Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No.:1545-0047

Form **990** (2008)

A	For the 20	08 calendar v	ear, or tax year beginning , and ending		
В	Check if applic		C Name of organization	D Employ	yer identification number
П	Address chan	ge use IRS	ROCHESTER YOUTH SOCCER LEAGUE		
$\overline{\sqcap}$	Name change	label or print or	Doing Business As	38-:	<u>2413604</u>
П	Initial return	type. See	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telepho	one number
Ħ	Termination	Specific	P.O. BOX 1313	G Gross receip	ots 631,839
\Box	Amended retu	Instruc- m tions,	City or town, state or country, and ZIP + 4 ROCHESTER HILLS MI 48308	G Gloss (cool)	513.0
		E 11	e and address of principal officer:	H(a) Isthisa	group return for
Ш	Application pe	nung	CHAEL LABADIE	affiliates	
		14	60 WALTON BLVD	H(b) Are all a included	
		RO	CHESTER HILLS MI 48309	If "No," a	attach a list. (see instructions)
1	Tax-exemp	t status: X	501(c) (3) ◄ (insert no.) 4947(a)(1) or 527]	
			cysl.com		exemption number
		ization: 🗶 Co	poration Trust Association Other ▶ L Year of formation:		M State of legal domicile:
P	art I	Summa			<u> </u>
			he organization's mission or most significant activities:		
e	C	RGANIZE	& ADMINISTRATE YOUTH SOCCER LEAGUE		
ă					,
ern			· · · · · · · · · · · · · · · · · · · · · · ·		
Activities & Governance			if the organization discontinued its operations or disposed of more than 25% of its asse		
٩			members of the governing body (Part VI, line 1a)		
ies			endent voting members of the governing body (Part VI, line 1b)	1 _ 1	
ţ			employees (Part V, line 2a)		
Ac			volunteers (estimate if necessary)		
			lated business revenue from Part VIII, line 12, column (C)		0
	b Net	unrelated bu	siness taxable income from Form 990-T, line 34		Current Year
	8 Cor	tributions an	d grants (Part VIII, line 1h)		
Revenue			revenue (Part VIII, line 2g) 62	0,436	594,640
š			ne (Part VIII. column (A), lines 3, 4, and 7d)	5,732	22,525
ñ	i .		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,792	11,309
			add lines 8 through 11 (must equal Part VIII, column (A), line 12) 65:	3,376	628,474
			ar amounts paid (Part IX, column (A), lines 1-3)	6,120	5,315
			or for members (Part IX, column (A), line 4)		
es	15 Sala	aries, other c	ompensation, employee benefits (Part IX, column (A), lines 5-10)		
ense	16a Proi	essional fun	draising fees (Part IX, column (A), line 11e)		
Expe			expenses (Part IX, column (D), line 25)		
ω			(rate by, section in the first	5,551	648,685
	18 Tota	al expenses.		1,671	654,000
	19 Rev	enue less ex	penses. Subtract line 18 from line 12 14:	1,705	-25,526 End of Year
Net Assets or Fund Balances			0.1	9,222	801,320
Ssel	20 Tota	al assets (Pa	1	4,855	22,479
let /	21 Tota			4,367	778,841
	22 Net art II		re Block		
\$14. \$ \$	arens		ties of perjury, I declare that I have examined this return, including accompanying schedules and statements, a	and to the best	of my knowledge
		and belief, it	is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer has a	iny knowledge.
Sig	ın	N.			
He		Signatu	re of officer	Date	
			CHAEL LABADIE SECRETARY		
		—	print name and title		
		Preparer's	Date Check	if	Preparer's identifying number (see instructions)
Pai		signature	5/04/09 self- employ	/ed ▶	P00137640
	eparer's	_, .	Rochester Certified Public Accountants	EIN	>
Us	e Only	Firm's name if self-emplo	(or yours) AAE Court Livrormoid Boad Cuito 100	Phone	
		address, and	, · · · · · · · · · · · · · · · · · · ·	no. 🕨	248-656-9118
May	the IRS o	liscuss this re	eturn with the preparer shown above? (see instructions)		X Yes No

For	m 990 (2008) ROCHESTER YOUTH SOCCER LEAGUE 38-2413604	Page 2
P	Part III Statement of Program Service Accomplishments (see instructions)	
	Briefly describe the organization's mission:	
(ORGANIZE & ADMINISTRATE YOUTH SOCCER LEAGUE	.,

2	Did the organization undertake any significant program services during the year which were not listed on	
2		Yes X No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	,.,.
3		
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	652 025	<u> </u>
4a	a (Code:) (Expenses \$ 653,035 including grants of \$ 5,315) (Revenue \$ THE ORGANIZATIONS PRIMARY PURPOSE IS TO ORGANIZE A YOUTH	
	SOCCER LEAGUE WHICH PROVIDES AN ACTIVITY FOR APPROXIMATELY	
	2 OOO CUTT DEEN	
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	· · · · · · · · · · · · · · · · · · ·	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
40	b (Code:) (Expenses \$ including grants of \$) (Revenue \$	
	·	
		· ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	/Out // // // // // // // // // // // // //	
4¢	c (Code:) (Expenses \$ including grants of \$) (Revenue \$	
		,
		.,
4d	1 Other program services. (Describe in Schedule O.)	Y
40	(Expenses \$ 310 including grants of \$) (Revenue \$ 2 Total program service expenses \$ \$ 653,345 (Must equal Part IX, Line 25, column (B).)	

Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 X 4 Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 5 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete X 6 Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III Did the organization report an amount in Part X, line 21; 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," 9 complete Schedule D, Part IV 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, 11 X 11 Parts VI, VII, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return 12 X 12 that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the U.S.? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 X 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete 23 X 23 Schedule J 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 questions Х 24a 24b-24d and complete Schedule K. If "No," go to question 25. 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X 25a with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified X 25b person from a prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or 27 substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

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Schedule R, Part V, line 2

Form 990 (2008) ROCHESTER YOUTH SOCCER LEAGUE Checklist of Required Schedules (continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee: 28 Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, X 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," X 28b complete Schedule L, Part IV Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a Х 28c professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

......

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete

organization? If "Yes," complete Schedule R, Part V, line 2 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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

III, IV, and V, line 1

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	art V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	The state of the s			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			application
b	the state of the s	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	Port of SURE		
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			A
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
¢	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		ļ
6a		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	\$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	Oleveni aleksak	X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h_		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	5.000		
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	8.00.0		77.07
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			
11	Section 501(c)(12) organizations. Enter:	W-1980		
. a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	Single Control		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1.10077444	N ANDER
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b	200000000		

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

***************************************	ction A. Governing Body and Management			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe	the			
	circumstances, processes, or changes in Schedule O. See instructions.	1	7.54		
1a		1a			
b		1b	an Afrika. Paristan		
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 organization	lirect			
	supervision of officers, directors or trustees, or key employees to a management company or other per		3	ļ	X
4	Did the organization make any significant changes to its organizational documents since the prior Form	990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			<u> </u>	X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more mem				
	of the governing body?		. 7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other person	ns?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken dur	ing			
	the year by the following:				
а	The governing body?		8a	X	ــــــــ
b	Each committee with authority to act on behalf of the governing body?		8b	X	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?				X
b	If "Yes," does the organization have written policies and procedures governing the activities of such charges.				
	affiliates, and branches to ensure their operations are consistent with those of the organization?		9b		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization's	nizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990		10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 11		X
Sec	tion B. Policies			т .	,
				Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	give		:	
	rise to conflicts?		12b	ļ	ļ
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	s,"			
	describe in Schedule O how this is done		12c	 	
13	Does the organization have a written whistleblower policy?		1 12		X
14	Does the organization have a written document retention and destruction policy?		14	100000000	X
15	Did the process for determining compensation of the following persons include a review and approval by	y			1000
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and	decision:			
а	The organization's CEO, Executive Director, or top management official?	.,,	. 15a	ļ	X
b	Other officers or key employees of the organization?		15b	- Co. C. 155.0	X
	Describe the process in Schedule O. (see instructions)				ATTEN
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt			
	with a taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	te	AVERAGE VENETAGE		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeg	juard			[SAI
	the organization's exempt status with respect to such arrangements?		16b	<u> </u>	<u> </u>
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed None				
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (5				
	available for public inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, cor	flict of interest			
	policy, and financial statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and	records of the			
	organization: ▶ DAVE LANNI 1460 WALTON F	LVD, STE 203	22.52	: <u>.</u> <u>:</u>	
R	OCHESTER HILLS MI	: 48309 2	48-65	0-0	11

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

(A)	(B)		(6	C)		trustee, or key employee. (D)	(E)	(F)
Name and Title	Average hours per week	P. or director	 Chec	Key employee	Highest compensated employee	 Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
BILL HERMAN PRESIDENT	3		x			0	0	
DAVID LANNI TREASURER	3		x			0	0	
JENNIFER RIC	HTER 3		х			0	0	
MICHAEL LABA SECRETARY			x			0	0	
MARK HAMILTO			x			0	0	
MIKE DUBECK FIELD MANGR.	3		x			0	0	
CHRIS SCHMII RSL COMMISSI	т 3		х			0	0	410000000000000000000000000000000000000
. ,		<u> </u>						
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Form **990** (2008)

Form 990 (2008) ROCHES Part VII Section A. Of	ficers. Directors. T	rustees	. Ke	v En	nplo	yees	i, an	38-241 ad Highest Compensated		Page 8
(A)	(B)	Positi		((>)			(D) Reportable	(E) Reportable	(F) Estimated
Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
										And the second s
			:							
			İ							
1b Total							>			
organization > 0								an \$100,000 in reportable o		Yes No
employee on line 1a? If ' For any individual listed the organization and rela individual Did any person listed on services rendered to the	Yes," complete Schoon line 1a, is the sunted organizations gother la receive or a organization? If "Ye	hedule J im of rep preater the accrue co	for oorta nan : 	such ible (\$150 ensa	ind com 0,000	lividu pens 0? If I from	al ation "Yes n an	n and other compensation s," complete Schedule J for	from r such	4 X 5 X
Section B. Independent Con Complete this table for y	our five highest con	npensat	ed ir	ndep	end	ent c	ontr	actors that received more	than \$100,000 of	
compensation from the c	organization. (A) ume and business address							Descrip	(B) tion of services	(C) Compensation
		-								

		_								
Total number of indepen	dent contractors (in	rcluding	thos	e in	1) w	vho re	ecei	ved more than \$100,000 in		
compensation from the		.v.uuniy			,					0

P	art '	VIII Statement of Rev	venue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S	2 16	Federated campaigns	1a					
rar	5 t	Membership dues	1b					Law same and the s
s,		Fundraising events	1c		The second secon			
git	<u> </u>	Related organizations	1d					
Š		Government grants (contributions)	1e			Windows Co.		
ţi,	<u></u>	f All other contributions, gifts, grants,				The state of the s	and the state of t	
럂		and similar amounts not included above	1f		The second secon	SALE OF THE SALE O		
曹	<u> </u>	Noncash contributions included in lines 1	1a-1f: \$				11 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
<u>ن</u> د	5 h	Total. Add lines 1a-1f	· · ·					
Program Service Revenue Contributions, gifts, grants				Busn. Code	the late II Chicken by partners to the late II Chicken by partners to the late II Chicken by partners to the late II Chicken by the II Chicken b	Control Contro		
.ver	2a	REGISTRATION FEES			582,525	582,525		
æ	b	SOCCER FACILITY RE	NTS		13,265	13,265		
₹.	C	REGISTRATION REFUN	DS		-1,150	-1,150		
Ş	d							
ä	е							
ğ	f	All other program service rev	enue					
<u> </u>	9	Total. Add lines 2a-2f			594,640			
	3	Investment income (including	g dividends,	interest, and				
					22,525			22,525
	4	Income from investment of ta	•	•				
	5	Royalties					320 V 30 V	Tana 12 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		(i) Real		(ii) Personal				
	6a	Gross Rents						
	b	Less: rental exps.				The second secon		
	С	Rental inc. or (loss)					AND THE RESERVE OF THE PROPERTY OF THE PROPERT	A CONTRACTOR OF THE CONTRACTOR
	d 7a	Net rental income or (loss) Gross amount from	· · · · · · · · · · · · · · · · · · ·			SP. 11 (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Control Contro
		sales of assets (i) Securition	es	(ii) Other			American Company of the Company of t	
		other than inventory			200 (100 (100 (100 (100 (100 (100 (100 (AND A CONTROL OF THE		
	b	Less: cost or other						
		basis & sales exps.				70 Miles	Committee of the commit	
		Gain or (loss)						
	ď	Net gain or (loss)					ndranistic www.compression.com	
ø	ва	Gross income from fundraising ever	ents		The second secon	20 (10 (10 (10 (10 (10 (10 (10 (10 (10 (1	(5) (5) (5) (5) (5) (5) (5) (5) (5)	
nu:		(not including \$						
eve		of contributions reported on line 10		ĺ			Control of the Contro	
Other Revenue	5	See Part IV, line 18	a					
Ħ.	C	Net income or (loss) from fund		onto 🕨		e de la companya del companya de la companya del companya de la co		\$6.50 # \$65.0 # \$6.00 # \$6.00 # \$6.0
		Gross income from gaming activiti		71165				
	, Ju	D D-+ 07 P - 40						
	h	Less: direct expenses	" -			A Add Company		
		Net income or (loss) from gan	bu	es Þ				AND THE CONTROL OF TH
		Gross sales of inventory, less						
		returns and allowances	a	2,596				
	b	Less: cost of goods sold	ь Б	3,365		300000000000000000000000000000000000000	ATT 120 ATT 12	
		Net income or (loss) from sale	es of invento		-769	-769		H100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ì		Miscellaneous Revenue		Busn. Code				
	11a	MISCELLANEOUS			10,148	10,148	e fore er our stadioù d'ite a c'el i en a pa	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b	SOCCER CLINICS			1,753	1,753		
	Ç	REFEREE INCOME			177	177		
	đ	All other revenue						
		Total Add lines 11s 11s			12,078	23.1220.122.13		
	12	Total Revenue. Add lines 1h,					L	
		9c, 10c, and 11e			628,474	605,949	o	22,525

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) but are not required to complete columns (B), (C), and (D).

				(-7, (-7,	
Đ	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_ 7	b, 8b, 9b, and 10b of Part VIII.	Total expeliaca	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	5,315	5,315	The state of the s	
2	Grants and other assistance to individuals in			The state of the s	
	the U.S. See Part IV, line 22			The second secon	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				Control of the Contro
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	_				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		10000		
8	Pension plan contributions (include section 401(k)	· · · · · · · · · · · · · · · · · · ·			
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	, , , ,				
b		15		15	
c	*	536		536	
d	Labburina				<u> </u>
e	Professional fundraising services. See Part IV, line 17		And the second s	And the second s	
f	_			**************************************	
g	O. i				
12	Advertising and promotion				
13	Office expenses				
14	Office expenses Information technology				
15		VIII.			
16		14,260	14,260		
17	Occupancy Travel		11/100		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	lata anat				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	414	310	104	
23	Insurance	7.7	- LU	104	· · · · · · · · · · · · · · · · · · ·
LJ	insulance				
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed			And the second s	
	5% of total expenses shown on line 25 below.)				
_	FIELD USAGE	234,360	234,360		e Harriste Haven variation views of State on the
a b	SOCCER TRAINING-COACHING	129,302	129,302		
	PAYROLL EXPENSE	81,949	81,949		
c d	LEAGUE FEES/ASSOCIATION F	46,030	46,030		
e	REFEREE EXPENSES	30,767	30,767		
-	All other expenses	111,052	111,052		
	Total functional expenses. Add lines 1 through 24f	654,000	653,345	655	
25 26	Joint Costs. Check here if following	034,000	033,343	033	
_0	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs			ŀ	
	from a combined educational campaign and fundraising solicitation				

P	art)	Balance Sheet					T		
					(A)		(E		
					Beginning of year		End o	r year	
	1	Cash—non-interest bearing				1_	<u> </u>	~~	
	2	Savings and temporary cash investments			816,549		- 7	99,	<u> </u>
	3	Pledges and grants receivable, net		,,,,		3_			
	4	Accounts receivable, net			<u>.</u> .	4			
	5	Receivables from current and former officers, directors, t	rustees, k	ey]					
]	employees, or other related parties. Complete Part II of S	Schedule L	<u></u>		5			
	6	Receivables from other disqualified persons (as defined	under sect	tion					
		4958(f)(1)) and persons described in section 4958(c)(3)(I	B). Comple	ete					falle.
	İ	Part II of Schedule L				6			
ţ	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
As	9	Prepaid expenses and deferred charges				9			
	10a		10a	3,992					
	b	Less: accumulated depreciation. Complete							
		Part VI of Schedule D	10b	2,364	2,041	10c		1,	<u>628</u>
	11	Investments—publicly traded securities				11		_	
	12	Investments—other securities. See Part IV, line 11				12			
	13	Investments—program-related. See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11			632	15			
	16	Total assets. Add lines 1 through 15 (must equal line 34			819,222	16		01,	
	17	Accounts payable and accrued expenses			15,000	17		<u>15, </u>	<u> </u>
	18	Grants payable				18			
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
S	21	Escrow account liability. Complete Part IV of Schedule D				21			
Liabilities	22	Payables to current and former officers, directors, trustee							
ä		employees, highest compensated employees, and disqua							25
Ï		persons. Complete Part II of Schedule L				22			
	23	Secured mortgages and notes payable to unrelated third				23			
	24					24			
	25	Other liabilities. Complete Part X of Schedule D			-145	25		7,4	<u> 479</u>
	26	Total liabilities. Add lines 17 through 25			14,855	26		22,4	<u> 179</u>
es		Organizations that follow SFAS 117, check here ▶ X		2					
ဥ		complete lines 27 through 29, and lines 33 and 34.	1						
Balanc	27	Unrestricted net assets			804,367	27	7	78,8	<u> 341</u>
Ва	28	Temporarily restricted net assets				28			
	29					29			
or Fund		Organizations that do not follow SFAS 117, check here	•▶ □			eren i de in Lija eren			
<u>ب</u>		and complete lines 30 through 34.	• 🗀		ing the transport of the second second second				
	30	Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment				31			
SS	32	Retained earnings, endowment, accumulated income, or		·		32			
					804,367	33	7	78,8	341
<u>Set</u>	33	Total liabilities and net assets/fund balances			819,222	34		01,3	
	34 art X					<u> </u>	<u> </u>		
- 5.0	31 L A	Financial Statements and Reporting					2.44	Yes	No
_	۸	requesting method used to exercise the form one.	ash 🗓	Accrual Ott	ner				590 L
1		counting method used to prepare the Form 990: Copere the organization's financial statements compiled or revi		اسسا			2a		X
28					GIRT.		2b		X
b		ere the organization's financial statements audited by an in			for aversight of		·····		
C		Yes" to lines 2a or 2b, does the organization have a comm					2c		į
_		e audit, review, or compilation of its financial statements are					·····		
38		a result of a federal award, was the organization required					3a		İ
							3b		
t	lf "	Yes," did the organization undergo the required audit or au	iuiis?	<u></u> . <u></u>				. 990	(0000)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ROCHESTER YOUTH SOCCER LEAGUE

Employer identification number 38-2413604

1 2 3 4 5 6 7 8 9 1 10 [f		A church, con A school des A hospital or A medical recity, and stat An organizati section 170(A federal, state An organizati described in A community An organizati receipts from acquired by the An organizati purposes of conjunctions of the European State of the E	nvention of churches, or associabed in section 170(b)(1)(a) a cooperative hospital service search organization operated etc. It is considered for the benefit of the complete Particle, or local government or gon that normally receives a section 170(b)(1)(A)(vi). (Contrust described in section 1 on that normally receives: (1 activities related to its exempress investment income and enorganization after June 3 on organized and operated on organized and operated on organized and operated on erganized and operated on erganized and operated on erganized and operated on erganized and operated on the complete of the box that describes the box, I certify that the organized that the organized that the organized that the organized is the control of the con	ice organization described in set din conjunction with a hospital of a college or university owner ill.) governmental unit described in substantial part of its support to complete Part II.) 170(b)(1)(A)(vi). (Complete Part II.) 1 more than 33 1/3 % of its sumpt functions—subject to certain dunrelated business taxable as of 1975. See section 509(a)(2) exclusively to test for public sate exclusively for the benefit of, to ted organizations described in the type of supporting organization is not controlled direct and other than one or more present a confidence of the section of the section of the section is not controlled direct and other than one or more present in the section of the secti	ection 170 I described dor operation 17 from a govert II.) epport from in exceptic income (le incom	n 170(b)(1) (b)(1)(A)(i) d in section ted by a granted	iii). (Attain 170(b)	ental uniterated unite	iii). Enter it descriptes general 33 1/3 pusines struction yout the 2). See a 11h. The III—Orgunalified	er the hose ibed in all public and grown of its ses estion ther		
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f		persons other 509(a)(1) or s	than foundation managers ection 509(a)(2).	and other than one or more pu	ublicly sup							
		509(a)(1) or s	ection 509(a)(2).			ported org	anizatioi	ns aesc	npea in	Section		
				a garage and a second and a second								
		If the organiza	ation received a written dete									
		=		mination from the IRS that it	salypel	, Type II, c	or Type I	III suppo	orting			
		-	check this box									. ப
g				tion accepted any gift or contri	bution fron	n any of th	ie					
		following per									<u> </u>	T
				ontrols, either alone or togethe	with pers	ons descri	ibed in (i	ii)			Yes	No
		and (iii) t	elow, the governing body of	f the supported organization?							1 1	
		(ii) A family	member of a person describ	ped in (i) above?							11g(ii)	+
				described in (i) or (ii) above?							[11g(iii)]	
h		Provide the f	ollowing information about th	the organizations the organizat	ion suppor	ts.						
(i) N	ame	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	ls the	(vii) Amount o	f
	orga	nization		(described on lines 1-9		isted in your	the organ			tion in col.	support	
				above or IRC section (see instructions))	governing	document?	col. (i) o supp			ized in the S.?		
				(000	Yes	No	Yes	No	Yes	No		
					 							
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	adule A (Form 990 or 990-EZ) 2008 RO					8-2413604	Page 2
	art II Support Schedule for 0	Organizations	Described in S	Sections 170(I	o)(1)(A)(iv) and	d 170(b)(1)(A)(vi)
_	(Complete only if you ch	necked the box	on line 5, 7, c	or 8 of Part I.)			
	ction A. Public Support						
С	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
1	Total support. Add lines 7 through 10	effect forwards and act	Water State Control of the Control o	Property of the Company of the State of the Company of the State of the Company of the State of the Company of the State of the Company of th			
2	Gross receipts from related activities, etc.	(see instructions)				12	
3	First five years. If the Form 990 is for the	organization's first					
	organization, check this box and stop her						<u>, , , , , , , , </u>
ec	tion C. Computation of Public Sເ	apport Percent	tage				
4	Public support percentage for 2008 (line 6	, column (f) divided	l by line 11, colum	n (f))		14	%
5	Public support percentage from 2007 Scho		line OOF			14-1	%
6a	33 1/3 % support test-2008. If the organ	ization did not che					
	and stop here. The organization qualifies	as a publicly suppo	orted organization				▶ 📙
þ	33 1/3 % support test-2007. If the organ	ization did not che	ck a box on line 13				
	box and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶ 🗌
7a	10%-facts-and-circumstances test-200						4 - 4 - 4
	more, and if the organization meets the "fa						_
	organization meets the "facts-and-circums						▶ 🗌
b	10%-facts-and-circumstances test—200						—
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circums	tances" test. The o	rganization qualific	es as a publicly su	pported organizati	on	▶ 📙
8	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b	. 17a. or 17b. che	ck this box and se		▶ 📙

Schedule A (Form 990 or 990-EZ) 2008

Page 3

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

	(Complete only if you che	cked the box c	on line 9 of Pa	rt l.)			
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	349,570	414,441	491,754			1,255,765
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	97,324	50,045	49,968			197,337
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						- I A A A A A A A A A A A A A A A A A A
6	Total. Add lines 1-5	446,894	464,486	541,722			1,453,102
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	446,894	464,486	541,722			1,453,102
<u> </u>	line 6.)	In the latest the second secon		en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	Salar Salar Helion (Const. Const.		
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	• • • • • • • •		464,486	541,722	(0) 2001	(0) = 000	1,453,102
9	Amounts from line 6	446,894	404,480	341,722			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,829	17,120	27,050			46,999
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2,829	17,120	27,050			46,999
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						VIII TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOT
13	Total support. (Add lines 9, 10c, 11,	449,723	481,606	568,772			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	and 12.)		The second secon		70 mm m m m m m m m m m m m m m m m m m	Control State Co	1,500,101
14	First five years. If the Form 990 is for the organization, check this box and stop here			rth, or fifth tax year			<u> </u>
Sec	tion C. Computation of Public Su	pport Percenta	age	·			
15	Public support percentage for 2008 (line 8,	column (f) divided	by line 13, columi	n (f))			96.8669 %
16	Public support percentage from 2007 Sche	dule A, Part IV-A, I	ine 27g		<u> </u>		97.3684 %
	tion D. Computation of Investmen	nt Income Perc	centage				
17	Investment income percentage for 2008 (lin			column (f))			3.1331 %
18	Investment income percentage from 2007	Schedule A, Part I\	/-A, line 27h				2.6316 %
19a	33 1/3 % support tests—2008. If the organ	nization did not che	ck the box on line	14, and line 15 is	more than 33 1/3	%, and line	▶ [X
	17 is not more than 33 1/3 %, check this be	ox and stop here .	The organization o	qualifies as a public	ly supported orga	anization	, 🟲 🖸
b	33 1/3 % support tests—2007. If the organ	nization did not che	ck a box on line 1	4 or line 19a, and I	ine 16 is more th	an 33 1/3%, and	. □
	line 18 is not more than 33 1/3 %, check th	nis box and stop he	re. The organizati	ion qualifies as a p	ublicly supported	organization	····· 【 -
20	Private foundation. If the organization did	not check a box or	line 14, 19a or 1	9b, check this box	and see instruction	ons	<u> </u>

Schedule A (F	orm 990 or 990-EZ) 200 Supplemental Int Part II, line 17a o	formation. Comp	lete this part	to provide t	he explanatior	38-2413604 required by Part II, line formation. (see instruction	Page 4 10; ns)
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047 2008

Open to Public

Employer identification number Name of the organization 38-2413604 ROCHESTER YOUTH SOCCER LEAGUE Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2đ Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ __ _ _ _ _ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 🕨 _ _ _ _ _ 6 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

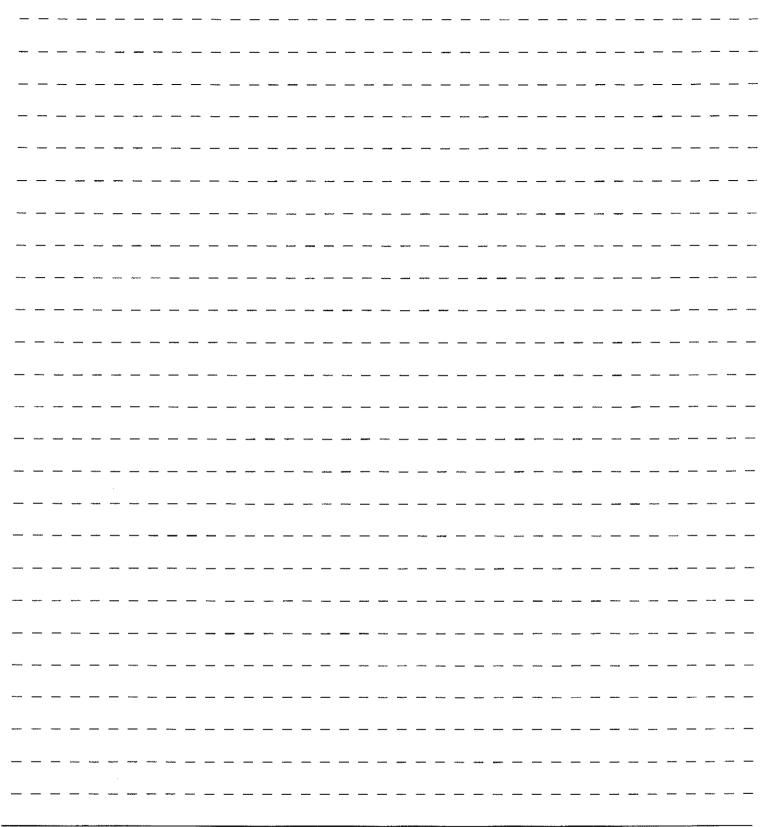
Sche	edule D (Form 990) 2008 ROCHESTER	YOUTH SOCCE	R LEAGUE			13604		Page 2
100000000000000000000000000000000000000	irt III Organizations Maintaining	Collections of Art,	Historical Trea	asures, o	r Other	Similar Asse	ets (conti	nued)
3	Using the organization's accession and other items (check all that apply):	records, check any of the	e following that are a	a significant	use of its	collection		
а	Public exhibition	d Loan	or exchange progra	ıms				
b	Scholarly research	e Other	or exchange progra				_	
c	Preservation for future generations						-	
	Provide a description of the organization's col	lications and avolain how	thou further the ara	anization's	avemnt ni	ırnose in		
4	Part XIV.							
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of	the organization's o	collection?			Yes	No_
Pa	Trust, Escrow and Custod Part IV, line 9, or reported a	ial Arrangements. (an amount on Form	Complete if orga 990, Part X, lin	anization e 21.	answer	ed "Yes" to h	-orm 990	
1a	Is the organization an agent, trustee, custodia	an or other intermediary fo	or contributions or o	ther assets				
	included on Form 990, Part X?						Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the followin	g table:				Amou	
							Amour	L
C	Beginning balance							
	Additions during the year					1 . 1		
е	Distributions during the year							
f	Ending balance						<u></u>	
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21?	, , , , ,				Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV.							
Pa	rt V Endowment Funds. Compl	ete if organization a						
	<u> </u>	(a) Current year	(b) Prior year	(c) Two ye	ears back	(d) Three years b	ack (e) Fol	ur years back
1a	Beginning of year balance	, , <u></u>						e type (de la gelda na la composition). La granda de la granda na la granda na la composition de la granda na la granda na la granda na la granda na l
b	Contributions							
C	Investment earnings or losses							
d	Grants or scholarships			And the second s				
	Other expenditures for facilities		50 - 100 - 1			100 mm A 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	32 mil 1981 (811 19	Maria San Garage
	and programs		Company of the Compan				The world product the second	A Carlo Company of the Carlo C
f	Administrative expenses							
g	End of year balance		150 cm (150 cm					
2	Provide the estimated percentage of the year	end balance held as:						
а	Board designated or quasi-endowment	%						
b	Permanent endowment > %							
	Term endowment ▶ %							
	Are there endowment funds not in the posses	sion of the organization t	hat are held and adı	ministered f	or the			
	organization by:							Yes No
	(i) unrelated organizations					.,,.,	3a(i)	1
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Sch	redule R?				3b	<u> </u>
4	Describe in Part XIV the intended uses of the							
	rt VI Investments-Land, Buildi	ngs, and Equipmer	nt. See Form 99	90, Part)	(, line 10	D		
	Description of investment	(a) Cost or other basis	(b) Cost or o			preciation	(d) Bool	k value
	•	(investment)	basis (othe	er)				
19	Land			2 may 1 mg 2 mg 2 mg 2 mg 2 mg 2 mg 2 mg 2 mg				
	Buildings							
	Leasehold improvements							
			<u> </u>					
u	Equipment				"	2 264		1 628

Schedule D (Form 990) 2008

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2008 ROCHESTER YO	UTH SOCCER I	JEAGUE	30-2413004	raye
Part VII Investments—Other Securities	See Form 990, P	art X, line 12.		
(a) Description of security or category		(b) Book value	(c) Method o	f valuation:
(including name of security)			Cost or end-of-ye	ar market value
Financial derivatives and other financial products				
				was
Closely-held equity interests				
Other	· – – –			
	-			
	 			
Total. (Column (b) should equal Form 990, Part X, col. (B)) line 12.)			
Part VIII Investments—Program Related		art X, line 13.		
(a) Description of investment type		(b) Book value	(c) Method of	valuation:
(L) Lassington of Milesineric type		(4, -4, -4, -4, -4, -4, -4, -4, -4, -4, -	Cost or end-of-yea	
Think to the same				
				<u></u>
MANAGEMENT AND THE STATE OF THE				
Total. (Column (b) should equal Form 990, Part X, col. (B)	line 13.)			
Part IX Other Assets. See Form 990, Part IX				
Other Assets. Occ / Onn 000, 1 to	(a) Description			(b) Book value
LOAN EXCHANGE				(-)
LOAN EACHANGE	ACCOUNT			
		· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) should equal Form 990, Part X, col. (B)	line 15.)			
Part X Other Liabilities. See Form 990,				
(a) Description of liability	1 4,177, 1110 201	(b) Amount		arangere pasak ilikala
		(b) ranount		
Federal income taxes				
PAYROLL LIABILITIES		7,624		
OTHER		-145		
And the second s			A Artist Control of the Control of t	
· · · · · · · · · · · · · · · · · · ·			And the second s	
			Company of the Compan	
· · · · · · · · · · · · · · · · · · ·				
Fotal. (Column (b) should equal Form 990, Part X, col. (B)	line 25.)	7,479		
n Part XIV, provide the text of the footnote to the organiza		nts that reports the ord	ganization's liability for	
uncertain tax positions under FIN 48.			•	
modition and positions thrust the 40.				

	dule D (Form 990) 2008 ROCHESTER YOUTH SOCCER LEAGU. IT XI Reconciliation of Change in Net Assets from Form 990 to		38-2413604 tatements	Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments		i i	
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4-8			
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	****	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statem			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants			
d	Other (Describe in Part XIV)		# HETER # 1 HETER	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		0 18 WAR	
b	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Staten			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
þ	Prior year adjustments	2b	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
¢	Losses reported on Form 990, Part IX, line 25			
d	Other (Describe in Part XIV)			
е	Add lines 2a through 2d		_	
3	Subtract line 2e from line 1	. 1		
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		
	Other (Describe in Part XIV)	_4b		
C	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5	
	rt XIV Supplemental Information			
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	ines 1a and 4; Pa	art IV, lines 1b	
and 2	b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d	and 4b.		
_				
_				
_		 -		
				. <u> </u>
	 			



Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

2 ※ Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (h) Purpose of grant or assistance ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on **Employer identification number** non-cash assistance (g) Description of 38-2413604 ********************************* 1 Does the organization maintain records to substantlate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisa, assistance 5,100 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section f applicable ROCHESTER YOUTH SOCCER LEAGUE General Information on Grants and Assistance (b) EIN the selection criteria used to award the grants or assistance? 48306 (a) Name and address of organization or government RYSL HOME PLAYERS UNIVERSITY DR. Name of the organization ROCHESTER Part ! Part

Schedule I (Form 990) 2008

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

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

WRYSL

Page 2

on Form 990, Part IV, line 22.	(f) Description of non-room					ional information.							
ord in the organization allowered the on FC	(e) Method of valuation (hook	FMV, appraisal, other)				line 2, and any other addit							
ipioco ii iilo olganika	(d) Amount of	non-cash assistance				on required in Part I,							
needed.	(c) Amount of	cash grant				provide the information							
if additional space is	(b) Number of	recipients				omplete this part to p							
Use Schedule I-1 (Form 990) if additional space is n	(a) Type of grant or assistance					V Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.							
			i			Part IV	:	:	:	:		:	

Schedule I (Form 990) 2008

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Open to Public

Name of the organization

ROCHESTER YOUTH SOCCER LEAGUE

ROCHESTER YOUTH SOCCER LEAGUE

Inspection

Employer identification number
38-2413604

Form 990, Part III, Line 4d - All Other Achievements
PROGRAM ADMINISTRATION AND SCHEDULING
· · · · · · · · · · · · · · · · · · ·
······································

······································

Name(s) shown on return

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Attachment Sequence No. ► See separate instructions. ► Attach to your tax return. Identifying number

	ROCHE	STER YOUTH	SOCCER LEAG	UE			38-	-241	.3604
	ness or activity to which this form related in the contract of								
***************************************		ense Certain Pro	perty Under Secti	on 179					
/ees v ₹/dis.)*		e any listed prope			u com	plete P	art I.		
1	Maximum amount. See the ins							1	250,000
2	Total cost of section 179 prope							2	
3	Threshold cost of section 179 p	property before reduction	n in limitation (see inst	ructions)				3	800,000
4	Reduction in limitation. Subtrac		• • •					4	
5	Dollar limitation for tax year. Subtract							5	
	(a) Descrip	ption of property	(b)	Cost (business us	e only)	(c) I	Elected cos	t <u> </u>	
6									
_		L C E GO							
7	Listed property. Enter the amou	unt from line 29	to in actions (a) lines (, ,				T 8	
8	Total elected cost of section 17							9	1.5
9 10	Tentative deduction. Enter the carryover of disallowed deduct	ion from line 12 of your	2007 Form 4562					10	
11	Business income limitation. En							11	
12	Section 179 expense deduction							12	
13	Carryover of disallowed deduct					<u> </u>	<u></u>		And the second s
	: Do not use Part II or Part III be				<u></u>				
Pa	rt II Special Depreci	ation Allowance a	nd Other Depreci	iation (Do no	t inclu	ude list	ed prop	erty.)	(See instructions.)
14	Special depreciation allowance								
	during the tax year (see instruct	tions)						14	
15	Property subject to section 168							15	
16	Other depreciation (including A	CRS)				. <u></u>	<u> </u>	16	
Pé	irt III MACRS Depreci	iation (Do not incl		•	uction	ıs.)			
	A, 1		Section A						414
17	MACRS deductions for assets p							17	414
18	If you are electing to group any asse	ts placed in service during —Assets Placed in Se	the tax year into one or mo	re general asset a	ccounts,	check here	ciation S	ctom	
	Section B	(b) Month and	(c) Basis for depreciat		Gener	ai Depie	Claudii 3	yatesii	
	(a) Classification of property	year placed in service	(business/investment u only–see instructions	se .	(e) Co	onvention	(f) Me	thod	(g) Depreciation deduction
19a	3-year property					····			
<u></u> b	5-year property	_							
C	7-year property								
<u>d</u>		-							
e	15-year property	-							
	20-year property			05			S/L		
g_	25-year property			25 yrs.		45.7	S/L		
n	Residential rental property			27.5 yrs.		ИМ ИМ	S/L		
	Nonresidential real		<u> </u>	27.5 yrs.		ИM	S/L		
i	property			39 yrs.		им	S/L		
	· · · · · · · · · · · · · · · · · · ·	-Assets Placed in Serv	ice During 2008 Tax Y	ear Using the A					n
 20a	Class life						S/L		
	12-year			12 yrs.			S/L		
	40-year		· · · - · · · · · · · · · · · · · · · ·	40 yrs.	١	лм	S/L		
NAT BROKEN	irt IV Summary (See i	nstructions.)		1					
21	Listed property. Enter amount fr							21	
22	Total. Add amounts from line 12		ines 19 and 20 in colur	nn (g), and line	21.				
	Enter here and on the appropria	ate lines of your return.	Partnerships and S cor	porations—see	instr			22	414
23	For assets shown above and placenter the portion of the basis at				23				

	00 1	Special Events Schedule										
Form 9	90	Ear colondar van 6000						2008				
Varne		For calendar year 2008, or	tax year beginning		, and	ending	ı	<u> </u>				
							Employer Id	lentification Number				
ROCHES	TER YO	OUTH SOCCER LEA	AGUE				38-241	3604				
		(A)	(B)	(C)		Others	30 241	Total				
Gross receipt		1,753	0	(-,	0	Others	0	1,753				
Less contri		0	0		0	7,000		2,,55				
Gross revenu		1,753	0		0 _		0	1,753				
Less direct		0	0		0		0	0				
Net income (I	oss)	1,753	0		0			1,753				
						-						
Description:	(A)	SOCCER CLINI	CS									
,	, ,											
	(B)											
	(C)											
	Others											
			,									
				···								
			,									
												
												
				·								