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Short Form Return of Organization Exempt From Income Tax

2012

**Open to Public
Inspection**

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

▶ Sponsoring organizations of donor advised funds organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200 000 and total assets less than \$500 000 at the end of the year may use this form

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

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year or tax year beginning **2012 and ending** **20**

<p>B Check if applicable</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input checked="" type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization Brooklyn Junior Soccer Corp</p> <p>Number and street (or P O box if mail is not delivered to street address) Room/suite 334 58th St 4R</p> <p>City or town state or country and ZIP + 4 Brooklyn, NY 11220</p>	<p>D Employer identification number 46-1514495</p> <p>E Telephone number (347) 422-1048</p> <p>F Group Exemption Number ▶</p>
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G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990 990 EZ or 990 PF)

I Website ▶ _____

J Tax-exempt status (check only one) 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross receipts are normally not more than \$50 000 A Form 990 EZ or Form 990 return is not required though Form 990 N (e postcard) may be required (see instructions) But if the organization chooses to file a return be sure to file a complete return

L Add lines 5b 6c and 7b to line 9 to determine gross receipts If gross receipts are \$200 000 or more or if total assets (Part II line 25 column (B) below) are \$500 000 or more file Form 990 instead of Form 990 EZ ▶ \$ **2,000**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount
Revenue	1 Contributions gifts grants and similar amounts received	1	2 000
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15 000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15 000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue Add lines 1 2 3 4 5c 6d 7c and 8	9	2 000	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries other compensation and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	1 000
	14 Occupancy rent utilities and maintenance	14	
	15 Printing publications postage and shipping	15	
	16 Other expenses (describe in Schedule O)	16	850
17 Total expenses Add lines 10 through 16	17	1,850	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	150
	19 Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with end-of-year figure reported on prior year's return)	19	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year (Combine lines 18 through 20)	21	150

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

- 33 Did the organization engage in any significant activity not previously reported to the IRS? If Yes provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If Yes attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise explain the change on Schedule O (see instructions)
35 a Did the organization have unrelated business gross income of \$1 000 or more during the year from business activities (such as those reported on lines 2 6a and 7a among others)?
b If Yes to line 35a has the organization filed a Form 990 T for the year? If No provide an explanation in Schedule O
c Was the organization a section 501(c)(4) 501(c)(5) or 501(c)(6) organization subject to section 6033(e) notice reporting and proxy tax requirements during the year? If Yes complete Schedule C Part III
36 Did the organization undergo a liquidation dissolution termination or significant disposition of net assets during the year? If Yes complete applicable parts of Schedule N
37 a Enter amount of political expenditures direct or indirect as described in the instructions
b Did the organization file Form 1120 POL for this year?
38 a Did the organization borrow from or make any loans to any officer director trustee or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If Yes complete Schedule L Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
a Initiation fees and capital contributions included on line 9
b Gross receipts included on line 9 for public use of club facilities
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 section 4912 section 4955
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990 EZ? If Yes complete Schedule L Part I
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 4955 and 4958
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
e All organizations At any time during the tax year was the organization a party to a prohibited tax shelter transaction? If Yes complete Form 8886 T

Table with columns Yes and No. Rows 33-40e. Marked with X in No column for 33, 34, 35a, 35c, 36, 37b, 38a, 40b, 40e.

41 List the states with which a copy of this return is filed
42 a The organization's books are in care of Cesar Grande Flores Telephone no 347-422-1048
Located at 334 58th St Brooklyn, NY ZIP + 4 11220

- b 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)? If Yes enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90 22 1 Report of Foreign Bank and Financial Accounts
c At any time during the calendar year did the organization maintain an office outside of the U S? If Yes enter the name of the foreign country

Table with columns Yes and No. Rows 42b, 42c. Marked with X in No column for 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 EZ in lieu of Form 1041 Check here and enter the amount of tax exempt interest received or accrued during the tax year

- 44 a Did the organization maintain any donor advised funds during the year? If Yes Form 990 must be completed instead of Form 990 EZ
b Did the organization operate one or more hospital facilities during the year? If Yes Form 990 must be completed instead of Form 990 EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If Yes to line 44c has the organization filed a Form 720 to report these payments? If No provide an explanation in Schedule O

Table with columns Yes and No. Rows 44a-44d. Marked with X in No column for 44a, 44b, 44c, 44d.

- 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b 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 Form 990 and Schedule R may need to be completed instead of Form 990 EZ (see instructions)

Table with columns Yes and No. Rows 45a, 45b. Marked with X in No column for 45a, 45b.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only
 All Section 501(c)(3) organizations must answer questions 47-49b and 52 and complete the tables for lines 50 and 51
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		X
48		X
49a		X
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None.

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None.

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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 any knowledge.

Sign Here	Cesar Grande Flores Signature of officer		Date
	Cesar Grande Flores, President Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name George L Cardona	Preparer's signature 	Date 06-03-2013	Check <input type="checkbox"/> if self-employed	PTIN P01200460
	Firm's name Cardona Tax Business Service Inc	Firm's EIN ▶			
	Firm's address 6108 Third Ave Brooklyn NY 11220	Phone no 718-492-9240			

May the IRS discuss this return with the preparer shown above? See Instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

Brooklyn Junior Soccer Corp

Employer identification number

46-1514495

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11 check only one box)

- 1 A church convention of churches or association of churches described in section 170(b)(1)(A)(i)
- 2 A school described in section 170(b)(1)(A)(ii) (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name city and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II)
- 6 A federal state or local government or governmental unit described in section 170(b)(1)(A)(v)
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions membership fees and gross receipts from activities related to its exempt functions subject to certain exceptions and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 1975 See section 509(a)(2) (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4)
- 11 An organization organized and operated exclusively for the benefit of to perform the functions of or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3) Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III Functionally integrated d Type III Non functionally integrated
- e By checking this box I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I Type II or Type III supporting organization check this box
- g Since August 17 2006 has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls either alone or together with persons described in (ii) and (iii) below the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5 7 or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below please complete Part III.)

Section A Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts grants contributions and membership fees received (Do not include any unusual grants)					2,000	2,000
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3					2,000	2,000
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						2,000

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					2,000	2,000
8 Gross income from interest dividends payments received on securities loans rents royalties and income from similar sources						
9 Net income from unrelated business activities whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						2,000
12 Gross receipts from related activities etc (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first second third fourth or fifth tax year as a section 501(c)(3) organization check this box and stop here

Section C Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6 column (f) divided by line 11 column (f))	14	100.00	%
15 Public support percentage from 2011 Schedule A Part II line 14	15		%

16a **33 1/3% support test 2012.** If the organization did not check the box on line 13 and line 14 is 33 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support test 2011.** If the organization did not check a box on line 13 or 16a and line 15 is 33 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization

17a **10% facts and circumstances test 2012.** If the organization did not check a box on line 13 16a or 16b and line 14 is 10% or more and if the organization meets the facts and circumstances test check this box and stop here. Explain in Part IV how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization

b **10% facts and-circumstances test 2011.** If the organization did not check a box on line 13 16a 16b or 17a and line 15 is 10% or more and if the organization meets the facts and circumstances test check this box and stop here. Explain in Part IV how the organization meets the facts and-circumstances test. The organization qualifies as a publicly supported organization

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

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

(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 qualify under the tests listed below please complete Part II)

Section A Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts grants contributions and membership fees received (Do not include any unusual grants)						
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						
3 Gross receipts from activities that are not an unrelated trade or bus under sec 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						
6 Total Add lines 1 through 5						
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 \$5 000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest dividends payments received on securities loans rents royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30 1975						
c Add lines 10a and 10b						
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)						
13 Total support (Add lines 9 10c 11 and 12)						
14 First five years If the Form 990 is for the organization's first second third fourth or fifth tax year as a section 501(c)(3) organization check this box and stop here ▶ <input type="checkbox"/>						

Section C Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8 column (f) divided by line 13 column (f))	15	%
16 Public support percentage from 2011 Schedule A Part III line 15	16	%

Section D Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c column (f) divided by line 13 column (f))	17	%
18 Investment income percentage from 2011 Schedule A Part III line 17	18	%

- 19a 33 1/3% support tests 2012** If the organization did not check the box on line 14 and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3% check this box and stop here The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests 2011** If the organization did not check a box on line 14 or line 19a and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3% check this box and stop here The organization qualifies as a publicly supported organization ▶
- 20 Private foundation** If the organization did not check a box on line 14 19a or 19b check this box and see instructions ▶

Part II Fundraising Events Complete if the organization answered "Yes" to Form 990 Part IV line 18 or reported more than \$15 000 of fundraising event contributions and gross income on Form 990 EZ lines 1 and 6b List events with gross receipts greater than \$5 000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Combine line 3 column (d) and line 10				()

Part III Gaming Complete if the organization answered "Yes" to Form 990 Part IV line 19 or reported more than \$15 000 on Form 990-EZ line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d)				()
8	Net gaming income summary Combine line 1 column d and line 7				()

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If No explain _____

10a Were any of the organization's gaming licenses revoked suspended or terminated during the tax year? Yes No

b If Yes explain _____

