# Return of Organization Exempt From Income

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

OMB No. 1545-0047 2018

Dep Inte

£	► Do not enter social security numbers on this form as it may be made public.										
partment of the Treasury emal Revenue Service	► Go to www.irs.gov/Form	n990 for instruction	ons and the latest informa	tion.							
For the 2018 calend	dar year, or tax year beginning	06-01	. 2018, and ending								

Open to Public Inspection

2949806014602

Α	For the	2018 cale	ndar year, or tax year	beginning	06	<u>-01</u>	2018, ar	nd ending		05-31	,2019		
В	Check if a	applicable:	C Name of organization	UTAH YO	OUTH SOC	CER A	SSOC:	IATIO	V.	D Employer	identification numb	ber	
П	Address	• •	Doing business as							94-26	61376		
$\Box$	Name cha	-	Number and street (or F	O, box if mail is	s not delivered to	street addre	ess)	Room/suite	•	E Telephone			
		_	9159 SO STA				·				07-5150		
H	Initial retu												
님		Inded return SANDY UT 84070 G Gross receipts \$5,954,048											
	Application	lication pending F Name and address of principal officer. BRYAN ATTRIDGE    H(a) Is this a group return for subordinates?   Yes   No   P(b) Are all subordinates included?   Yes   No											
				<u></u>			49	5					
<u></u>		npt status:	<b>X</b> 501(c)(3)	501(c) (	) ◀ (insert no	<u>،4947 كا (.</u>	a)(1) or 4	<u> </u>	┥		st. (see instructions)		
			UTAH YOUTHS						<del></del>	exemption nu			
		rganization:	Corporation Trust	Association	☐ Other ►		L Year	of formatio	n: 1978	M State of	legal domicile. UT	<u> </u>	
P	art I	Summ				<b>.</b>							
			scribe the organizati										
Se	'	THE A	SSOCIATION I	PROVIDES	S SOCCER	EDUC.	<u> 101TA</u>	I AND	PLAYI	NG OPP	ORTUNITIE	<u>.s</u>	
ıan		FOR A	PPROXIMATELY	2 57 <b>,</b> 000	) INDIVI	DUALS	INT	THE ST	CATE O	F UTAH			
e T	-												
Activities & Governance	2	Check th	is box ▶ ☐ if the org	anization dis	continued its	operation	s or dis	posed of	more than	25% of its	net assets.		
ઍ	3 1	Number o	of voting members of	f the governi	ng body (Part	VI, line 1	a)			3		9	
es	1		of independent voting	•	• • •		-			4	· · · · · · · · · · · · · · · · · · ·	6	
Σį	1		nber of individuals er	_	-					5		22	
ç	,		nber of volunteers (e:		-					6		30	
•	1		elated business reve					• • •		7a			
	1		ated business taxabl							7b			
	b	vet unrei	ateu business taxabi	e income no	1111 01111 990-	1, 11116 30	<del></del>	<del></del>	Prior Ye		Current Year	<del></del>	
			ione and grants (Dar	+ \/!!! line 1h\								025	
e	1		ions and grants (Par							5,383	1,099,		
Revenue	9 Program service revenue (Part VIII, line 2g)									5,265	4,593,		
ě									10	5,987	<u>260,</u>	887	
_	1		enue (Part VIII, colun										
	<del></del>		nue-add lines 8 thro							3,635	5,954,		
	l .		nd similar amounts p	•				_	26.	L,080	285,	740	
		•	oaid to or for membe	-									
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)									1,076,	<u>961</u>	
Expenses	16a F	Professio	nal fundraising fees (	(Part IX, colu	mn (A), line 1	1e)		· · 📙			···		
ĝ			draising expenses (Pa				, , , ,	<u> </u>	The state of the s	做在这些的思想的是他们就是不是			
Ш	17 (	Other exp	enses (Part IX, colur	nn (A), lines	1a-11 <b>2.E</b> G	24/E[	)		3,030	732	2,969,	682	
	18 7	Total exp	enses. Add lines 13-	17 (must equ	al Part IX, co	iumn (A),	ine 25)	. [	4,26	,291	4,332,	383	
	19 F	Revenue	less expenses. Subti	ract line 18 fr	pm liner12p.	A 5 202	n .  8	$ abla$		3,344	1,621,		
es.					<u> </u>	<del>V 0</del>	RS-		ginning of Cu		End of Year		
ets	20 1	Fotal asse	ets (Part X, line 16)		<u> </u>	<del></del>		–	6,869	554	8,504,	845	
Net Assets or Fund Balances	21 T		lities (Part X, line 26)		l ogd	EN. U	T I	—		3,749	1,223,		
Net Func	22 1		s or fund balances.							805	7,281,		
	rt II		ure Block					· · · · · · · · · · · · · · · · · · ·	0,,00	7 5 5 5			
		<u>-</u>	y, I declare that I have exa	mined this retur	n including acco	mnanving si	chedules a	nd stateme	ints, and to th	e best of my	knowledge and heli	ief ıtis	
true	e, correct,	and comple	ete. Declaration of prepare	fother than office	cer) is based on a	il informatio	n of which	preparer h	as any knowle	dge.	and some	,	
		1 1/2	no Althur	20					····	1/3//20	20		
Sig	n l	Signa	tyre of officer	<del></del>					Dat	<del>/ / - /</del>		<del></del>	
He		BR:	/	EXECUT	IVE DIR	ECTOR							
			or print name and title	DADCOI	TAP DIK	DCION							
		,	e preparer's name	Pre	parer's signature		<i></i>	Date			PTIN		
Pai	id				- I. J. J. Orginatore			- 1	15-19	Check	if	6	
	eparer		HEN K ADAMSC		CONTRACT		<u> </u>				red P016306	<u> </u>	
	e Only	Firm's na	<del></del>	ND ADAM							<u>-0468196</u>		
<u> </u>	Ciny	Firm's ac		WATERBU		201		· · · · · ·	Pho	ne no.801	278-5777		
		Ш.	SALT LA					<del> </del>					
May	the IRS	discuss	this return with the	preparer sho	wn above? (s	ee instruc	tions)				🗶 Yes 🗌		
					- atministra						Earm 990	(0010)	

Form 9	90 (2018) Page
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1,,	
	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 executation undertake and similar to a second during the control of the c
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
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 \$ 3,532, inclinding grants of \$ 285,74 (Revenue \$ 4,593,3) 6
	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 57,000 MEMBERS.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	/ (Leader
	,
	· · · · · · · · · · · · · · · · · · ·
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	(Code) (Expenses \$) (nevenue \$)
	······································
	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 3,532,515

21

orm 9	90 (2018)	/ 1	/ 1	Page 3
Part	IV 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," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		Х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		х
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		х
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		х
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_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		Х
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		х
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	v .c. 10	X
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.			
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	х	= .
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		<u>X</u>
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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	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	11f		X
12a	Schedule D, Parts XI and XII	12a	x	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	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?	14a		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.	14b		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	15		Х
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		X
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		X
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	Х	
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	I	-

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

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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	X	
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		х
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		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	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? If "Yes," complete Schedule L, Part I	25b		X
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		Х
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		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	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) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "res," 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		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>x</u>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	х	
Part	<b>-</b>		· <u> </u>	_
	Check if Schedule O contains a response or note to any line in this Part V		· ·	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	變個		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_	Enter the number of appleures reported on Form W.S. Transmittel of Wage and Tay	2.002700	Yes	No
Źа	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X ertitionality	6 8 to 76 1/38
•	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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4-		\ \
L	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ひご思さび	X
b	If "Yes," enter the name of the foreign country:			
F	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		21331	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<del>  ^</del>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		<del> </del> -
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a		
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	105753	THE E	50.25
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
а	and services provided to the payor?	7a	X	15162336
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	$\hat{\mathbf{x}}$	<del> </del>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		THE PE	W.D
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	संबद्ध <u>ी के</u> ती	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	To the	SA.	
•	sponsoring organization have excess business holdings at any time during the year?	8	Mines :	X
9	Sponsoring organizations maintaining donor advised funds.	逻辑		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	数道袋		外主点
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	6		
11	Section 501(c)(12) organizations. Enter:	談別	3.4	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			2.0
	against amounts due or received from them.)		<b>正惠</b>	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	發落	7.	調
	Section 501(c)(29) qualified nonprofit health insurance issuers.	<b>系</b>	Sister.	经经
	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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			101 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
	Enter the amount of reserves on hand		被類	\$5.00 <u>0</u>
	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		X
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			經盟
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	C4.1 \ E4	X
	If "Yes," complete Form 4720, Schedule O.	黨議		思制

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	190 (2016)			Page <b>o</b>
Pari				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in:	struct	
<u>.</u>	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		<u>. 🛛 </u>
Sect	ion A. Governing Body and Management			T
10	Enter the number of voting members of the governing body at the end of the tax year 1a	Q DAGGE	Yes	No TEXTAGE
1a	Enter the number of voting members of the governing body at the end of the tax year		77.	24
	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	144	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	<u>X</u>	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	X	<del>                                     </del>
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	/- \	<u>x</u>
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue Co	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	Sein.i.
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	X	
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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			.04( )
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request  Other (explain in Schedule O)	·		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords l	<b>&gt;</b>	
BRY	AN ATTRIDGE 9159 SO STATE ST 84070 801 307-5150			

Part VII	Compensation of Officers, Direct	tors, Trustees, I	Key Employees, I	Highest Compensa	ted Employees, and
	Independent Contractors				

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 employee."
- 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.										
<del></del>		<u> </u>	-	(	C)					<u> </u>
(A)	(B)	(do n	ot cl		ition mor	i e than i	one	(D)	(E)	(F)
Name and Title	Average hours per	box, unless person is both an					n an	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any		officer and a director/trustee					from	related	other
	hours for related	Individual trustee or director	State	Officer	Key employee		Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	dual	₽	14	퍨	yee	<b>9</b>	(W-2/1099-MISC)		organization
	below dotted	าร	<u>a</u>		) ye	) j				and related organizations
		i i e e	Institutional trustee		"	Highest compensated employee	ļ			•
			0	_	L	Ē				
(1) BRIAN SMITH	10									
PRESIDENT	1	X		X						
(2) JOHN GYGI	6				Π					
1ST VICE PRESIDENT		X		X						
(3) BIAN BABCOCK	6									
2ND VICE PRESIDENT		X		X						
(4) RUSS AUSTIN	2				ł					
REGION 1 DIRECTOR		X		_						
(5) ZIGMUND PEACOCK	2									
REGION 2 DIRECTOR		<u> </u>								
(6) JUSTIN HARRYMAN	2									
REGION 3 DIRECTOR	ļ	X				ļ				
(7) RENATA LAWSON	2									
REGION 4 DIRECTOR	2	X								<del></del>
(8) LISA BROCKBANK	2	v								
REGION 5 DIRECTOR  (9) KYLE PASLEY	2	X								<del></del>
		v				ļ	İ			
REGION 6 DIRECTOR (10) ANDREW HIATT		X		$\vdash$						
CEO	40	i		X	v			224,948		
(11) ERIC LANDON	70		$\dashv$	$\hat{}$	^			224, 340		
TECHNICAL DIRECTOR	40			ı	χ	Ì		105,439		
(12) BRYAN ATTRIDGE	10		$\neg$		^		$\dashv$	100,400		<del></del>
DIRECTOR OF OPERATIONS	40		ł		Χ			91,177		
(13)			一							
			}					1		
(14)							$\neg$		· — · · — · ·	
				-	[	<u> </u>				

•	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than box, unless person is bo officer and a director/tru					n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	on from	(F) Estimated amount of other	f
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizat (W-2/1099-	tions	compensation from the organization and related organizations	
(15)													
(16)								_					
(17)													
(18)				_								·	
(19)													
(20)												··	
(21)						`							
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total	VII, Section	ı A					<b>&gt;</b>	421,564				
2	Total number of individuals (including but							) wh	421,564 no received mo	ore than \$1	100,000	of	
	reportable compensation from the organize	zation >											No
3	Did the organization list any former off employee on line 1a? If "Yes," complete 5							mpl	oyee, or high	est compe	ensated 	3	差, X
4	For any individual listed on line 1a, is the organization and related organizations individual												
5	Did any person listed on line 1a receive or for services rendered to the organization?									ation or in	dividua		X
Section	n B. Independent Contractors	•							·····				
1	Complete this table for your five highest compensation from the organization. Rep year.												<u>.</u>
	(A) Name and business addr	ess							(B) Description of se	ervices		(C) Compensation	
										· · · · · · · · · · · · · · · · · · ·			
			_,										
2	Total number of independent contractor received more than \$100,000 of compensa							tho	ose listed abo	ve) who			

Pai	t VIII	Statement of Rev Check if Schedule (		response o	or note t	o any line in thi	s Part VIII		, ago
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants	1a b c	Federated campaign Membership dues Fundraising events	[		8,802 0,918				
ions, Gift Similar	d e f	Government grants (contributions)		1d 1e	,				
Contributions, Gifts, Grants and Other Similar Amounts	g	and similar amounts not inc Noncash contributions inclu <b>Total.</b> Add lines 1a-1	cluded above ded in lines 1a–1	f: \$	0,105 . ▶	1,099,825			
Revenue	2a b	SOCCER PROGF	RAMMING		ss Code	3,438,259	3,438,259 1,155,077		
Program Service Revenue	c d e		· · · · · · · · · · · · · · · · · · ·				171007077		
Progra	f g	All other program ser Total. Add lines 2a-2 Investment income	lf			4,593,336			
	4 5	and other similar amo	ounts)		. ▶	260,887	260,887		
	6a b	Gross rents Less: rental expenses	(i) Real	(II) Per	rsonal				
	c d 7a	Rental income or (loss) Net rental income or (Gross amount from sales of	(loss)	· · · · · · · · · · · · · · · · · · ·	, ►				
	b	assets other than inventory Less: cost or other basis and sales expenses .	,						
	d	Gain or (loss)  Net gain or (loss)			. ▶				
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported)	30,91						
her R	_	See Part IV, line 18 .		а					
Ö		Less: direct expenses Net income or (loss) fi		b ing events	. ▶	WANE WILLIAMS		TALLES THE STATE OF	
	9a	Gross income from ga See Part IV, line 19	ming activitie	es.	1 ( )				
	C	Less: direct expenses b  Net income or (loss) from gaming acti Gross sales of inventory, less returns and allowances a		activities .	. ▶				
		Less: cost of goods so Net income or (loss) fr Miscellaneous Ro	om sales of	inventory .  Busines	. ▶				
	11a b c					aren in National green (	i manderne de vivilité il/griges de la mande	en en , setable sy ent, p. 139 Ac.	TH W. 42. O 12 DE 1.40 TON PREVIOUS
		All other revenue .  Total. Add lines 11a-  Total revenue. See in	l1d		. <b>&gt;</b>	5.954.048	4,854,223		

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . <u>272,</u>740 272,740 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . 13,000 13,000 建氯基酸 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . . 421,564 269,801 130,685 21,078 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 528,749 338,399 163,912 26,438 7 Other salaries and wages . . . . . . 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . 62,391 39,930 19,341 9 64,257 41,124 19,920 10 Payroll taxes . . . . . . . . . . Fees for services (non-employees): 11 Management . . . . . . Legal . . . . . . 21,093 21,093 Accounting . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 54,770 23,322 31. 448 12 Advertising and promotion . . . . 50,370 3,911 45,978 13 Office expenses 481 14 Information technology . . . . 15 63,265 16 63,265 389,720 284,834 99,145 5,741 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . <u>43,07</u>2 27,075 20 14,046 1,951 . . . . . . . . . . . . . 130,915 130,915 21 Payments to affiliates . . . . . . . . . 87,768 55,171 28,621 976 22 Depreciation, depletion, and amortization . 131,637 97,541 34,096 23 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.) REFEREES & ENTRY FEES 1,291,873 1,291,873 26,210 FIELD RENTS, LABOR & EQUIP 417,704 391,494 DIRECT PROGRAM EXPENSE 222,345 222,345 C 10,000 10,000 PROFESSIONAL SERVICES 55,150 19,040 36,110 All other expenses TOTAL OTHER EXPE Total functional expenses. Add lines 1 through 24e 4,332,383 3,532,515 702,422 97,446 25 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) . . . . if

P	art X	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this F	Part X	
			(A)	(B)
			Beginning of year	End of year
	1	Cash—non-interest-bearing	259,058	
	2	Savings and temporary cash investments	363,983	2
	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
_	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		
Assets	_	organizations (see instructions). Complete Part II of Schedule L		7
\ss	7	Notes and loans receivable, net		8
4	8	Inventories for sale or use	108,727	9 101,015
	9	Prepaid expenses and deferred charges	100,727	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 2,768,32		
		, , , , , , , , , , , , , , , , , , ,		10c 2,331,814
	b			
	11	Investments—publicly traded securities		11 5,284,264 12
į	12	Investments—other securities. See Part IV, line 11		13
	13	Investments—program-related. See Part IV, line 11		14 15,000
	14	Intangible assets		15
	15	Other assets. See Part IV, line 11	<del></del>	<b>16</b> 8,504,845
	16	Total assets. Add lines 1 through 15 (must equal line 34)	90,529	
	17 18	Accounts payable and accrued expenses		18
	18	Grants payable		19 298,527
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21 .
<b>(</b> 0		Loans and other payables to current and former officers, directors,	Phase and a second second	ISO'S DESIGNATION OF SECURITIES AND
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
Ë	23	Secured mortgages and notes payable to unrelated third parties	882,444	<b>23</b> 803,156
	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	1 1	25
	26	Total liabilities. Add lines 17 through 25		<b>26</b> 1,223,692
es				
2	27	Unrestricted net assets	3,568,510	<b>27</b> 7,247,708
98	28	Temporarily restricted net assets	2,167,295	
	29	Permanently restricted net assets		29
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.		
3	30	Capital stock or trust principal, or current funds		30
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31
As	32	Retained earnings, endowment, accumulated income, or other funds.		32
Ę	33	Total net assets or fund balances	5,735,805	<b>33 7,281,153</b>
~			6,869,554	
	34	Total liabilities and net assets/fund balances	0,000,004	34 0,304,043

oim a	90 (2016)			Pa	ige iz
Par	Reconciliation of Net Assets		-		
	Check if Schedule O contains a response or note to any line in this Part XI				
î	Total revenue (must equal Part VIII, column (A), line 12)	1	5,9	54,	048
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,3	32,	383
3	Revenue less expenses. Subtract line 2 from line 1	3	1,6	21,	665
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) [	4	5,7	35,	805
5	Net unrealized gains (losses) on investments	5		76,	317
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	7,2	81,	<u> 153</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				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain in			
	Schedule O.		236	25	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were complete.	led or			
	reviewed on a separate basis, consolidated basis, or both:				結論
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<b>亚克</b>		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	criesze: 1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a		144231 VA 144	
	separate basis, consolidated basis, or both:			想出	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	X	827 A7855
	If the organization changed either its oversight process or selection process during the tax year, exp	lain in			語學
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in		- 1	
	the Single Audit Act and OMB Circular A-133?	• •	3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	go the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits.	3b		<u>X</u>
			. Form	990	(2018)

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

**Public Charity Status and Public Support** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Employer identification number

Name	of the organization	-				Employer identification	
	AH YOUTH SOCCER ASSO	CIATION	· · · · · · · · · · · · · · · · · · ·			94-2661376	
	rt I Reason for Public Cha						ons.
The 4	organization is not a private foundated in a church, convention of church A school described in section	hes, or associat	ion of churches descr	ibed in <b>s</b> e	ction 17	0(b)(1)(A)(i).	,9
3	A hospital or a cooperative ho	spital service or	ganization described i	n sectior	170(b)(1	)(A)(iii). \	(
4	A medical research organization hospital's name, city, and state	e:					
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					tal unit described in
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup	I in section port from	on 170(b) a goveri	(1)(A)(v). nmental unit or fron	n the general public
8	☐ A community trust described i	n section 170(b	)(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:	ant college of aga	riculture (see instruction	ons). Ente	r the nam	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un after June 30, 19	inctions—subject to c irelated business taxa 75. See <b>section 509(</b> a	ertain exc ble incom a)(2). (Cor	eptions, e (less se nplete Pa	and (2) no more tha ection 511 tax) from ert III.)	n 331/3% of its
11	☐ An organization organized and						
12	An organization organized and of one or more publicly support Check the box in lines 12a through	orted organizatio	ons described in secti	on 509(a	)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а	the supported organization supporting organization. Y	n(s) the power to ou must compl	regularly appoint or e ete Part IV, Sections	lect a ma A and B.	jority of t	he directors or trust	ees of the
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	organization vested in	the same	with its s persons	upported organizati that control or man	on(s), by having age the supported
C	Type III functionally integ its supported organization						ally integrated with,
đ	Type III non-functionally that is not functionally interequirement (see instructionally interequirement)	grated. The orga	inization generally mu	st satisfy	a distribu	tion requirement an	orted organization(s) ad an attentiveness
е	Check this box if the organ functionally integrated, or	nization received Type III non-fund	a written determination	on from the operating of	ne IRS tha organizati	at it is a Type I, Type on.	e II, Type III
f	Enter the number of supported						
<u>g</u>	Provide the following information  (i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see
			,	Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total			ALIES AND ESTABLE	NAME OF			

Part							
	(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	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support					· · · · · · · · · · · · · · · · · · ·	
Caler	idar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and					/	
	membership fees received. (Do not		}			/	
	include any "unusual grants.")				ļ	/	
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			/	r		
4	Total. Add lines 1 through 3	<del></del>					<del></del>
-	<del>-</del>		CALL TO THE PARTY OF THE PARTY	EXTENDED TO SECOND			··· -· · · · · · · · · · · · · · · · ·
5	The portion of total contributions by each person (other than a				10.00		
	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	學的學術學	可能的理解的	問題的從語話到	1865年3848	期智能的意识	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4		<u></u>				
8	Gross income from interest, dividends,						
	payments received on securities loans,					ļ	
	rents, royalties, and income from similar sources						
•			<u> </u>				<del></del>
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on /	<b>/</b>					
10	Other income. Do not include gain or						<del></del>
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	<b>新型光线和</b> 数	的。如此是	建設認識的	阿姆加斯斯	的學學是	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he						▶ 🗆
Secti	on C. Computation of Public Suppor			<del> </del>			
14	Public support percentage for 2018 (line					14	<u>%</u>
15	Public support percentage from 2017 Sch	nedule A, Part	II, line 14 .			15	% -haals this
16a	331/3% support test – 2018. If the organi	zation did not	check the box	con line 13, ar	na line 14 is 33	or more,	Check this
	box and stop here. The organization qua 331/3% support test—2017. If the organi						
b	this box and stop here. The organization						
	<i>,</i> .	•	• • •	_			<del></del>
17a	10%-facts-and-circumstances test-20 10% or more, and if the organization me	118. If the orga	inization did n	ot cneck a box	K on line 13, 11	oa, or 100, and	I IINE 14 IS Evolaio in
	Part VI how the organization meets the "						
	organization		amstances te		Lation quamies		▶ 🗆
L	10%-facts-and-circumstances test—20	147 If the erec	nization did n	ot obook a bo	v on line 13 1	6a 16b or 17:	and line
b	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization n	neets the "fact	s-and-circums	stances" test.	The organization	on qualifies as	a publicly
	supported organization						▶ □
18	Private foundation. If the organization di	d not check a l	oox on line 13,	16a, 16b, 17a	, or 17b, checl	k this box and	see
	instructions						<u></u> ▶ □
<del>/</del>	/		<del></del>			edule A (Form 990	or 990-EZ) 2018

### 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.)

Sect	ion A. Public Support	, , , , , , , , , , , , , , , , , , , ,			· · · · · · · · · · · · · · · · · · ·	-:/	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e)·2018	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 201	(0) 2010	(0) 2010	(0) 20 11	(0) 10 10	(7 : 5:2.
•	received. (Do not include any "unusual grants.")	675767	892013	807844	1075383	1099825	4550832
2	Gross receipts from admissions, merchandise	0/3/0/	832013	807044	1073303	1033023	400002
	sold or services performed, or facilities						
	furnished in any activity that is related to the	2720400	2056272	2405500	4406266	4593336	10160002
3	organization's tax-exempt purpose Gross receipts from activities that are not an	2729499	3856373	3495509	4486265	4593330	19160982
3	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						
-	The value of services or facilities			-			
5	furnished by a governmental unit to the						
	organization without charge						
•	<del>-</del>		47.40000	4000050	5504040	5000464	22744044
6	Total. Add lines 1 through 5	3405266	4748386	4303353	5561648	5693161	23711814
7a	received from disqualified persons .	]					
	, ,					<del> </del>	
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	14502	179012	93932	205916	180460	673822
_	Add lines 7a and 7b	14502	179012	93932	205916	180460	673822
8	Public support. (Subtract line 7c from	BING SEES COM	##*\##################################	DAMES STATE	200310	180400 180403 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	073022
·	line 6.)						23037992
Secti	on B. Total Support	Later Andrews & ST 3 - Person	BLOTT MAY WINE	1 Total State of the State of State of	A Lide Street Street Control	CONTRACTOR SECURITION	20007002
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	3405266	4748386	4303353	5561648	5693161	23711814
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	i l					
	royalties, and income from similar sources .	144546	51007	38717	106987	260887	602144
b	Unrelated business taxable income (less			1			
	section 511 taxes) from businesses					ı	
	acquired after June 30, 1975						
C	Add lines 10a and 10b	144546	51007	38717	106987	260887	602144
11	Net income from unrelated business						
	activities not included in line 10b, whether		ĺ	·		j	
	or not the business is regularly carried on						
12	Other income. Do not include gain or	[				}	4
	loss from the sale of capital assets					1	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,			[		1	
	and 12.)	3549812	4799393	4342070	5668635	5954048	24313958
14	First five years. If the Form 990 is for the						
<u> </u>	organization, check this box and stop he			· · · · ·	<del></del>	· · · · ·	· · ▶ []
	on C. Computation of Public Support Public Support percentage for 2018 (line			2 column (ft)		15	94.75 %
15 46	Public support percentage for 2016 (line support percentage from 2017 Sci		-			16	95.48 %
16 Section	on D. Computation of Investment In			· · · · ·	<u> </u>	1 10 1	33.46 /0
17	Investment income percentage for 2018 (			v line 13 colur	nn (fl)	17	2.48 %
18	Investment income percentage from 2013					18	2.56 %
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2018. If the organ	ization did not	check the box	on line 14. an	d line 15 is m		
130	17 is not more than 331/3%, check this box	and stop here.	The organization	on qualifies as a	publicly suppo	orted organization	on . ► 🗸
b	33 <sup>1</sup> / <sub>3</sub> % support tests—2017. If the organization						
D	line 18 is not more than 331/3%, check this	box and stop he	ere. The organia	zation qualifies	as a publicly su	upported organi	zation ► 🖂
20	Private foundation. If the organization di						
	· · · · · · · · · · · · · · · · · ·						

### 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. All Supporting Organizations	

- Are all of the organization's supported organizations listed by name in the organization's governir documents? If "No," describe in Part VI how the supported organizations are designated. If designated is class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu 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," answ. (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an 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)(l purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "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.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l 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 Eli 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 actio 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 alread designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 mor disqualified persons as defined in section 4946 (other than foundation managers and organizations describe 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 benef 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 integrate 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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Part	V Supporting Organizations (continued)			
•		CONTRACTOR	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		3	
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?	整記 11a		37 F 13
b	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		
Sect	ion B. Type I Supporting Organizations			,
		Eng (a)	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 tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			310
	controlled the organization's activities. If the organization had more than one supported organization,		對盟	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			200
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1325	211	- C.
2	Did the organization operate for the benefit of any supported organization other than the supported	A835	Mili Si	### SS
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	E H		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II 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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			3
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
		1		
Secti	ion D. All Type III Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	<b>P</b> ENER	HEAR	NO NAMES N
1	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	#11351PT	المنساط علا
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	影響	39	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		<b>224</b>	199
	the organization maintained a close and continuous working relationship with the supported organization(s).	2 595200	223130	145 1 epoe
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 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	22/13/	0000371
Secti	ion 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	instruc	ctions	s).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			7
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then In Part VI identify		4	是到
	those supported organizations and explain how these activities directly furthered their exempt purposes,			7
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	2 - 1820 - 353	1.44.4h*/21
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	37770)	Profice.	
•		2b	4503E	16.50
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<u> </u>	39713	247.59
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-	275	
b	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b	ortzer S	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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		
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)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	が変え		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	· <u> </u>	
c Fair market value of other non-exempt-use assets	10	:	
d Total (add lines 1a, 1b, and 1c)	1d	<u> </u>	
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	THE PERSON NAMED IN THE PE	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	THE PROPERTY OF THE PERSON OF	
4 Enter greater of line 2 or line 3.	4	[李明][[4][[4][[4][[4][[4][[4][[4][[4][[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		l
7 Check here if the current year is the organization's first as a non-functionall instructions).	y in	tegrated Type III supporting	g organization (see

Schedu	ule A (Form 990 or 990-EZ) 2018  V Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	izations (continued)	Page 7
.—	ion D—Distributions	o, Supporting Organ	izations (continued)	Current Year
<del></del>			Guitent real	
1	Amounts paid to supported organizations to accomplish		<del> </del>	
2	Amounts paid to perform activity that directly furthers ex- organizations, in excess of income from activity	empt purposes of suppo	orted	
	Administrative expenses paid to accomplish exempt purp	noses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets	Joses of supported orga	anizations	<del></del>
<del></del>	Qualified set-aside amounts (prior IRS approval required)		<del></del>	
<del></del>	Other distributions (describe in Part VI). See instructions.			
$-\frac{3}{7}$	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is re-	sponsive	<u> </u>
Ü	(provide details in Part VI). See instructions.	m the organization to re-	Sportorro	
9	Distributable amount for 2018 from Section C, line 6	•	-	
10	Line 8 amount divided by line 9 amount			
		(6)	(ii)	(iii)
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
_	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			是過過的學生的
а	From 2013	<b>创作的关系是对话</b>	是此時性則於可能是	
b	From 2014		MEAN THE PARTY OF	
c	From 2015	<b>四种译文学生实现</b>		MEND DESIGNATION OF THE PROPERTY OF THE PROPER
d	From 2016	BETTE BUTTON		<b>阿斯斯里德克斯</b>
е	From 2017	<b>中国的区域的</b>		
f	Total of lines 3a through e		STATE OF THE SAME AND THE SAME	是不是并是他们的
	Applied to underdistributions of prior years	TANKS THE PROPERTY OF THE PARTY		CALL STATE OF THE
h	Applied to 2018 distributable amount		語語。如此的語言的語言	
	Carryover from 2013 not applied (see instructions)		SECRECAL PROPERTY.	
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	-		的原理學學學的
4	Distributions for 2018 from	<b>的过去式和过去分词</b>		
	Section D, line 7: \$	<b>公民公司的</b>		
a	Applied to underdistributions of prior years			では、対抗性に対抗性は必然
b	Applied to 2018 distributable amount	<b>利用政治的</b> 工作的工作。		
С	Remainder. Subtract lines 4a and 4b from 4.		THE PROPERTY OF THE PARTY OF TH	即以建筑和严肃的
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.	The same particular constraints of the	TO SHAPE SHOW THE PROPERTY OF THE PARTY OF T	AND AND THE CONTRACTOR OF THE PARTY OF THE P
8	Breakdown of line 7:	CONTRACTOR OF THE PARTY OF THE		Property of the second
a	Excess from 2014	DECRETARE LO SERVICIO DE LA CONTRE	THE PROPERTY OF THE PROPERTY O	MANUSTRAL PROPERTY OF THE PROP
b	Excess from 2015	The second and the second seco	EXPERIENCE AND THE PARTY OF THE	MATERIAL PROPERTY OF THE PARTY
<u> </u>	Excess from 2016	Manager and the second	TEATHER WAS ARREST	
d	Excess from 2017	THE STREET STREET	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	SERVICE TO
е	Excess from 2018	SHEWS WAS THE SHOWING	<b>译品"智慧"(位置图16</b> 27)	<b>新生化器以近回产生国际报</b> 证

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.)
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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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 94-2661376 UTAH YOUTH SOCCER ASSOCIATION 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 (b) Funds and other accounts 1 Total number at end of year . . . . . . . . 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . . . . 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 ☐ Yes ☐ No 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 Preservation of a certified historic structure ☐ Protection of natural habitat ☐ 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 Total number of conservation easements . . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c С Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ 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) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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. 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: 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: a Revenue included on Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . . **b** Assets included in Form 990, Part X . .

Schedu	ule D (Form 990) 2018							Page
Par	t III Organizations Maintaining							
3	Using the organization's acquisition, collection items (check all that apply)	·	ther reco	rds, ched	ck any of t	he follo	wing that are a s	ignificant use of it
а	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	ırams	
b	Scholarly research			☐ Othe				
C	☐ Preservation for future generation	s						
4	Provide a description of the organiza XIII.		and expl	ain how t	hey furthe	r the or	ganization's exen	npt purpose in Par
5	During the year, did the organization assets to be sold to raise funds rathe							
Par	IV Escrow and Custodial Arra	angements.			- ·			
	Complete if the organization 990, Part X, line 21.	n answered "Yes	on For	m 990, I	Part IV, lir	e 9, or	reported an am	ount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?							t Yes No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	llowing t	able:	_		
							Ar	nount
C	Beginning balance					10	;	
d	Additions during the year					10	1	
е	Distributions during the year					16	:	
f	Ending balance					11		
2a	Did the organization include an amou	nt on Form 990, P	art X, line	21, for e	scrow or c	ustodia	l account liability	? 🗌 Yes 🔲 No
b	If "Yes," explain the arrangement in P							
	t V Endowment Funds.							<del></del>
	Complete if the organization	n answered "Yes	on For	m 990, F	art IV, lin	e 10.		
		(a) Current year		or year	(c) Two yea		(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							<u> </u>
c	Net investment earnings, gains, and losses				,			
Ь	Grants or scholarships							
e	Other expenditures for facilities and							
	programs			<del></del>				
f	Administrative expenses	<del></del>						
g	End of year balance	<u> </u>		- 0:		- N - b - 1 - L		<u> </u>
2	Provide the estimated percentage of t			e (line 1g	, column (a	a)) neid	as:	
a	Board designated or quasi-endowmer		_%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment ▶	%						
_	The percentages on lines 2a, 2b, and	•						
за	Are there endowment funds not in the	e possession of tr	ne organi	zation tha	at are neio	and ad	ministered for the	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related of					٠.		3b
4	Describe in Part XIII the intended uses		on's endo	wment fu	ınds.		·	
Part	VI Land, Buildings, and Equip	ment.						
	Complete if the organization	answered "Yes"	" on For	m 990, F	Part IV, lin	e 11a.	See Form 990,	Part X, line 10.
	Description of property	(a) Cost or ot (investm		• •	r other basis ther)	de	Accumulated epreciation	(d) Book value
1a	Land	1.28	9,948				EWE SEE	1,289,948
b	Buildings		7,183				162,717	924,466
~	Leasehold improvements	1,00	. ,					
d	Equipment	30	1,198				273,798	117,400
u e	Other		1,120	<del></del> +		ļ	213,130	111,400
	Add lines 1a through 1e. (Column (d) m	viet equal Form Of	OO Port	' column	(B) line 11	1		2 221 014
uldi.	Aud illies Ta tillough Te. (Column (a) m	iusi equal Porrii 9	ov, rdil A	, colullin	(D), IIIIE TO		· · · •	2,331,814

Schedule D (Form 990) 2018

Part VII	Investments—Other Secu Complete if the organizatio		rm 990 Part IV li	ne 11h See For	m 990 Part X line 12
	(a) Description of security or (including name of secu	category	(b) Book value	(c) M	ethod of valuation: nd-of-year market value
(1) Financia	I derivatives				
(2) Closely-	held equity interests				
(3) Other				AT COST	
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					·
(G)					<del></del>
(H)	1) 15 000 B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	401 h		MAZZAMARZENIA E REZERBAN	Meer Chica Bendarias hara hara
Part VIII	b) must equal Form 990, Part X, col. (B) line Investments—Program Re			<b>一种的人的人们的人们的人们</b>	
Part VIII	Complete if the organization		rm 990 Part IV lie	ne 11c See Forr	n 990 Part Y line 13
	(a) Description of investr		(b) Book value	<del></del>	ethod of valuation:
	(a) Description of investi	IBIIL	(b) Book value		d-of-year market value
(1)	· · - · - ·	<u> </u>			
(2)		<del> </del>		·	<del> </del>
(3)		····································		-	
(4)		, , , , , , , , , , , , , , , , , , , ,			
(5)	· · · · · · · · · · · · · · · · · · ·				· · ·
(6)					<del> </del>
(7)		•			·
(8)					
(9)		l			
Total. (Column (I	o) must equal Form 990, Part X, col. (B) line 1	(3.) ▶		<b>医型型型部</b>	
Part IX	Other Assets.				
	Complete if the organization		m 990, Part IV, lir	ne 11d. See Forr	
		(a) Description			(b) Book value
(1)					<u> </u>
(2)					·
(3)	<del>-</del>				
(4)			<del></del>		
(5)					
(6)	<del></del>				
(7)					
(8)					
(9)	nn (b) must equal Form 990, Par	t V cal (P) lina 15 )			
Part X	Other Liabilities. Complete if the organization		m 990, Part IV, lir		e Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value	SALVATA SALVA	<b>新点是四种形形,那种企业</b>	THE PARTY OF THE PARTY NEW PROPERTY.
(1) Federal in		(2)			
(2)					
(3)	·				
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	<del></del>				
	) must equal Form 990, Part X, col. (B) line 2	5.) ▶			
	uncertain tax positions. In Part XIII,		ote to the organization	n's financial statem	ents that reports the
	liability for uncertain tax positions				

	lle D (Form 990) 2018		Page 4
Par		Return	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T T	
1`	Total revenue, gains, and other support per audited financial statements	1	5,954,048
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,954,048
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	100	
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,954,048
Part		er Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,327,809
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	<del></del>
3	Subtract line 2e from line 1	3	4,327,809
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 4,574		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	4,574
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,332,383
Part			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b		
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	formation	on.
	·		

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• [1002]

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

### **Supplemental Information Regarding Fundralsing or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Go to www.irs.gov/	rorm990 tor	instructions a	and the latest informa	Employer identifi	Inspection
UTAH YOUTH SOCCER ASS	ОСТЪТТОМ				94-26613	
Part I Fundraising Activities	. Complete if th			vered "Yes" on		
Form 990-EZ filers are				<del></del>		
<ul><li>1 Indicate whether the organizati</li><li>a  Mail solicitations</li></ul>	on raised funds t	•		_		
<ul><li>a</li></ul>	nne			ion of non-govern ion of governmen	-	
c Phone solicitations	3113			fundraising events		
d In-person solicitations			- 1	<b>3</b>		
2a Did the organization have a wr or key employees listed in Forr						
b If "Yes," list the 10 highest paid compensated at least \$5,000 b			draisers) p	ursuant to agreem	nents under which th	ne fundraiser is to t
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			,
					<del> </del>	
2						
3	-				. —	
4						
5						,
6						
7						
8		<u> </u>				
9						
10						
Total			•			
3 List all states in which the orga registration or licensing.	nization is regist	ered or lice	ensed to se	olicit contributions	s or has been notifie	ed it is exempt from
	_					

Schedule G (Form 990 or 990-EZ) 2018

•			(a) Event #1  RSL PARK  (event type)	(b) Event #2 GOLF TOURN (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	17,424	7,935		25,359
Œ	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	17,424	7,935		25,359
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages		5,741		5,741
Dire	8	Entertainment				
	9	Other direct expenses .	651			651
	10 11	Direct expense summary. Ac Net income summary. Subtra				6,392 18,967
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2	e organization answe	red "Yes" on Form 9	90, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				Auto of Market and Advanced Denier S. Nati Ph. 30
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes%   ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)		_
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
		ter the state(s) in which the or	ganization conducts gar anduct gaming activities			Yes No
		<del>-</del>				

b	ſ	1	0	0	2
		_	_	-	_

Schedu	ule G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□No
13	Indicate the percentage of gaming activity conducted in:		_
а	and the second of the second o		%
b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ▶		
15a	bees the diganization have a contract that a time party from the diganization received garding	☐ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$	_, .00	
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►	<del></del>	
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	and (v. I inforn	/); and nation.
			<del></del>

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part

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.

► Attach to Form 990.

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

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2018	Open to Public

OMB No. 1545-6047

94-2661376

**Employer identification number** General Information on Grants and Assistance **UTAH YOUTH SOCCER ASSOCIATION** 

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed % □ ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Part II

rari IV, life Z1, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	recipient that r	eceived more th	מחשלכ¢ מם ≱ס,טטט דמת ו	l can be duplica	ited if additional s	pace is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UTAH SOCER ALLIANCE 1235 W SOUTH MEADOW DR	84-1396082	501(C)3	11000				TEAM SCHOI ABSUID
(2) UT FC							
765 N MAIN SPANISH FRK UT	74-3099387	501(C)3	5000				TEAM SCHOLARSHIP
(3) SOUTH DAVIS SOCCER 478 LUPINE DR ALPINE, UT	94-2718871	501(C)3	2000				FIELD GRANT
(4) W JORDAN YOUTH SOCCER							
2747 E WILLOW WICK DR SANDY, UT	36-4598511	501(C)3	6170				RECREATION PROG
(5) 7 ELITE ACADEMY 3165 E MILLCREEK DR STE 500	81-7045472	501(C)3	2000				TEAM SCHOLARSHIP
(6) CELTIC 799 E 1610 N OREM, UT	20-2048854	501(C)3	21300				EIEI T GDANTIDEC DDOG
(7) ELITE FC							
10760 IRONWOOD ERDA, UT	27-2088317	501(C)3	7355				FIELD GRANT/REC PROG
(8) FORZA FC							
600 N 500 W STE C BOUNTIFUL, UT	94-2718871	501(C)3	13140				FIELD GRANT/REC PROG
(9) IMPACT UNITED							
PO BPX 17118 SLC, UT	87-0581050	501(C)3	20030				FIELD GRANT/REC PROG
(10) LA ROCCA							
128 E SO WEBER DR	20-3851074	501(C)3	11425				FIELD GRANT/REC PROG
(11) LEAGUE 30							
310 S 9500 E HUNTSVILLE, UT	27-2976848	501(C)3	11305				FIELD GRANT/REC-PROG
(12) NEPHI RECREATION							
210 E 1000 N NEPHI, UT	87-6000256	501(C)3	2000				FIELD GRANT
	01(c)(3) and gov	ernment organiza	ganizations listed in the line 1 table	ne 1 table			CONTINUED
3 Enter total number of other organizations listed in the line	anizations listed	in the line 1 table	•	•	•	•	<b>A</b>

Schedule I (Form 990) (2018)

Cat. No. 50055P

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

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.

► Attach to Form 990.

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

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OMB No. 1545-6047

**Employer identification number** 

°N □ ✓ 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 . . . . . . . . . . . . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance JTAH YOUTH SOCCER ASSOCIATION Partl

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, FIELD GRANT/REC PROG (h) Purpose of grant **TEAM SCHOLARSHIP** RECREATION PROG RECREATION PROG RECREATION PROG RECREATION PROG or assistance FIELD GRANT FIELD GRANT FIELD GRANT (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (e) Amount of non- (book, FMV, appraisal, cash assistance other) 5000 8155 5735 10315 (d) Amount of cash 20000 11660 45000 8000 grant (c) IRC section (if applicable) 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 5019c03 501(C)3 501(c)3 **G0VT** 61-1495848 87-0663169 94-2685413 83-2040060 87-0523306 27-1324527 38-3759767 87-0544692 (b) EIN 1 (a) Name and address of organization (1) NORTH UT COUNTY SOCCER (2) OGDEN SHOOL FOUNDATION (5) PUBLIC SERVICE DEPT 4287 HARRISON BLVD OGDEN, UT (4) OREM YOUTH SOCCER 121 N PINEHURSET WAY TOOELE (7) SOUTHERN UTAH SOCCER 1850 MONROE BLVD OGDEN, UT PO BOX 910817 ST GEORGE, UT (6) SOUTH CACHE SOCCER PO BOX 531 PROVIDENCE, UT 817 N 540 E AM FORK, UT or government PO BOX 145470 SLC, UT (3) OGDEN SOCCER PO BOX 632 OREM, UT (8) SPARTA UNITED 1691 E 6670 S SLC, UT (9) TC UNITED Part II 9

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2018)

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Schedule I (F	Schedule I (Form 990) (2018)
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.

rait iii cari be dupiicated if additional space is needed	l space is needer	J.			•
(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	2	1500			
2 COLLEGE SCHOLARSHIPS	2	1500			
3 COLLEGE SCHOLARSHIPS	12	750			
4	•				
5					
9					
L					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other additi	onal information.
PART I INE 2). THE ASSOCIATION PARTICIPATES IN THREE TYPES OF GRANTS: RECREATION PLAY, FIELD GRANTS, AND TEAM SCHOLARSHIPS. FOR RECREATION PLAY	REE TYPES OF GRA	NTS: RECREATION PL	AY, FIELD GRANTS, A	ND TEAM SCHOLARSHIPS.	FOR RECREATION PLAY
THE TEAMS HAVE CERTAIN UNIFORM REQUIREMENTS AS PART OF		SRANT. THE MARKETII	NG DEPARTMENT MO	THE GRANT. THE MARKETING DEPARTMENT MONITORS COMPLIANCE. FIELD GRANTS MAY BE USED	D GRANTS MAY BE USED
FOR FIELD IMPROVEMENTS AND EQUIPMENT PURCHASES. PROOF		XPENDITURES MUST B	E SUBMITTED TO THE	OF EXPENDITURES MUST BE SUBMITTED TO THE ASSOCIATION WITHIN 5 MONTHS OF GRANT	NTHS OF GRANT
DISBURSEMENT. TEAM SCHOLARSHIPS ARE GRANTED TO APPLICANTS WHO HAVE BEEN ACCEPTED TO NATIONAL OR REGIONAL TOURNAMENTS. PROOF OF	D TO APPLICANTS	WHO HAVE BEEN ACC	EPTED TO NATIONAL	OR REGIONAL TOURNAMEN	ITS. PROOF OF
ACCEPTANCE IS REQUIRED PRIOR TO DISBURSEMENT OF GRANT I	T OF GRANT FUNDS.				
PART III) TOAL SCHOLARSHIPS GRANTED IN 2018-2019, \$13000.	, \$13000.				
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• • • • • • • • • • • • • • • • • • •		

### **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

	TAH YOUTH SOCCER ASSOCIATION		94-2661376			
Part	Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a. Complete Part III to p					
	☐ First-class or charter travel	☐ Housing allowance or residence f	or personal use	[20]	The second	
	☐ Travel for companions	Payments for business use of per	sonal residence			
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initia	ition fees			
	☐ Discretionary spending account	Personal services (such as maid,	chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did to or reimbursement or provision of all of the ex					
	explain			1b	Bosto.	V minimum
2	Did the organization require substantiation prid directors, trustees, and officers, including the CE 1a?	O/Executive Director, regarding the ite				
				2 20026	3'52473	120.044.27
3	Indicate which, if any, of the following the filing org organization's CEO/Executive Director. Check all the related organization to establish compensation of the	hat apply. Do not check any boxes for	methods used by a			
	☐ Compensation committee	Written employment contract				
	Independent compensation consultant	☐ Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compen	sation committee	150		
4	During the year, did any person listed on Form 990 organization or a related organization:	, Part VII, Section A, line 1a, with resp	ect to the filing			
а	Receive a severance payment or change-of-control	l payment?		4a	الاست	<b>√</b>
b	Participate in, or receive payment from, a supplem	• •		4b		<del></del>
C	Participate in, or receive payment from, an equity-			4c	1	1
	If "Yes" to any of lines 4a-c, list the persons and pr		item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) of	organizations must complete lines 5-	-9.			
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of:	, line 1a, did the organization pay or a	ccrue any			
а	The organization?			5a	- {	✓
þ	Any related organization?			5b		<b>✓</b>
	If "Yes" on line 5a or 5b, describe in Part III.				The Co	135
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of:	, line 1a, did the organization pay or ac	ccrue any			
а	The organization?			6a		✓
b	Any related organization?			6b		<u>√</u>
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section payments not described on lines 5 and 6? If "Yes,"			7	337 23A	
8	Were any amounts reported on Form 990, Part VII, to the initial contract exception described in Fin Part III	Regulations section 53.4958-4(a)(3)?		8		<b>√</b>
						排制
9	If "Yes" on line 8, did the organization also foll Regulations section 53.4958-6(c)?	ow the rebuttable presumption proc		9		<b>√</b>

Page 2

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (BND-diii) for each listed individual must entire the total amount of Form 900, Dart VIII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	or eac	h listed individual mu	ist equal the total amo	ount of Form 990, Pa	rt VII, Section A, line 1a	a, applicable columr	(D) and (E) amount	s for that individual.
•		(b) Breakdown o	t W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Montavable	(C) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(0+(D)	in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2018

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

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

UTAH YOUTH SOCCER ASSOCIATION 94-2661376	
PART IV LINE 11(a) Form 990 copies are provided to the vice president	
(finance) and the board of directors for final review prior to the filing	<u>[</u>
of the return.	
PART VI LINE 12 (c) The organization requires the completion of a	
confilict of interest questionnaire for any potential conflict	
situations. The Association's president and board of directors must	
review and approve any transactions that may have potential, actual or	
perceived conflicts.	
PART VI LINE 12 All employee salary decisions are made by the CEO based	
on the approved budget, performance evaluations, accumulation of	
comparable data regarding the position. CEO compensation is determined by	
the board of directors based on performance evaluation, accumulatoin of	
comparable data regarding the postition, etc. Decisions are documented in	
executive committeee meeting minutes and ratified by the board of	
directors.	
PART VI LINE 19 Governing documents, confilict of interest policy and	
financial statements are available upon request.	
PART VII LINE 2(c) The board of directors oversees the selection of the	
auditor.	
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