en K. Adamson, CPA	5		//	1/10/1	self-em		3066
	se Only		name > Smith & Adamson,	CPAs. L.C.			Firi	n's EIN ▶	87-04681	96
		Firm's a	address ► 5645 S. Waterbury V				Ph	one no	801 278-57	77
Ma	y the IRS	discus	s this return with the prepare	er shown above? (se	e instructions)				🔽 Yes	S 🔲 No
Fo	Paperwo	ork Redu	iction Act Notice, see the sepa	arate instructions.		Cat No	11282Y		Form S	90 (2016)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

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Dage	9
MAGE	_

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	
	Utah Youth Soccer Association is the leader in promoting, developing and governing youth soccer in the State of Utah.
	It provides education and development opportunities for all members.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	The Association administers registration, scheduling, etc., for various soccer events across the State of Utah. The Association
	provides the platform for soccer education and play for approximately 55,000 players.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	
4c	Other program services (Describe in Schedule O.)

alt	Checklist of nequired schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	√	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	•	✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	_	\
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	13.5	,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
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	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

rait	Checklist of Required Schedules (Continued)			
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00-	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		\
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	,		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	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	1	
		_	000	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		_	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		ļi
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u></u>	<u> </u>	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		/
b	If "Ves." enter the name of the foreign country:	4a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)		 	'
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	gifts were not tax deductible?	6b	j	1
7	Organizations that may receive deductible contributions under section 170(c).	"		 `
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	-	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١,
	required to file Form 8282?	7c		1
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e	'خثث	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 	1
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		7
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		/
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b	 	
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders		}	
þ	Gross income from other sources (Do not net amounts due or paid to other sources	,		
	against amounts due or received from them.)	<u></u> -		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		 -
a	Note. See the instructions for additional information the organization must report on Schedule O.	100	 	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			{
C	Enter the amount of reserves on hand	<u> </u>		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	!
h	If "Ves," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	11/h		1

	•		
Form	990	(2016)	

Part										
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S									
Section	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	V						
Occur	THE COVERNING BODY and Management		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9	Γ. Τ								
	If there are material differences in voting rights among members of the governing body, or	1 1								
	If the governing body delegated broad authority to an executive committee or similar									
	committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6	18°								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			' ايا						
•	any other officer, director, trustee, or key employee?	2		✓_						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .			1						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		√						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1						
6	Did the organization have members or stockholders?	6		1						
7a	▼			<u> </u>						
	one or more members of the governing body?	7a		1						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
_	stockholders, or persons other than the governing body?	7b		✓						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	1							
b	Each committee with authority to act on behalf of the governing body?	8b	1							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			ļ						
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C								
		<u>'</u>	Yes	No						
10a b	Did the organization have local chapters, branches, or affiliates?	10a		/						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	8 41	· -	-						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		_	}						
40	describe in Schedule O how this was done	12c								
13 14	Did the organization have a written whistleblower policy?	13	√							
15	Did the organization have a written document retention and destruction policy?		\ <u> </u>	 						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	• •								
а	The organization's CEO, Executive Director, or top management official	15a	1							
b	Other officers or key employees of the organization	15b	1							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		ļ	1: 1						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?									
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	 	1						
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4		1						
	organization's exempt status with respect to such arrangements?	16b								
Secti	on C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501((c)(3)s	only)						
	available for public inspection. Indicate how you made these available. Check all that apply.									
19	Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of the co	oreet	nalia	ı and						
10	financial statements available to the public during the tax year.	CICOL	Polic	y, and						
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶							
	Andrew Hiatt, 9159 S. State St., Sandy, LIT 84070	•								

Form	990	(201)	61

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
					C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average		do not check more lox, unless person i					Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	악	Ins	皇	ξ _e	a F	5	from the	related organizations	other compensation
	related	Individual trustee or director	ŧ	Officer	Key employee	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	et a	lona		뒇	e co]	(W-2/1099-MISC)		organization and related
	line)	rust	1		yee	mp				organizations
		ê	Institutional trustee		<u> </u>	Highest compensated employee				
	ļ				_	e e	-			
(1) Andrew Hiatt	40									
CEO					✓			111124		
(2) Eric Landon	40									
Technical Director	<u> </u>		<u> </u>		✓			67325		
(3) Bryan Attridge	40	<u> </u>			l					
Director of Operations	<u> </u>			_	✓		<u> </u>	61595		
(4) Russ Austins	2	}		1			ĺ	1		
Region 1 Director		1			<u>L</u>	<u> </u>				
(5) Toby Yoshida	2	<u> </u>				Ì	1		ì	
Region 2 Director		✓		<u> </u>			<u> </u>			
(6) Justin Harryman	2				}		Ì	}]	
Region 3 Director	<u> </u>	✓		L	ļ		$oxed{oxed}$			
(7) Roberto Maturana	2						ĺ			
Region 4 Director	ļ	✓		ļ	L		ļ.,			
(8) Lisa Brockbank	2									
Region 5 Director	<u> </u>	✓		<u> </u>	_	<u> </u>	_	ļ		
(9) Kyle Pasley	22									
Region 6 Director	ļ. <u>_</u>	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>	ļ	ļ. <u></u>	ļ	
(10) Brian Smith	10									
President		<u> </u>	<u> </u>	✓	<u> </u>	<u> </u>	<u> </u>	ļ		
(11) John Gygi	6			1						
1st Vice President	ļ			1	<u> </u>	 	<u> </u>			
(12) Brian Babcock	6					ļ				
2nd Vice President	<u> </u>	<u> </u>	<u> </u>	✓	₽-	<u> </u>	igspace			
(13)	ļ					1			{	
	ļ	ļ	<u> </u>	 	-	<u> </u>	ـــ		ļi	
(14)	ļ	1				1			[
	4	1	1	1	1	ŀ	1	i	1	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	•)	}			C)								
	(A)	(B) Position (do not check more than or			one	(D)	(E)) (F)						
	. Name and title	Average hours per	o box, unioss poison is both an			Reportable compensation	Reportable compensation							
		week (list any							from	related	""		ther	
		hours for related	ar div	nstit	Officer	Key employee	mg figh	Former	the	organizatio			ensatio	n
		organizations	ecto	utro	욕	emp	est c	ğ	organization (W-2/1099-MISC)	(W-2/1099-M	130)		n the nzation	1
		below dotted line)	P	nal t		loye	ÿömj						related	
		inte)	Individual trustee or director	Institutional trustee		ď	pens				ľ	organ	ızatıon	5
				ее	١.,		Highest compensated employee				İ			
(15)				-		-	<u> </u>	 	 					
3.027		†	1 1						l		l			
(16)						_								
3		† 	[ļ			ļ	ļ		ļ			
(17)														
									}		l			
(18)														
		<u></u>	} ;		}				1		İ			
(19)														
									l					
(20)														
						<u> </u>	<u> </u>		<u> </u>					
(21)								ĺ			-			
									<u> </u>					
(22)		ļ			ļ				ļ		ļ			
						<u> </u>	Ĺ	_						
(23)		ļ				1								
		ļ	Ļ	_		<u> </u>								
(24)		ļ									1			
(05)		 	-	<u> </u>	-		 -	-						
(25)			-											
4 15	Cub total	L	<u> </u>			<u> </u>	L	<u> </u>	 					
1b	Sub-total								0					
c	Total from continuation sheets to Part	-							240044					
d	Total (add lines 1b and 1c)							<u> </u>	240044					
2	Total number of individuals (including but reportable compensation from the organization)		to tr	iose	IISI	ea	above	e) W	no received m	ore than \$10	00,000	OT		
	reportable compensation from the Organi	ization				-							Voc	N/a
3	Did the organization list any former of	ficer direc	tor c	or tr	ust	20	kev e	-mr	olovee or high	est compe	nsated		Yes	No
•	employee on line 1a? If "Yes," complete											3		1
4	For any individual listed on line 1a, is the							n a	nd other comr	nensation fro	nm the	-		_
•	organization and related organizations												u er _{is}	
	individual							-,				4		1
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m anv	/ un	related organiz	zation or ind	ividual		. /	
_	for services rendered to the organization											5		1
Section	on B. Independent Contractors												L	<u> </u>
1	Complete this table for your five highest	compensat	ed inc	dep	end	ent	contr	act	ors that receive	ed more that	n \$100.	000 of		
	compensation from the organization. Rep	•												ax
	year.	•						•						
	(A)								(B)			(C)		
	Name and business add	iress							Description of s	ervices	C	compens	ation	
2	Total number of independent contractor							o th	nose listed ab	ove) who				
	received more than \$100,000 of compens	sation from	the or	ัตลก	uzat	าดก	•]				

Part	VIII	Statement of Revenue					_
		Check if Schedule O contains a res	ponse or note to	any line in this (A) Total revenue	Part VIII	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10 10	4.0				revenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns <u>1a</u>	<u> </u>			i	·
يق ق	b	Membership dues <u>1b</u>	502911				'
Gifts, eilar An	C	Fundraising events 1c	10609			1	
ia i	d	Related organizations 1d					
Sir	e f	Government grants (contributions) 1e				I	
ž žį		All other contributions, gifts, grants, and similar amounts not included above					ı
를 를 등	_	And similar amounts not included above 1f Noncash contributions included in lines 1a-1f; \$	294324				1
io i	9	•					
	h	Total. Add lines 1a-1f	Business Code	807844			,
Ē	2a	Soccer Events, Education, Comp.			200044		
ě	b	Legacy Field Program	90099	3380044	3380044		
9	C		90099	115465	115465		
ĒΣ	d		<u> </u>				
S E	e						
gra	f	All other program service revenue.					
Program Service Revenue	g	Total. Add lines 2a–2f		3495509	·		<u> </u>
	3	Investment income (including divid		0433303			
	}	and other similar amounts)		38717			38717
	4	Income from investment of tax-exempt be	ond proceeds ►				
	5	·	· · ·				
		Royalties	(II) Personal				
	6a	Gross rents			ļ		
	b	Less rental expenses					i i
	С	Rental income or (loss)					
	d	Net rental in come or (loss)					
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory		ĺ	ļ		,
	b	Less cost or other basis		Ì			,
		and sales expenses .				•	1
	С	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including \$					
æ		of contributions reported on line 1c). See Part IV, line 18					[
the	h	Less: direct expenses b		ì	ı		
Ó	b	Net income or (loss) from fundraising	events .				' '
		Gross income from gaming activities.	events .				
	"-	See Part IV, line 19 a		1			
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming act					
	1	Gross sales of inventory, less returns and allowances a					
	ь	Less cost of goods sold b		İ		,	
	0	Net income or (loss) from sales of inv					
	- 6	Miscellaneous Revenue	Business Code				<u> </u>
	11a		220,1000 0000				
	b						
	C						
	ď	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		4342070	3495509		38717
							Form 990 (2016)

	90 (2016)				Page 10
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must com			s must complete colu	mn (A).
	Check if Schedule O contains a respon	se or note to any lin	e in this Part IX .	<u> </u>	<u></u> . 🔲
	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	26700	26700		
2	Grants and other assistance to domestic individuals See Part IV, line 22	12750	12750		-
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	12730	12730		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	240044	156192	72740	11112
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	276747	166049	102396	8302
9	Other employee benefits	56176	35028	19038	2110
10	Payroll taxes	36652	22854	12421	1377
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	16389	9833	6064	492
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	34875			34875
13	Office expenses	45549	27329	16853	1367
14	Information technology	32953	31772	1092	89
15	Royalties				
16	Occupancy	6830	4098	2527	89
17	Travel	323875	323875		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest	36705	22023	13581	1101
21	Payments to affiliates	108291	108291		
22	Depreciation, depletion, and amortization .	69136	41482	25580	1101
23	Insurance	147319	125313	22006	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column			-	
	(A) amount, list line 24e expenses on Schedule O.)				
a	Direct Program Expense	1680472	1680472		
b	Board Expense	7974		7974	
C	Risk Managment	8426	8426		
d		ļ- 			
e 25	All other expenses Total functional expenses. Add lines 1 through 24e				
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	3167863	2802486	302272	63104

F	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	1677705	1	844779
	2	Savings and temporary cash investments	33048	2	51126
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section	i		}
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			•
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	113895	9	70502
	10a	Land, buildings, and equipment: cost or	113699	-	70563
		other basis. Complete Part VI of Schedule D 10a 2735334			
	ь	Less: accumulated depreciation 10b 304639	2444048	100	2430695
	11	Investments—publicly traded securities	1998139		2068053
	12	Investments—other securities See Part IV, line 11	1330133	12	
	13	Investments—program-related. See Part IV, line 11		13	····
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	 	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6266835	16	5465216
	17	Accounts payable and accrued expenses	14229	17	6372
	18	Grants payable		18	
	19	Deferred revenue	1700587	19	102633
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			. 4
Ξ		trustees, key employees, highest compensated employees, and			
Liabilities	ļ	disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	975635	23	958070
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	407871		52726
	26	Total liabilities. Add lines 17 through 25	3098322	26	1119801
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	,		,
ğ	27			07	
<u>a</u>	27 28	Unrestricted net assets	2160602		3222039 1123376
8	29	Permanently restricted net assets	1007911	29	1123376
Š	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and		23	
Net Assets or Fund Balances		complete lines 30 through 34.			i
S O	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>e</u>	33	Total net assets or fund balances	3168513		4345415
_	34	Total liabilities and net assets/fund balances	6266835		5465216

Form **990** (2016)

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				42070
2	Total expenses (must equal Part IX, column (A), line 25)	3167863			
3	Revenue less expenses. Subtract line 2 from line 1			11	74207
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			310	68513
5	Net unrealized gains (losses) on investments				2695
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B)))		43	<u>45415</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
		_		Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 📝 Accrual 🔲 Other		1		1
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ni n	- {		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	d or			
	reviewed on a separate basis, consolidated basis, or both:	}	1	į.	
	Separate basis Consolidated basis Both consolidated and separate basis]_			
b	Were the organization's financial statements audited by an independent accountant?		2b	✓_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited of	on a	•	1	-1
	separate basis, consolidated basis, or both:	ĺ	l		
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	·~	_ }		
	of the audit, review, or compilation of its financial statements and selection of an independent accountar		2c	√	
	If the organization changed either its oversight process or selection process during the tax year, explain School of Control of Cont	ın ın		•	. ;
•	Schedule O.	<u> </u>			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fortithe Single Audit Act and OMB Circular A-133?				
	·		3a		-
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		2F		
	required addit of addits, explain why in Schedule O and describe any steps taken to undergo such addit	.5.	3b	000	(2016)
			Form	いせせし	(2016)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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.

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

	H YOUTH SOCCER ASSOCIATION					94-266			
	rt I Reason for Public Charit						ns		
	organization is not a private foundation								
1	— · · · · · · · · · · · · · · · · · · ·								
2	— · · · · · · · · · · · · · · · · · · ·								
3	—								
4	hospital's name, city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6	A federal, state, or local government								
7									
8	A community trust described in			-					
9	An agricultural research organization or university or a non-land-grant university:	college of agri	culture (see instructio	ns). Ente	r the nam	ne, city, and state of	the college or		
10	✓ An organization that normally receives: (1) more than 33¹/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11									
12	An organization organized and o	•	-	-			ry out the purposes		
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).								
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
а	a 🔲 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
	the supported organization(s					he directors or truste	ees of the		
	supporting organization. You must complete Part IV, Sections A and B.								
b		•				• • •	,, ,		
	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.								
С	 Type III functionally integra its supported organization(s) 						ally integrated with,		
d									
	that is not functionally integra	ated. The organ	nization generally mus	st satisfy	a distribu	ition requirement an			
	requirement (see instructions	s). You must co	omplete Part IV, Sec	tions A a	and D, an	nd Part V.			
е	Check this box if the organiz functionally integrated, or Ty						e II, Type III		
f	Enter the number of supported org						[]		
g	Provide the following information a	about the supp	orted organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)									
(D)									
				ļ					
(E)									
-									

							- ugo =
Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support						
_	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	<u> </u>	<u> </u>	<u>L </u>	<u> </u>	<u> </u>	<u> </u>
	on B. Total Support	T	T	T		1	1 = - :
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	<u> </u>		 			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the		n's first, secon	nd, third, fourth	n, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he			<u></u>	<u> </u>	· · · ·	> 🗀
	on C. Computation of Public Suppor					, ,	
14	Public support percentage for 2016 (line	• • •	•			14	<u>%</u>
15 16a	Public support percentage from 2015 Sci 331/3% support test—2016. If the organ					15 31/3% or more,	check this
	box and stop here. The organization qua	lifies as a pub	licly supported	lorganization			🕨 📋
b	331/3% support test—2015. If the organithis box and stop here. The organization						nore, check
17a							
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization is supported organization.	ation meets th	ne "facts-and- ts-and-circum	cırcumstances	" test, check	this box and	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

(Complete only if you checked the box on line 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.)

	on A. Public Support								
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	542351	577831	675767	892013	807844	3495806		
3	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 Gross receipts from activities that are not an unrelated trade or business under section 513	1245928	1442063	2729499	3856373	3495509	12769372		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	1788279	2019894	3405266	4748386	4303353	16265178		
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	31774	29233	14502	179012	93932	348453		
c	Add lines 7a and 7b	31774	29233	14502	179012	93932	348453		
8	Public support. (Subtract line 7c from	31774	23233	14302	173012	33332	340433		
	line 6.)					į,	15916725		
Section B. Total Support									
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
9	Amounts from line 6	1788279	2019894	3405266	4748386	4303353	16265178		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	54429	56822	144546	51007	38717	345521		
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				<u> </u>				
С	Add lines 10a and 10b	54429	56822	144546	51007	38717	345521		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	4042700	2075746	2540040	4700202	4242070	10010000		
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			•				
Socti	on C. Computation of Public Suppor					· · · ·			
15	Public support percentage for 2016 (line	<u>~</u>		3 column (fl)		15	95.82 %		
16	Public support percentage for 2015 Sci		-			16	96.51 %		
	on D. Computation of Investment In			<u> </u>		10	96.51 /0		
17	Investment income percentage for 2016 (v line 13 colum	nn (f)\	17	2.08 %		
18	Investment income percentage for 2015 (•							
19a	331/3% support tests—2016. If the organ	•	•				2.68 % % and line		
130	17 is not more than 331/2%, check this box								
b	331/3% support tests—2015. If the organization 18 is not more than 331/3%, check this	zation did not cl	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	331/3%, and		
20		•	-	•	•		_		
20	Private foundation. If the organization di	iu not check a l	oux on line 14,	19a, 01 19D, 0	HECK THIS DOX	and see instruc	ctions - L		

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V.	<u>) </u>	
Secti	on A. All Supporting Organizations			
_	Annual of the granitations are analysis to resident and the second states of the second state		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		<u> </u>
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).	2	-	
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
С	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.	3c		
4 a	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.	4a	~~~	
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.	4b		
С	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.	4c	,	
5а	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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6	;. 	
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).	7	,	
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).	8	.d	
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 .	9a		
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.	9b		
С	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.	9c	-	
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.	10a		
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.)

10b

Schedul	e A (Form 990 or 990-EZ) 2016		1	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		İ	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	44-	ļ	
b	A family member of a person described in (a) above?	11a		
	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		
	on B. Type I Supporting Organizations	1110	<u> </u>	L
	7,,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1	1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		l	1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			ļ
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		ļ
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	١,		1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		-	
Soction	on C. Type II Supporting Organizations	2	<u> </u>	i
Secui	on C. Type if Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	1	
	or management of the supporting organization was vested in the same persons that controlled or managed	}		ļ
	the supported organization(s).	1		-
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Ì	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax]]	
	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?	1	ļ	ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u>~~~</u>	1	Ì
	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	 -	├
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's		-	ŀ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	1	1
Section	on E. Type III Functionally Integrated Supporting Organizations		1	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ıction	s).
	The organization satisfied the Activities Test. Complete line 2 below.			-7.
a 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 ır	struci	tions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1	1]
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	1	}	1
	how the organization was responsive to those supported organizations, and how the organization determined	'	}	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20	+-	
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		1
	reasons for the organization's position that its supported organization(s) would have engaged in these	ľ		1
	activities but for the organization's involvement.	2b		1
3	Parent of Supported Organizations. Answer (a) and (b) below.		1	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	
-	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h	1	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	1	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	_		-
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6	-	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	. f	
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
_ 1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
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.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	sponsive		
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	···		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a	<u> </u>			
b	ls.			
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)		<u></u>	
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from	į		•
	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h 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 and 4c.			
8	Breakdown of line 7:			
a	<u> </u>			
b	Excess from 2013			
c	Excess from 2014 ,			
d	Excess from 2015			
е	Excess from 2016			

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, Iine 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.)
	······································
	
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(Form 990)

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 2016 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number **UTAH YOUTH SOCCER ASSOCIATION** 94-2661376 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose **Conservation Easements.** Part II Complete if the organization answered "Yes" 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 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

•				
chedule D	(Form	990)	2016	

Part	Organizations Maintaining	Collec	tions of A	Art, Hist	orical 7	Freasures	, or O1	:her Similar <i>I</i>	∖sse	e ts (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply):		on, and otl	her recor	ds, chec	k any of th	e follo	wing that are a	sıgr	nificant u	se of its
а	☐ Public exhibition			d (☐ Loan	or exchang	je prog	rams			
b	☐ Scholarly research					-					
С	☐ Preservation for future generations	3									
4	Provide a description of the organizat XIII.		ollections a	and expla	in how t	hey further	the org	ganization's ex	emp	t purpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather									☐ Yes	□ No
Part	IV Escrow and Custodial Arra	angeme	ents.								
	Complete if the organization 990, Part X, line 21.	answe	ered "Yes'							unt on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?									☐ Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII a	ind comple	ete the fo	llowing t	able:	_		Amo	ount	
С	Beginning balance						10	;			
d	Additions during the year						10				
е	Distributions during the year						16	•			
f	Ending balance						11				
2a	Did the organization include an amount	nt on Fo	rm 990, Pa	art X, line	21, for e	escrow or c	ustodia	l account liabil	ity?	☐ Yes	☐ No
b	If "Yes," explain the arrangement in P								-		
	t V Endowment Funds.				<u> </u>						
	Complete if the organization	answe	ered "Yes'	on For	n 990, 1	Part IV, lin	e 10.				
			rrent year	(b) Pric		(c) Two yea		(d) Three years b	ack	(e) Four ye	ars back
1a	Beginning of year balance								7		
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships					 					
ē	Other expenditures for facilities and	<u> </u>		'		 			$\neg +$		
	programs	1									
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of t	the curre	ent vear en	d balanc	e (line 1	z. column (a	a)) held	as:			
а	Board designated or quasi-endowme					,,	,,				
b	Permanent endowment ▶	%		'							
C	Temporarily restricted endowment ▶		%								
	The percentages on lines 2a, 2b, and		ıld egual 10	00%.							
3a	Are there endowment funds not in th				zation th	at are held	and ac	lmınistered for	the		
	organization by:									Y	es No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	rganizat	tions listed	as requi	red on S	chedule R?				3b	
4	Describe in Part XIII the intended uses	s of the	organizatio	on's endo	wment f	unds.					
Pari	VI Land, Buildings, and Equip	ment.									
	Complete if the organization	n answe	ered "Yes'	" on For	m 990,	Part IV, lin	e 11a.	See Form 99	0, P	art X, lin	e 10.
	Description of property	((a) Cost or ot (investme			or other basis other)		Accumulated lepreciation		(d) Book v	alue
1a	Land	.		1289948							1289948
b	Buildings			1087186				78655			1008531
С	Leasehold improvements	. $ abla$									
d	Equipment			358200				225984			132216
е	Other	·									
Total.	Add lines 1a through 1e. (Column (d) r	nust equ	ual Form 9	90, Part)	(, colum	n (B), line 1	Oc.) .	. <u></u> . >			2430695

Part VII	Investments—Other Securities			Down N. Jones	- 11h O	F 000 Port V F 10
	Complete if the organization ans					
	(a) Description of security or category (including name of security)	'	(b)	Book value		(c) Method of valuation or end-of-year market value
(1) Financial						
	neld equity interests					
(3) Other						
(^)			ļ			
(B)			<u> </u>			
(C)						
(D)			ļ			
(E) (F)			 			
(G)			 			
(H)			 -			
	b) must equal Form 990, Part X, col (B) line 12) ▶					
Part VIII	Investments—Program Related	1	<u></u>		· · · ·	
T dit VIII	Complete if the organization ans		rm 991) Part IV line	a 11c See l	Form 990 Part X line 13
	(a) Description of investment	110100 100 01110		Book value		(c) Method of valuation
	(a) besomption of investment		(5)	BOOK Value		or end-of-year market value
(1)			 			
(2)						
(3)			 			
(4)			†			
(5)			1			
(6)			T			
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>			
Part IX	Other Assets.					
	Complete if the organization ans		rm 990	0, Part IV, lin	e 11d. See	
	(6	a) Description				(b) Book value
(1)						
(2)						
(3)						
(4)		 -				
(5)						
(6)						
<u>(7)</u>						
	 					
Total. (Colu	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)				. •
Part X	Other Liabilities.	. (=/				
	Complete if the organization ans	wered "Yes" on Fo	rm 99	0. Part IV. lin	e 11e or 11	f. See Form 990. Part X.
	line 25.			•, · · · · · · · · · · · · · · · · · · ·		.,
1.	(a) Description of liability	(b) Book value		 		
(1) Federal II	ncome taxes					
(2) PAYRO	LL TAXES PAYABLE		11017			
7	ED WAGES		19209			
	ARSHIPS PAYABLE		22500			
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col (B) line 25) ▶		52726			····
	r uncertain tax positions. In Part XIII, prov					
organization	's liability for uncertain tax positions under	r FIN 48 (ASC 740) Ch	eck her	e if the text of t	he footnote h	as been provided in Part XIII 🗌

Part	 	eturn.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements	1 4344765
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 4344765
a	Net unrealized gains (losses) on investments 2a 2695	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e		Že 2695
3	Subtract line 2e from line 1	3 4342070
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4342010
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C		4c
5	-	5 4342070
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1 3167863
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII.)	
е	——————————————————————————————————————	2e (
3	Subtract line 2e from line 1	3 3167863
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
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 3167863
Part	KIII Supplemental Information.	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	
		,
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Schedule D (Fo	rm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

► Attach to Form 990.

•		
20 16	Open to Public	Inspection

Employer identification number

OMB No. 1545-0047

Schedule I (Form 990) (2016) **%**□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance ✓ Yes 94-2661376 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed noncash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7000 8000 9009 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501(c)3 501(c)3 501(c)3 87-0544692 20-3851074 20-2048854 (p) EIN **UTAH YOUTH SOCCER ASSOCIATION** (1) SPARTA UNITED SOCCER CLUB 7109 S HIGHLAND DR #102, SCL, UT 1 (a) Name and address of organization or government 335 N 300 W #104 KAYSVILLE, UT 799 E 1610 N OREM UT 84097 (2) LA ROCA (3) RANGER CELTIC Part I Part II € <u></u> 12 9 9 E € 5

Schedule I (Form 990) (2016) Part III 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.	nestic Individual space is needed.	als. Complete if the I.	organization answ	ered "Yes" on Form 990,	Part IV, line 22.
(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 COLLEGE SCHOLARSHIPS	11	750			
2 COLLEGE SCHOLARSHIPS	2	200			
3 COLLEGE SCHOLARSHIPS	2	1500			
					,
Part III Total scholarships granted 2016-2017 \$12,250.					
	1	1			
					Schedule I (Form 990) (2016)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2017

OMB No. 1545-0047

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

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

UTAH YOUTH SOCCER ASSOCIATION	94-2661376
CHANGE IN FISCAL YEAR: The board of directors has elected to change the fiscal year of the associa	ation_from August 31st to May 31st.
The change is being made to better reflect the associations revenue cycle.	
Part IV Line 11A) From 990 copies are provided to the vice president (finance) and the board of directors	ors for final review prior
to the filing of the return	
Part VI Line 12C) The organization requires the completion of a conflict of interest questionnaire for a	ny potential conflict situations.
The associations president and board of directors must review and approve any transactions that ma	y have potential, actual or
perceived conflicts.	
Part VI Line 15) All employee salary decisions are made by the board of directors after performance e	valuations and accumulation of
comparable data regarding the position. Decisions are documented in executive committee meeting n	ninutes and ratified by the
board of directors.	
Part VI Line 19) Governing documents, conflict of interest policy and financial statements are available	e on request.
Part VII Line 2C) The board of directors oversees the selection of the auditor.	
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