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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)

2012

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

Open to Public Inspection

		01 1110	20 12 Calendar year, or tax year beginning	anu	enaing		
	В	heck if	C Name of organization	-		D Employer identifi	cation number
	_	□Addres:					
	<u> </u>	_change	LOWER MERION SOCCER CLU	JB			
	F	_cnange	Doing Business As				563955
	<u></u>	_ return Termin-	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite	E Telephone numbe	
	<u></u>	Jated Amende	P.O. BOX 300			610-	527-3940
	<u> </u>	_return	City, town, or post office, state, and ZIP code			G Gross receipts \$	2,142,113.
	L	tion pending	BRIN MAWR, PA 19010	·- <u></u>		H(a) Is this a group re	
			F Name and address of principal officer.DONA			for affiliates?	Yes X No
			149 CLEMSON RD, BRYN MAV	. —		H(b) Are all affiliates inc	
			1,5 - 5 - 1,6 / 6 / 6 / 6 / 6 / 6 / 6 / 6 / 6 / 6 /	(insert no.) 4947(a)(1)	or 527	1	list. (see instructions)
			e: ► WWW.LMSC.NET	anatan Dahar N	1	H(c) Group exemption	
			organization: X Corporation Trust Ass Summary	ociation Other	L Year	of formation: 1989	M State of legal domicile: PA
		'	Briefly describe the organization's mission or most	number of setuation The	two pr	imary object	tivog of
	Activities & Governance		Lower Merion Soccer Club a		CWO DI	IMALY ODJEC	CIVES OI
	nar	, –	Check this box I if the organization discon		end of more	than 25% of its not as	reate
	ě		lumber of voting members of the governing body (seu oi more	1 _	2
	ၓ္	1	lumber of independent voting members of the gov		•	3	2
	భ		otal number of individuals employed in calendar ye			5	17
~~,	itie	1	otal number of volunteers (estimate if necessary)	eai 2012 (Fait V, line 2a)	•	6	322
2013	ċį		otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, coli		•	•	0.
	ď	ł	let unrelated business taxable income from Form 9	` ''		<u>7a</u> 7b	0.
S			tor amounted business taxable meetine norm of the	30-1, iiie 04		Prior Year	Current Year
	4	8 0	Contributions and grants (Part VIII, line 1h)		ļ	38,860.	61,436.
SCANNED JUN	Revenue	ı	Program service revenue (Part VIII, line 2g)	•		741,173.	995,967.
	eve	l	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)	•	11,429.	28,249.
	ď	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		•	0.	0.
		l	otal revenue - add lines 8 through 11 (must equal F	· · · · · · · · · · · · · · · · · · ·		791,462.	1,085,652.
3			Grants and similar amounts paid (Part IX, column (A			0.	0.
3			denefits paid to or for members (Part IX, column (A)			0.	0.
Ð	Ø		alaries, other compensation, employee benefits (P			212,688.	362,562.
-	nse		rofessional fundraising fees (Part IX, column (A), lir	-		0.	0.
	Expenses		otal fundraising expenses (Part IX, column (D), line	· · · · · · · ·	0.		
	Û		other expenses (Part IX, column (A) lines 11 a 11d)			532,043.	723,298.
			otal expenses Add lines 13-17 (must equal Part IX	• .		744,731.	1,085,860.
			levenue less expenses Subtract line 18 from line 1			46,731.	-208.
	Assets or Balances				Be	ginning of Current Year	End of Year
	sets	20 T	otal assets (Part X, line 16)	• -		217,739.	217,531.
	~~	21 T	otal liabilities (Part X, line 26)	•		0.	0.
	Figure	22 N	let assets or fund balances Subtract line 21 from I	ine 20		217,739.	217,531.
	Pa	rt II	Signature Block				
			ies of perjury, I declare that I have examined this return, ii				y knowledge and belief, it is
	true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	-1
			Lonold Stula	_		V 6/6	2013
	Sigr		Signature of officer			Date	t .
	Here	•	DONALD STURLA, PRESIDEN Type or print name and title	<u> </u>			
						loto	
	Data			reparer's signature		late Check	X PTIN
	Paid	_ <u>-</u>	FRIED TO MI	Fred from		6/5/13 If self-employ	
	Prep		FIRM's name FRED J. TORONI, C	PA PRIVI		Firm's EIN	23-2740565
	Use (ן אוויע		HOMAS DRIVE			40 504 055
		the IDS	EXTON, PA 19341	-0.4		Phone no. 6	10-594-0661
	iviay	uie iKS	discuss this return with the preparer shown abov	er (see instructions)			X Yes No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

See Schedule O for Organization Mission Statement Continuation

Form **990** (2012)

11000605 745598 23-2563955

232002 12-10-12

4e Total program service expenses

115,985. including grants of \$

970,580.

Form 990 (2012)

181,047.)

			Yes	No
1	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?	_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		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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		<u>X</u>
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_		<u>X</u>
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_		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
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_		X
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		<u> </u>
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
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		<u>X</u>
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	ľ		
	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		X
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	ļ	<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-	-	
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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	 -	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		1	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	_15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
4-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
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	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
4.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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
20a	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	000	<u> </u>
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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		İ	
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l '
	If "Yes," complete Schedule N, Part I	31_	ļ	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	<u> </u>	X
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_	<u> </u>	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_	ļ —	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
þ	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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	ļ	<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	L

Form **990** (2012)

Form 990 (2012) LOWER MERION SOCCER CLUB

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 80			110
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ł
	(gambling) winnings to prize winners?	1c		
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 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			ł
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		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1		1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization 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		Х
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 and section 509(a)(3) supporting organizations. Did the supporting			ł
^	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.			l
	Did the organization make any taxable distributions under section 4966?	9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>		
а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them) 11b			l
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	14.0		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	Ī
	organization is licensed to issue qualified health plans			ì
C	Enter the amount of reserves on hand			ı
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 3			
	If there are material differences in voting rights among members of the governing body, or 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 2			
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		Х
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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	i		
	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 filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		_	
	ın Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	Ţ		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X 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 interest policy, and	l fınan	cıal	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	on: 🕨	·	
	DONALD STURLA - 610-527-3940			
32006	149 CLEMSON ROAD, BRYN MAWR, PA 19010			
2-10-		Form	990 ((2012)

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

Check if Schedule O contains a response to any question in this Part VII

 \mathbf{x}

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key 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.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	l (do	not c	POS heck	ITION more) than	one	Reportable	Reportable	Estimated
	hours per	(do not check more than box, unless person is bot officer and a director/trus			is bot	h an	compensation	compensation	amount of	
	week	-	cer an	nd a d	recto	or/trus	tee)	from	from related	other
	(list any	ecto	1	1				the	organizations	compensation
	hours for	ē	₈₂			둁		organization	(W-2/1099-MISC)	from the
	related	캻	l šš			E S		(W-2/1099-MISC)		organization
	organizations	표	ag		ploye	ទីខ្ល				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богшег			organizations
(1) DONALD STURLA	40.00								_	_
PRESIDENT		X	<u> </u>	X		<u> </u>		94,788.	0.	0.
(2) JAY DUBOW	1.00						ŀ			
DIRECTOR		X		X				0.	0.	. 0
(3) HOWARD BURDE	1.00									
DIRECTOR		X		X				0.	0.	0 .
(4) NIKKI POSILLICO	13.00	}								
TREASURER				X				23,386.	0.	0 .
(5) GRANT MYERS	17.00						ŀ			
TRAVEL TEAM COORDINATOR				X				34,783.	0.	0 .
(6) RASHEED EPPS	17.00									
HEAD OF GIRLS TRAVEL				X				36,462.	0.	0.
		1								
										•
]								
		1								
		1								
		1								
										•
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		1								
										•
	-	1							İ	
				\vdash						
		Į l	1	i I		ıl				

232007 12-10-12

Part VII Section A. Officers, Direct	tors, Trustees, Key Em	ploye	ees,	and	d Hi	ghe	st C	ompensated Employee	es (continued)				
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation	(E) Reportable compensation from related		Est am	(F) imated ount o	
	(list any hours for related organizations below line)	director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		comp fro orga and	ensat ensat m the nizatio relate nizatio	on ed
•													
1b Sub-total						▶		189,419.		0.			0.
c Total from continuation sheets	to Part VII, Section A							189,419.		0.			0.
d Total (add lines 1b and 1c) Total number of individuals (inclu	ding but not limited to th	nose	liste	d al	bove	e) wł	no r		,000 of reportable				
compensation from the organizat	tion >										$\overline{}$	Yes	0 No
3 Did the organization list any form line 1a? If "Yes," complete School			, ke	y er	nplc	yee	or	highest compensated e	mployee on		3	-	X
4 For any individual listed on line 1a and related organizations greater									the organization		4		x
5 Did any person listed on line 1a re- rendered to the organization? If "	eceive or accrue compe	nsati	on f	rom	any	/ unr			dual for services		5		x
Section B. Independent Contractors		2 0 10	טו טנ	ICII	pers	5011					<u> </u>		
1 Complete this table for your five to	-	-								oensa	ation fr	om	
the organization. Report compen	(A) I business address		NE		VILI I	OI W		(B) Description of s			(C		
Q		IVC)IVI	<u>. </u>		_							
					·					_			
				_									
2 Total number of independent con	·	ot lin	nite	d to		_	sted	above) who received m	nore than				
\$100,000 of compensation from	the organization				(0					Form C	190 (2	012

		Check if Schedule O conta	ains a respoi	nse to any question ii	n this Part VIII			
			-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ats st	1 a	Federated campaigns	. 1a		·			
e a	b	Membership dues	1b					
S, E	С	Fundraising events	1c					
a it	d	Related organizations	1d					
S.E	е	Government grants (contributi	ions) 1e					
rion	f	All other contributions, gifts, grant	ts, and					i e
ge		similar amounts not included above	ve 1f	61,436,				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$	·				
<u>8 8</u>	h	Total. Add lines 1a-1f			61,436,			
				Business Code				
<u>e</u>	2 a	REGISTRATION FEES		900099	425,984.	425,984.		
e e	b	FEES FOR COACHES PAY		900099	327,930.	327,930,		
Program Service Revenue	С	REGISTRATION FEES OTHER	R	900099	218,594.	218,594,		
Reg	d	SOCCER FIELD RENTAL		900099	23,039,	23,039,		
<u>ğ</u> _	е	PATCHES		900099	420.	420,		
-	f	All other program service reve	nue					
-		Total. Add lines 2a-2f		•	995,967,			
	3	Investment income (including	dıvıdends, ır	nterest, and				
		other similar amounts)		▶	12,478.			12,478.
	4	Income from investment of tax	k-exempt bor	nd proceeds				
	5	Royalties		D				
	_	_	(ı) Real	(II) Personal				
	6 a							
	Ь	Less rental expenses						
	C	` '						
		Net rental income or (loss)		() 20			<u>.</u>	
	7 a	Gross amount from sales of	(i) Securiti	1)/				
		assets other than inventory	1,072,2	32.				
	D	Less: cost or other basis						
		and sales expenses	1,056,4			_		
		Gain or (loss)	15,7	71.!	4.5			45 554
		Net gain or (loss)		·	15,771,			15,771.
ıne	ва	Gross income from fundraising including \$	-	•				
Ver		contributions reported on line						
8		Part IV, line 18	ic) See	_				
Other Reven	L		•	a				
5		Less direct expensesNet income or (loss) from fund	Iraiaina ayan	, b				
		Gross income from gaming ac						
ŀ	9 a	Part IV, line 19	divides. See					
	h	Less direct expenses		а b				
		Net income or (loss) from gam	ina activities	·				
		Gross sales of inventory, less	-					
ŀ	10 a	and allowances	ictuiris	a				
	h	Less: cost of goods sold	•	b				
		Net income or (loss) from sale:	s of inventor					
Ì		Miscellaneous Revenue		Business Code	-			
Ì	11 a							1
	b			1 1				-
	2		<u> </u>	-				+
	ų	All other revenue	 -	-	·			
1	J P	Total. Add lines 11a-11d	•				<u> </u>	
ļ	12	Total revenue. See instructions.			1 085 652	995 967.		28 249
232009)							Form 990 (2012)

	Check if Schedule O contains a response	se to any question in thi	s Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,	1			
	trustees, and key employees	189,419.	132,135.	57,284.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	143,758.	132,030.	11,728.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	29,385.	23,995.	5,390.	
11	Fees for services (non-employees).				
а	Management				
b	Legal				
	Accounting	4,100.		4,100.	
	Lobbying			1/1001	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,494.		4,494.	
g	Other. (If line 11g amount exceeds 10% of line 25,	=, =, =, =.		4,454.	
9	column (A) amount, list line 11g expenses on Sch O.)	314,923.	311,855.	3,068.	
12	Advertising and promotion	6,989.	311,033.	6,989.	
13	Office expenses	5,904.	1,206.	4,698.	
	Information technology	3,304.	1,200.	4,030.	
14					-
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to office to				
21	Payments to affiliates	4 415	2 410	1 002	
22	Depreciation, depletion, and amortization	4,415.	3,412.	1,003.	
23	Insurance	9,450.	4,725.	4,725.	
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.)				
а	FIELDS	98,725.	98,725.		-
b	UNIFORMS	72,131.	72,131.		
C	TRAVEL TEAM COSTS	62,628.	62,628.		
d	REGISTRATION	38,099.	38,099.		
	All other expenses	101,440.	89,639.	11,801.	
	Total functional expenses. Add lines 1 through 24e	1,085,860.	970,580.	115,280.	0
26	Joint costs Complete this line only if the organization		3,0,300		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	סטטטטוטווער טעוייין אווייין מווע ועווערמוטווען איייין איייין איייין איייין איייין איייין איייין איייין איייין				

Part X Balance Sheet

an	t X	Balance Sheet				
		Check if Schedule O contains a response to any	question in this Part X .			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		319.	1	4,366
	2	Savings and temporary cash investments	[2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	ormer officers, directors,			
ı		trustees, key employees, and highest compensa-	ated employees. Complete			
1		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
1		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instr)	· · · · · · · ·		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use	·		8	<u> </u>
	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment cost or other	1 1			
		basis. Complete Part VI of Schedule D	10a 85,635.			
	h	Less accumulated depreciation	10b 76,143.	12,502.	10c	9,492
	11	Investments - publicly traded securities	7071431	12/3021	11	
	12	Investments - other securities See Part IV, line		204,418.	12	203,17
	13	Investments - program-related See Part IV, line	-	204,410.	13	203,11
	14	Intangible assets	'' ' ' ' ' '		14	
	15	Other assets See Part IV, line 11	<u> </u>	500.	15	50
	16	Total assets. Add lines 1 through 15 (must equ	· · ·	217,739.	16	217,53
\neg	17	Accounts payable and accrued expenses	ai iii ie 34)	211,133.	17	
	18	Grants payable	<u> </u>		18	
	19	Deferred revenue	_	19		
	20	Tax-exempt bond liabilities	<u> </u>		20	
		·	Port IV of Schodula D			
- 1	21	Escrow or custodial account liability. Complete			21	
1	22	Loans and other payables to current and former	1			
		key employees, highest compensated employee	es, and disquailled persons.			
1		Complete Part II of Schedule L		-	22	···
-	23	Secured mortgages and notes payable to unrela	· · · · · · · · · · · · · · · · · · ·		23	
- 1	24	Unsecured notes and loans payable to unrelated			24	
1	25	Other liabilities (including federal income tax, pa	·			
İ		parties, and other liabilities not included on lines	17-24). Complete Part X of			
١.	00	Schedule D	· · ·		25	
+	26	Total liabilities. Add lines 17 through 25		0.	26	
		Organizations that follow SFAS 117 (ASC 958				
1.	^=	complete lines 27 through 29, and lines 33 and	d 34.			
- [27 20	Unrestricted net assets	-	. =	27	
	28 20	Temporarily restricted net assets	•		28	
1	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ 🔼		İ	
		and complete lines 30 through 34.		_		
- 1	30	Capital stock or trust principal, or current funds	<u> </u>	0.	30	
1	31	Paid-in or capital surplus, or land, building, or eq	' ' · · · · · · · · · · · · · · · · · ·	0.	31	04.5.50
	32	Retained earnings, endowment, accumulated in	come, or other funds	217,739.	32	217,53
;	33	Total net assets or fund balances		217,739.	33	217,533
<u>ئــــ</u>	<u>34</u>	Total liabilities and net assets/fund balances		217,739.	34	217,531 Form 990 (20

Form **990** (2012)

Form 990 (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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. ► See separate instructions.

Open to Public Inspection

Name of 1	the organizat	tion						E	mployer	identificat	ion n	ımber
Deed	Dancer	LOWER M	ERION SOCCER	CLUE	3				2	3-2563	<u> 195</u>	5
Part I			rity Status (All organiz					tructions.				
			because it is: (For lines			-	-					
1			s, or association of chur			ection 170)(b)(1)(A)(i).				
2			70(b)(1)(A)(ii). (Attach So									
3			ital service organization									
4 📖	city, and star		operated in conjunction	with a nos	spital desc	ribed in se	ection 170	(b)(1)(A)(ii	ii). Enter	tne nospita	l's nar	ne,
5 🗌			benefit of a college or u		umad as a	acroted by			4 daga-ib			
э 📖		(b)(1)(A)(iv). (Compl		niversity o	wnea or o	perated by	a govern	mentai uni	it describ	oea in		
6 🗀			•	+ doooriba		470/hV	43/43/.3					
7			ent or governmental uni eives a substantial part					ar frama tha		a dala da a		
,		(b)(1)(A)(vi). (Comple		or its supp	Jort Irom a	governme	entai uniit C	or from the	generai	public desc	mbea	IN
8 🗔			section 170(b)(1)(A)(vi).	(Complete	Dort II \							
9 X			eives: (1) more than 33			from contr	ibutione n	namharehi	n foor a	and arose re	coint	from
V (222)			nctions - subject to certa									
			axable income (less sec									
		509(a)(2). (Complete				-0	204000 2	y and ongo	Lucion	untor ourio	, , ,	
10 🗔			perated exclusively to te	st for pub	lic safety.	See sect io	on 509(a)(4	4).				
11 🔲			perated exclusively for th					-	y out the	purposes (of one	or
			ations described in secti									
			organization and compl					•				
	a Type	I ь 🗔 Ту	ype II c 🔲 T	ype III - Fu	inctionally	ıntegrated	ا (ј 🔲 Тур	e III · No	n-functiona	ily inte	grated
e	By checking	this box, I certify that	at the organization is not	controlled	d directly o	r indirectly	y by one o	r more dis	qualified	persons ot	her th	an
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509)(a)(2)	ı.
f	If the organiz	zation received a writ	tten determination from t	the IRS th	at it is a Ty	/рө I, Туре	II, or Type	e III				
	supporting o	rganization, check th	nis box									
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	n from any	of the foll	owing pers	sons?			_
			lirectly controls, either al	lone or tog	ether with	persons o	described	ın (ıı) and (ııı) below	',	Yes	No
			upported organization?							11g(i)	↓	
	•	•	n described in (i) above?							11g(ii)	↓	↓
_			person described in (i) o							11g(iii)	<u></u>	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).							
				<u></u>		Г						
	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organization	s the on in col.	(vii) Amoun	t of mo	onetary
orga	ınızatıon				sted in your document?			(i) organiz U.S	ed in the	sup	port	
			(see instructions))	Yes	No	Yes	No	Yes				
				163	140	163	140	165	No			
					 			-				
					1		· · · · · ·					
							<u> </u>					
												
Total						1						
LHA For P	aperwork Re	duction Act Notice	, see the Instructions fo	or	•	*		Schedule	e A (Fori	m 990 or 99	 :0-EZ	2012

232021 12-04-12

Form 990 or 990-EZ.

fails to qualify under the tests Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(4) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	(a) 2000	(B) 2003	(6) 2010	(d) 2011	(e) 2012	(f) Total
membership fees received (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-	-		<u> </u>	 		
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3	-					
5 The portion of total contributions						
by each person (other than a						•
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4						
Section B. Total Support					****	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest,				1		
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources	<u> </u>	<u> </u>				
9 Net income from unrelated business						
activities, whether or not the					•	
business is regularly carried on					<u> </u>	
10 Other income Do not include gain						
or loss from the sale of capital						.
assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10		<u> </u>				
12 Gross receipts from related activities,					12	
13 First five years. If the Form 990 is for		s first, second, thii	d, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
organization, check this box and stor Section C. Computation of Publ		rcentage				▶∟
14 Public support percentage for 2012 (I		<u>_</u>	olumn (fl)		14	
15 Public support percentage from 2011			.0.0.11111 (1))	•	15	
16a 33 1/3% support test - 2012. If the c	•	•	 n line 12 and line	14 10 22 1/20/- 07		
stop here. The organization qualifies				14 15 33 1/3% 01	more, check this bo	x and
b 33 1/3% support test - 2011. If the c		-	•	1 lina 15 ie 33 1/39	K or more, check th	. PL
and stop here. The organization qual				2 mile 10 is 33 1/37	o or more, check th	IIS DUX
17a 10% -facts-and-circumstances tes		· · · · · · · · · · · · · · · · · · ·	•	e 13-16a or 16b	and line 14 to 1004	or more
and if the organization meets the "fac						
meets the "facts-and-circumstances"					are in now the organ	
b 10% -facts-and-circumstances test					17a and line 15 in	
more, and if the organization meets the						
organization meets the "facts-and-circ						` .

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	elow, please comp	nete Part II)	 						
	indar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
	Gifts, grants, contributions, and	(a) 2000	10) 2003	(6) 2010	(4) 2011	(E) 2012	ti) i otal			
•	membership fees received. (Do not									
	include any "unusual grants ")			21,999.	38,860.	61,436.	122,295.			
2	Gross receipts from admissions,			21,000.	30,000.	01/1301	100/2001			
_	merchandise sold or services per-									
	formed, or facilities furnished in									
	any activity that is related to the organization's tax-exempt purpose	384,836.	407.098.	473.089.	741.180.	995,967.	3002170.			
3	Gross receipts from activities that	301/3301	10770301	1.3,003.	71171000	33373013				
Ŭ	are not an unrelated trade or bus-									
	iness under section 513									
4	Tax revenues levied for the organ-									
•	ization's benefit and either paid to				,					
	or expended on its behalf									
5	The value of services or facilities			-			<u> </u>			
J	furnished by a governmental unit to					,				
	the organization without charge									
6	Total. Add lines 1 through 5	384,836.	407,098.	495,088.	780,040.	1057403.	3124465.			
	Amounts included on lines 1, 2, and	304,030.	401,0301	1 33,000.	70070101	103/103.	31111031			
, ,	3 received from disqualified persons						0.			
Ŀ	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						0.			
,	Add lines 7a and 7b						0.			
	Public support (Subtract line 7c from line 6)						3124465.			
	ction B. Total Support						JIZIZOJ.			
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
	Amounts from line 6	384,836.	407,098.			1057403.	3124465.			
_	Gross income from interest.	301/0301	101,0000	13370001	,00,0101	10371031	31211001			
	dividends, payments received on				*					
	securities loans, rents, royalties and income from similar sources	-25,291.	27,299.	16 041.	11,422.	28,249.	57,720.			
	Unrelated business taxable income					20/2130	3,7,7200			
•	(less section 511 taxes) from businesses									
	acquired after June 30, 1975									
	Add lines 10a and 10b	-25,291.	27,299.	16,041.	11,422.	28,249.	57,720.			
	Net income from unrelated business	23,231.	21,255.	10,041.	11,422.	20,247.	37,720.			
	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			i						
13	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)	359,545.	434,397.	511,129.	791,462.	1085652.	3182185.			
	First five years. If the Form 990 is for				•					
17	check this box and stop here	the organization s	anst, second, triii	u, iourtri, or intir ta	ix year as a section	n sor(c)(s) organiz	ation,			
Sec	ction C. Computation of Publi	ic Support Per	rcentage	· · · · · · · · · · · · · · · · · · ·						
	Public support percentage for 2012 (I			olumn (fl)		15	98.19 %			
	Public support percentage from 2011	• •	•	olamii (i)) .	•	16	98.15 %			
	ction D. Computation of Inves					1_10 1	<u> </u>			
	Investment income percentage for 20			o 13 column (fl)		17	1.81 %			
18	Investment income percentage from 2	•	•	ie 15, column (ij)		18	1.85 %			
	33 1/3% support tests - 2012. If the	•	·	 on line 14 and line	. 15 is more than 3					
136	more than 33 1/3%, check this box at	-		•		•	7 is not ▶ X			
L							•			
	33 1/3% support tests - 2011. If the						and			
20	line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									
		n did not check a l	oox on line 14, 198	a, OT 19D, CHECK IN			000 57 001			
2320	23 12-04-12				Sch	edule A (Form 99)	v or 990-EZ) 2012			

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	LOWER MERION SOCCER CLUB		23-2563955
Pa	rt I Organizations Maintaining Donor Advised Funds o	r Other Similar Funds or a	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Do	onor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
-			
5	Did the organization inform all donors and donor advisors in writing that the		
_	are the organization's property, subject to the organization's exclusive leg	•	
6	Did the organization inform all grantees, donors, and donor advisors in wri	· -	=
	for charitable purposes and not for the benefit of the donor or donor advis	sor, or for any other purpose confe	
	impermissible private benefit?	· - · -	Yes No
Ра	rt II Conservation Easements. Complete if the organization and	swered "Yes" to Form 990, Part IV	/, line 7.
1	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 an historical	ally important land area
	Protection of natural habitat	Preservation of a certified I	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a c	conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure include	ed in (a)	2c
d		· V-7	20
u		and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, exting	juished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is local		
5	Does the organization have a written policy regarding the periodic monitor	ing, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation ēašements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	iservation easements during the y	/ear ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)	(B)(ı)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easements	s in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financia	I statements that describes the o	rganization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections of Art, History	orical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV,	line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to	p report in its revenue statement	and balance sheet works of art.
	historical treasures, or other similar assets held for public exhibition, educa-	•	· · · · · · · · · · · · · · · · · · ·
	the text of the footnote to its financial statements that describes these iter		paolio del vico, piovido, il il ale XIII,
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to rep		halance shoot works of art, bustorical
_			
	treasures, or other similar assets held for public exhibition, education, or re-	esearch in furtherance of public si	ervice, provide trie following amounts
	relating to these items:		.
	(i) Revenues included in Form 990, Part VIII, line 1		*
_	(ii) Assets included in Form 990, Part X		. > \$
2	If the organization received or held works of art, historical treasures, or oth		, provide
	the following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items:	
	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2012

Saha	dule D (Form 990) 2012 LOWER M	ERION SOCC	ED C	♣' •. TJIR			23	-2 <u>56395</u>	5 Page 2		
	t III Organizations Maintaining C				easures. c	or Othe					
3	Using the organization's acquisition, accessi										
	(check all that apply).			-	•		_				
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	e		Other	0.0						
c	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
-	to be sold to raise funds rather than to be ma							Yes	☐ No		
Pai	t IV Escrow and Custodial Arran					"Yes" to	Form 990, Pa	art IV, line 9, or			
	reported an amount on Form 990, Pa	_ :		J							
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded				
	on Form 990, Part X?		-					Yes	☐ No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:		•	•				
	, ,	·	ŭ					Amoun	t		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year			-	•		1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes	☐ No		
	If "Yes," explain the arrangement in Part XIII			on has been	provided in l	Part XIII					
Pai							0.				
		(a) Current year		rior year				s back (e) Fou	years back		
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses		-								
	Grants or scholarships										
	Other expenditures for facilities						•				
	and programs							- 1			
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1	g, column (a	a)) held as:			<u> </u>			
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%									
C	Temporarily restricted endowment	 %									
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ind administe	red for the	he organizati	on			
	by:	-							Yes No		
	(i) unrelated organizations							. 3a(i)			
	(ii) related organizations							. 3a(ii)			
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?				3b			
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds							
Par	t VI Land, Buildings, and Equipm	ient. See Form 990), Part X	, line 10.							
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulated	(d) Boo	k value		
		basis (investr	nent)	basis	(other)		oreciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			8	5,635.		76,143		9,492.		
<u> e </u>	Other										
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10(c).)			•	9,492.		

Schedule D (Form 990) 2012

23

232053

232054

Schedule D (Form 990) 2012

(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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

<u>23-2563955</u>								
sion:								
To provide each and every child with a fun filled experience in a								
soccer environment. To develop children's soccer skills and knowledge								
y in future								
and a pool of								
nd winter. The								
vers for the								
5-11. Each								
cogram is								
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100 referees,								
s as well as								
181,047.								
/IDED - GUIDANCE								
IING COMPANY TO								
AL OF								
FILING TAX								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

RETURN.

Name of the organization LOWER MERION SOCCER CLUB **Employer identification number** 23-2563955

Form 990, Part VI, Section B, Line 12c: THE OFFICERS AND DIRECTORS SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY TO ENSURE THAT EACH MEMBER CONFIRMS WITH COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. NO MEMBER IS ALLOWED TO VOTE ON AN ISSUE IN WHICH THAT MEMBER MAY HAVE A CONFLICT OF INTEREST. THE PRESIDENT DISTRIBUTES, ANNUALLY, TO THE BOARD A LISTING OF ALL VENDORS WITH THE ORGANIZATION HAS TRANSACTED BUSINESS.

Form 990, Part VI, Section B, Line 15: THE INDEPENDENT BOARD MEMBERS MEET SEPARATLY TO DISCUSS THE PRESIDENT'S SALARY. THE SALARY IS COMPARATIVE TO CLUBS OF SIMILAR STATURE. THE PRESIDENT IS NOT PRESENT DURING SALARY DISCUSSIONS.

THE BOARD OF DIRECTORS REVIEWS THE OFFICERS COMPENSATION AND SETS COMPENSATION BASED ON COMPARATIVE SALARIES FOR EQUIVALENT POSITIONS IN THE PHILADELPHIA AREA.

Form 990, Part VI, Section C, Line 19: LOWER MERION SOCCER CLUB POSTS APPLICATION FOR EXEMPT STATUS UNDER SECTION 501 (c) (3) AND FORM 990 FOR THE CURRENT AND TWO PREVIOUS YEARS ON THE WEBSITE. LOWER MERION SOCCER CLUB ALSO POSTS, BY-LAWS AND MISSION STATEMENT. LOWER MERION SOCCER CLUB ALLOWS THE GENERAL PUBLIC TO SET AN APPOINTMENT TO SEE FINANCIAL RECORDS. LOWER MERION SOCCER CLUB DOES NOT MAKE THE CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. THE RETURN IS ALSO AVAILABLE ON GUIDESTAR.ORG

LINE 1

SALARY EXPLANATION FOR PRESIDENT

Schedule O (Form 990 or 990-EZ) (2012)

Form 4562

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization 990 (Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172
2012

Attachment Sequence No 179

► See separate instructions.

Business or activity to which this form relates

Identifying number

<u>LC</u>	OWER MERION SOCCER CL	UB		For	m 9	90 I	Page 10		23-2563955
P	art Election To Expense Certain Proper	y Under Section 1	79 Note: If yo	ou have any lis	sted pr	operty,	complete Part	V before y	ou complete Part I.
1	Maximum amount (see instructions)							1_	500,000.
2	Total cost of section 179 property place	d in service (see	instructions) .				. 2	
3	reshold cost of section 179 property before reduction in limitation						3	2,000,000.	
4	Reduction in limitation Subtract line 3 fr	rom line 2. If zero	or less, ente	er -0-				4	
_5	Dollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If married fil	ing separately, se	e instruc	tions		5	
6	(a) Description of pro	perty		(b) Cost (busi	ness use	only)	(c) Electe	d cost	
]
									1
									4
							<u>-</u>		4
	Listed property. Enter the amount from					7			1
	Total elected cost of section 179 proper	•	in column (c), lines 6 and	i 7			8	
	Tentative deduction. Enter the smaller							9	
	Carryover of disallowed deduction from	•				_	-	10	
	Business income limitation. Enter the sn		•		•	ne 5	•	11	
	Section 179 expense deduction. Add Ir	•			ne 11			12	
	Carryover of disallowed deduction to 20 te: Do not use Part II or Part III below for					13			
	art II Special Depreciation Allowar		•		ide lista	ed prop	erty)		
	Special depreciation allowance for quali			*			· · · - · · · · · · · · · · · · · · · ·	·	T
17	the tax year	ned property (oti	iei tilali liste	a property) p	iaceu ii	I SCI VIC	e during	. 14	-
15	Property subject to section 168(f)(1) elec	ction				•	•	15	
	Other depreciation (including ACRS)	J.(()	•				-	16	4,415.
_	art III MACRS Depreciation (Do not	include listed pr	operty.) (See	e instructions)				2/2200
		•		ection A					· · · · · · · · · · · · · · · · · · ·
17	MACRS deductions for assets placed in	service in tax ye	ars beginnir	ng before 201	2			17	
18	If you are electing to group any assets placed in servi	ce during the tax year	into one or more	general asset acc	counts, cl	eck here	▶ □] [
	Section B - Assets I	Placed in Servic	e During 20	12 Tax Year	Using	the Ge	neral Depreci	ation Syst	tem
	a) Classification of property	(b) Month and year placed in service	(business/ii	r depreciation nvestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
	7-year property								
d	10-year property								
е	15-year property								
f	20-year property								
<u>g</u>	25-year property					5 yrs.		S/L	
h	n Residential rental property	/			27	.5 yrs.	MM	S/L	
		/			27	.5 yrs	MM	S/L	
i	Nonresidential real property	/			3	9 yrs	MM	S/L	
		/			Ļ		MM	S/L	<u> </u>
	Section C - Assets PI	aced in Service	During 201	2 Tax Year U	sing th	e Alter	native Deprec	T	stem
<u>20a</u>								S/L	
b		,		-		2 yrs.		S/L	
P		/			1 4	0 yrs	MM	S/L	L.,
_								T 🙃	
	Listed property. Enter amount from line Total. Add amounts from line 12, lines 1	•	10 az d 00	Na oakuwa (٠		•	21	
	Enter here and on the appropriate lines							22	A A1E
	For assets shown above and placed in s					300 11131			4,415.
	portion of the basis attributable to section	-	ourion yea	., פוונפו נוופ		23			
	51 8-12 LHA For Paperwork Reduction	 	separate in:	structions.					Form 4562 (2012)

LOWER MERION SOCCER Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or Part V Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes Yes No 24b If "Yes," is the evidence written? No (b) (c) (e) **(f)** (g) (h) Date Business/ Basis for depreciation Elected Type of property Depreciation Recovery Method/ Cost or (business/investment section 179 placed in investment (list vehicles first) deduction other basis period Convention service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use. % % 27 Property used 50% or less in a qualified business use % S/L S/L · % % S/L· 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles **(f)** (d) (e) (a) (b) (c) Vehicle 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes Yes Yes No No Yes No Yes No Yes No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI | Amortization

(d) (f) (c) (e) Description of costs Amortization Amortizable Amortization for this year begins 42 Amortization of costs that begins during your 2012 tax year: 43 Amortization of costs that began before your 2012 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report

216252 12-28-12

Form 4562 (2012)

Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

maria i	avenue del vide								
• If you	are filing for an Automatic 3-Month Extension, a are filing for an Additional (Not Automatic) 3-Months (Not Automatic) 3-Months (Not Automatic) 3-Months (Not Automatic)	onth Exten	sion, complete onl	y Part II (on page 2 o	f this	form).			
	t complete Part II unless you have already been of	-			-				
a corp 8868 t Return	onic filing (e-file). You can electronically file Form oration required to file Form 990-T), or an addition o request an extension of time to file any of the for Transfers Associated With Certain Persona tions). For more details on the electronic filing of the file of the file of the section of the file of the section of the file of th	nal (not auto forms listed Il Benefit C	omatic) 3-month extend in Part I or Part II Contracts, which me	ension of time. You c with the exception o ust be sent to the I	an ele f For RS in	ectronica m 8870, n paper	ally file Form Information format (see		
Part	Automatic 3-Month Extension of Time	e. Only sul	omit original (no co	onies needed).					
A corp	poration required to file Form 990-T and reque	sting an a	utomatic 6-month	extension-check th					
	er corporations (including 1120-C filers), partnersh	nips, REMIC	Cs, and trusts must i	use Form 7004 to req	juest	an exten	sion of time		
to file i	ncome tax returns.								
	None of augment argumention and the file and			Enter filer's identifyin Employer identification	_				
Type o		nstructions.					,,		
print	Number, street, and room or suite no. If a P.O. b	ov coo inote	uotiono	Social security number	25639				
File by th	ne	ox, see instr	uctions	Social security number	1 (331	1)			
due date filing you		or a foreign a	ddraes, sae instruction	<u> </u>					
return S	ee	n a loreigh a	duress, see manuchon	3.					
instruction	ons. Bryn Mawr, PA 19010								
Enter t	he Return code for the return that this application	is for (file a	separate application	n for each return) .			. 0 1		
Appli	cation	Return	Application				Return		
Is Fo		Code	Is For	* *					
Form	990 or Form 990-EZ	01	Form 990-T (corpo	Form 990-T (corporation)					
	990-BL	02		Form 1041-A					
	4720 (Individual)	03	Form 4720	·			09		
	990-PF	04	Form 5227				10		
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11		
	990-T (trust other than above)	06	Form 8870	Form 8870					
	oooks are in the care of ► Donald Sturia ohone No. ► 610-527-3940					-			
	organization does not have an office or place of b		the United States of	had the bay		, -	▶□		
• If this	s is for a Group Return, enter the organization's for	usiness in ur diait Gro	the United States, cl up Exemption Numb	neck this box ber (GEN)		 If th	is is		
for the	whole group, check this box ▶ □ . If	it is for par	t of the group, check	this box	▶ [⊟and a			
	ith the names and EINs of all members the extens		. oo g.oap, oo.		,		ituoi,		
	I request an automatic 3-month (6 months for a co		required to file Form	990-T) extension of t	ime				
	until August 15 , 20 13 , to file the exer					. The ext	tension is		
	for the organization's return for:			· ·					
	► ☐ calendar year 20 12 or								
	-								
	 tax year beginning , 20 , and ending , 20 . If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return 								
2	If the tax year entered in line 1 is for less than 12 r	months, ch	eck reason: Initia	ıl return 🔲 Fınal ret	urn				
	Change in accounting period								
3a	If this application is for Form 990-BL, 990-PF, 990	0-T, 4720,	or 6069, enter the te	entative tax, less any					
	nonrefundable credits. See instructions.				3a	\$	0		
b	If this application is for Form 990-PF, 990-T,					1			
	estimated tax payments made. Include any prior y				3b	\$			
С	Balance due. Subtract line 3b from line 3a. Includ EFTPS (Electronic Federal Tax Payment System).			if required, by using					
Cautio				2 FO F 2072 F	3c	<u> </u>	0		
Vaucioi	. If you are going to make an electronic fund withdrawal	WITH THIS FOR	m 8868, see Form 845	3-EO and Form 8879-E	O for p	payment i	nstructions.		