## Form 1023-EZ

(Rev. June 2014)

Department of the Treasury Internal Revenue Service

## Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

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

Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible to apply for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under

Information about Form 1023-EZ and its separate instructions is at <a href="www.irs.gov/form1023">www.irs.gov/form1023</a>

OMB No. 1545-0056

**Note:** If exempt status is approved, this application will be open for public inspection.

se	ection 501(c)(3).										
Part I	Identification of Applica	nt									
1a	Full Name of Organization										
	COLORADO SPRINGS SOCCER CLUI	3									
b	Mailing Address (number, street, and re	om/suite)	. If a P.O. box, se	ee instructions.		<b>c</b> City			<b>d</b> State	e Zip	code + 4
	PO BOX 2021					MONUMENT			CO	80132-	-0000
2	Employer Identification Number	3 Mont	n Tax Year End	ds (MM)	<b>4</b> P	erson to Contact i	if Mor	e Information	is Needed		
	84-6109242	12			J	KIRK MCGILL CP	PA				
5	Contact Telephone Number				6 F	ax Number (optio	nal)		<b>7</b> Use	r Fee Sub	mitted
	970-903-0003								\$2	75.00	
8	List the names, titles, and mailing addr	esses of yo	1	rectors, and/o	r trus	tees. (If you have r	more	than five, see	instruction	s.)	
First Na	<sup>me:</sup> JULIAN		Last Name:	DRUMM	DNC			Title: PRE	SIDENT		
Street Address: 18805 SPRING VALLEY RD				City: MONUMENT S			Stat	e: CO Zip code + 4: 80132-0000			80132-0000
First Name: BRIAN Last Name: SLIVKA Title: VICE PRESIDENT											
Street Address: 102 S TEJON SUITE 100							Stat	te: CO	Zip code + 4: 80921-0000		
First Name: CHARLES Last				ne: SHUB			Title: TREASURER				
Street A	ddress: 14445 RIVER OAKS DRIVE			City: COL	ORAI	OO SPRINGS	Stat	te: CO	Zipo	ode + 4:	80921-0000
First Name: ANN Last Name: BRIGGS Title: SECRETARY											
Street A	ddress: 355 WEDGEWOOD COUR	Т		City: COL	ORAI	OO SPRINGS	Stat	te: CO	Zipo	ode + 4:	80906-0000
First Na	me: GEORGE		Last Name:	BURNS					SIDENT EN	MERITUS	
Street A	ddress: 4807 GALENA DRIVE					OO SPRINGS	Stat	te: CO	Zipo	ode + 4:	80918-0000
9a	Organization's Website (if available):		P://WWW.CC		DEFA	AULT.ASPX					
b	Organization's Email (optional):		CMAIL@GMA	AIL.COM							
Part II											
1	To file this form, you must be a corpora		-	_		ust. Select the bo	ox for	the type of o	rganization		
	Corporation Unincorp	orated ass	ociation	◯ Trus	ī						
2	Check this box to attest that you	have the d	organizing do	cument nece	ssary f	for the organizatio	onal st	tructure indic	ated above	•	
	(See the instructions for an explai	nation of <b>n</b>	ecessary org	anizing docu	ıment	ts.)					
3	Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY): 08201970										
4	State of Incorporation or other formation: Colorado										
5	Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).										
	Check this box to attest that your organizing document contains this limitation.										
6	Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.										
	Check this box to attest that you activities, in activities that in them							ge, otherwise	than as an i	nsubstan	tial part of your

dissolution provision.

Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.

Check this box to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which you are formed for your

Form 10 Part II	)23-EZ (Rev. 6-: Your	2014) Specific Activities				Pag€	
1	Enter the ap	propriate 3-character NTEE Code that	best describes your activities (See the instruc	tions): N64			
2	10 quality 10		ganization, you must be organized and operat you are organized and operated exclusively to				
	Charita	ble	Religious	Educational			
	Scientif	ic	Literary	Testing for public safe	:ty		
	To fost	er national or international amateur s	ports competition	Prevention of cruelty t	to children or ar	nimals	
3	To qualify fo	r exemption as a section 501(c)(3) org	ganization, you must:				
	Refrain	from supporting or opposing candidate	ates in political campaigns in any way.				
		that your net earnings do not inure in ement employees, or other insiders).	whole or in part to the benefit of private shar	eholders or individuals (that is, b	ooard members	, officers, key	
	■ Not furt	her non-exempt purposes (such as p	urposes that benefit private interests) more th	an insubstantially.			
	■ Not be	organized or operated for the primar	y purpose of conducting a trade or business th	nat is not related to your exempt	purpose(s).		
	■ Not devote more than an insubstantial part of your activities attempting to influence legislation or, if you made a section 501(h) election, not normally make expenditures in excess of expenditure limitations outlined in section 501(h).						
	■ Not pro	ovide commercial-type insurance as a	substantial part of your activities.				
	Check t	this box to attest that you have not c	onducted and will not conduct activities that	violate these prohibitions and re	strictions.		
4	,	ill you attempt to influence legislatior der filing Form 5768. See the instructi			\( \text{Yes}	√ No	
5		Do you or will you pay compensation to any of your officers, directors, or trustees? (Refer to the instructions for a definition of <b>compensation</b> .)				√ No	
6	Do you or w	Do you or will you donate funds to or pay expenses for individual(s)?				√ No	
7	Do you or w States?	o you or will you conduct activities or provide grants or other assistance to individual(s) or organization(s) outside the United tates?				<b>⊘</b> No	
8		Do you or will you engage in financial transactions (for example, loans, payments, rents, etc.) with any of your officers, directors, or trustees, or any entities they own or control?				<b>⊘</b> No	
9	Do you or w	ill you have unrelated business gross	income of \$1,000 or more during a tax year?		Yes	<b>⊘</b> No	
10	Do you or w	ill you operate bingo or other gaming	activities?		O Yes	√ No	
11	Do you or w	ill you provide disaster relief?			Yes	√ No	
Part I\		dation Classification					
		l to classify you as an organizat us than private foundation stati	ion that is either a private foundation aus.	or a public charity. Public o	:harity status	is a more	
		•	ppropriate box (1a - 1c below) and skip to Par	rt V below.			
			Ily receive at least one-third of your support from the s				
	fee: sup	s, and gross receipts (from permitted port from investment income and un	Ily receive more than one-third of your suppo sources) from activities related to your exemp related business taxable income. <b>Section 509</b> erated for the benefit of a college or university	ot functions and normally received (a)(2).	e not more than	one-third of your	
	c ( Sei	ect this box to attest that you are op θ(a)(1) and 170(b)(1)(A)(iv).	orated for the perions of a conege of university	, that is owned or operated by a	governmentalt	ant. Jections	
2	provisions in	n your organizing document, unless y	ou are a private foundation. As a private found ou rely on the operation of state law in the sta oid liability for private foundation excise taxes	ite in which you were formed to			
	nee	ed to include the provisions required I	izing document contains the provisions requi by section 508(e) because you rely on the ope instructions for explanation of the section 508	ration of state law in your partic			

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Part V Reinstatement After Automatic Revocation						
	t of exemption after being automatically revoked for failure to file required are applying for reinstatement under section 4 or 7 of Revenue Procedure					
meet the specified requirements of section 4, that your failure	Check this box if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. (See the instructions for requirements.)					
2 Check this box if you are seeking reinstatement under section	on 7 of Revenue Procedure 2014-11, effective the date you are filling this application.					
Part VI Signature						
	thorized to sign this application on behalf of the above organization ne best of my knowledge it is true, correct, and complete.					
CHARLES SHUB	TREASURER					
(Type name of signer)	(Type title or authority of signer)					
	12212016					

(Date)

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