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CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Common organization	A F	or the	2013 calendar year, or tax year beginning JAN 1	, 2014 and	ت ending	<u>IUN 30, 2014</u>	
## MURRERSBORD BOYS AND GIRLS SOCCER Second	В	Check if	C Name of organization		-	D Employer identific	cation number
Signature Sign	а	pplicable	MURFREESBORO BOYS AND GIRL	S SOCCER		, ,	
Dong Business As Section Compared to the set of the Policy of mail is not delivered to street address) Room/suite E Telephone number (615) 631 – 30.07		Addres					
Segment Segm	\vdash	Name				50 1	/10200
Signature PO BOX 10591 Control	-	Initial		-1	D /		
City or town, state or prowince, country, and ZIP or foreign postal code Go_oss_recepts 248, 463.	늗	_		street address)	Room/suite	1	
Websites WMCRRESSORO, TN 37129 Hold State all group return for subordinates? Yes Xes X	<u> </u>	_lated	FO BOX 10391			1	
Figure and address of principal officer ALAN VENDUR Tax exempt status	<u></u>	⊒return	City or town, state or province, country, and ZIP or to	oreign postal code		G Gross receipts \$	248,463.
Filtrage and address of principal officer ALAN VENDUR S15 CHBRY In, MURFREESBORO, TN 37129 HID) we all subcondense nationary Yes No.		_Ition	MUNTREESBURU, IN 3/129	<u> </u>		H(a) Is this a group re	
Takewempt status		pendan	F Name and address of principal officer ALAN VE	NDUR		for subordinates	? Yes X No
Website: ▶ WWW, MURFREESBOROSOCCER.COM High Group exemption number ▶			515 CHERRY LN, MURFREESBORO	, TN 37129		H(b) Are all subordinates in	ncluded? Yes No
Website: ▶ WWW, MURFRESBOROSOCCER. COM Hick Group exemption number. ▶	1 1	ax-exe	mpt status $X = 501(c)(3) = 501(c)(3)$ (inse	ert no.) 4947(a)(1) c	or 527	If "No," attach a	list (see instructions)
Part						H(c) Group exemption	n number
Part Summary					L Year		
Binefly describe the organization's mission or most significant activities: TO PROVIDE SOCCER PROGRAMS IN MURFRESBORO, TN MURFRESBORO, TN 2 Check this box \(\bar{\text{VIII}} \) if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 1.77							1 5.0.10 07 10 901 00 1110101 22 7
MURPRESBORO TN Check this box				ant activities: TO PI	ROVIDE	SOCCER PRO	GRAMS IN
Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5	ဥ	l	•	11 doll/1100. 10 11		. DOCCER INC	<u> </u>
Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5	nar	1 -		te approtions or dispos	and of more	than 25% of the pot as	ecote
Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5	۷e	_		•	sea or more	i i	
Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5	ģ	l				- 1	
b Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part Vill, line 1h) 9 Program service revenue (Part Vill, line 1h) 10 Investment income (Part Vill, column (A), lines 3, 4, and 7d) 11 Other revenue (Part Vill, column (A), lines 3, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising eles (Part IX, column (A), lines 19) 17 Other expenses (Part IX, column (A), lines 19) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f;24e) 19 Revenue less expenses Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 26) 11 Signature Block Under penalties of perjury, declare that Lhave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and compte. Declaration of prepart (other base) assets on all information of which preparer has any knowledge. Printflype preparer's name Printflype preparer's name Printflype preparer's name Preparer's signature Printflype preparer's name P	∞ರ			-			
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Second Prior Pri	Act	7a ⊺	otal unrelated business revenue from Part VIII, column (C		- 1		
8		b N	let unrelated business taxable income from Form 990-T, i	ne 34			
9		ĺ			<u> </u>		
11 Other revenue (Part VIII), column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 287 / 5 5, 402. 12 Total revenue - add lines 8 through 11 (must equal Part VIII), column (A), line 12) 565, 751. 237, 825. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.	ā	8 0	Contributions and grants (Part VIII, line 1h)		<u> </u>		
11 Other revenue (Part VIII), column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 287 / 5 5, 402. 12 Total revenue - add lines 8 through 11 (must equal Part VIII), column (A), line 12) 565, 751. 237, 825. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.	S.	9 F	Program service revenue (Part VIII, line 2g)				
11 Other revenue (Part VIII), column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 287 / 5 5, 402. 12 Total revenue - add lines 8 through 11 (must equal Part VIII), column (A), line 12) 565, 751. 237, 825. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.	ě	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d		1,807.	108.	
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13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Not assets of fund balances Subtract line 21 from line 20 20 Total assets of perjury, declare that Linave 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 pfficer) is based on all information of which preparer has any knowledge. Primt Type or print name and tine Preparer Preparer Firm's address 63 S. CHURCH ST., STE 300 MURFREESBORO, TN 37130 Phone no. (615) 893-6666					565,751.	237,825.	
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 51, 664. 53, 324. 16a Professional fundraising ees (Part IX, column (D), line 25) 0. 17 Other expenses (Part IX, column (D), line 25) 0. 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 431, 035. 235, 206. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 482, 699. 290, 530. 19 Revenue less expenses Subtract line 18 from line 12 83, 052. <52, 705. > 20 Total assets (Part X, line 16) 83, 052. <52, 705. > 21 Total liabilities (Part X, line 26) 10 Total liabilities (2,000.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 51,664. 53,324. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 482,699. 290,530. 19 Revenue less expenses Subtract line 18 from line 12 883,052. <52,705. 20 Total assets (Part X, line 16) 86 linning of Current Year End of Year 21 Total liabilities (Part X, line 26) 92 Not assets or fund balances Subtract line 21 from line 20 93 Signature Block 94 Signature Block 10 Inder penalties of perjury 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 prepart (other than officer) 9 Signature of officer 9 Signature officer 9 Signature officer 9 Signature officer 9 Signature o		l			ļ	0.	
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Under penalties of perjury, declare that 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 Print/Type or print name and title Print/Type preparer's name Preparer's signature RRIS PARKHURST, CPA RRIS PARKHURST, CPA Prim's name DEMPSEY VANTREASE & FOLLIS PLLC Firm's Ellimployed Phone no. (615) 893-6666	- 8	19 1	Revenue less expenses Subtract line 18 from line 12	10	<u>;</u>	63,032.	
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Sign Here Signature of officer Date		•					y knowledge and belief, it is
Here Leance H-Wc-9h!, Claiden + Type or print name and title	true,	correct	, and complete. Declaration of preparer (other than officer) is base	ed on all information of wh	iich preparer	has any knowledge.	
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Type or print name and title Print/Type preparer's name Preparer's signature RRIS PARKHURST, CPA KRIS PARKHURST, CPA 11/14/14 self-employed P00359765 Preparer Use Only WURFREESBORO, TN 37130 Preparer's signature Preparer's signature RIT Date Check X PTIN FIRM's EIN \$\insert 62 - 1736974 Firm's EIN \$\insert 62 - 1736974 Phone no. (615)893 - 6666	Sign	ո		1		Date !	,
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MURFREESBORO, TN 37130 Phone no. (615)893-6666							
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MURFREESBORO BOYS AND GIRLS SOCCER Form 990 (2013) ASSOCIATION 58-1410388 Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission TO PROVIDE SOCCER PROGRAMS IN MURFREESBORO, TN Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 278,619 • including grants of \$ 219,130.) 2,000.) (Revenue \$) (Expenses \$ PROVIDE SOCCER PROGRAMS TO APPROXIMATELY 2,200 PARTICIPANTS _____) (Expenses \$ _ ______) (Revenue \$ including grants of \$) (Revenue \$ (Code _____) (Expenses \$ __ including grants of \$

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$

Revenue \$

4e Total program service expenses ► 278,619.

Form 990 (2013) ASSOCIATION
Part IV Checklist of Required Schedules

			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_		_X_
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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	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			Х
^	Schedule D, Part III	8_	_	
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	-		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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 167 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		_X_
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		ļ	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444		х
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		x
	Schedule D, Parts XI and XII Was the appropriation in all ideal in passable and appropriate suidited financial statements for the tax year?	124		
D	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		14a		X
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,,
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ء ا		₹.
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(2013)
		. 51111	550	رد د دع

	990 (2013) ASSOCIATION 58-1410 t IV Checklist of Required Schedules (continued)	<u> </u>	<u> P</u>	age 4
	The following of frequired seriedules (continued)		T.,	Γ
01	Did the organization report more than \$5,000 of grants or other acceptance to any democitic exceptance or		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
00	government 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 or other assistance to individuals in the United States on Part IX,			
00	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	├	X
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	000	ļ	x
04-	Schedule J Pid the organization have a tay exampt hand you a with an autotanding principal amount of make then \$100,000 as of the	23	 -	^
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	1	х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Λ
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	 	
C	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240	 	
ZJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200	_	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26	1 .	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	·	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
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?	1		ĺ
	If "Yes," complete Schedule N, Part I	_31	<u> </u>	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	├	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	}		
	Part V, line 1	34_	 	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	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?	00		.
	If "Yes," complete Schedule R, Part V, line 2	_36_	-	X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-1	i	i

Form **990** (2013)

37_

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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

Form	990 (2013) ASSOCIATION	58-1410	388	Р	age 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance		<u> </u>	<u>_</u>	age 🛡
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 43		163	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	ſ		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re				ĺ
·	(gambling) winnings to prize winners?	sportable gailing			
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	1c		
Za		2a 4			1
_	filed for the calendar year ending with or within the year covered by this return		٥.		v
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return News of lines 1a and 2a organization file all required to a file (see matter).		2b		X
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_	1	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	^	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		-
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
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 A	Accounts			
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 transa	ction?	5b_		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e 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 contribut	ons or gifts		- {	
	were not tax deductible?		6b		—
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			l
	to file Form 8282?	1	7c	{	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Di				
	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.			ĺ	
а	Did the organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1		[
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	1			
а	Gross income from members or shareholders	11a		ļ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against				1 1
	amounts due or received from them)	11b			
12a	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		7	
13	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.			7	
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Date to the state of the state		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b		
			Form	990	(2013)

Form 990 (2013)

ASSOCIATION

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to and out, or rob below, describe the circumstances, processes, or changes an ochedule of see instructions.									
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
4	Enter the number of order and order of the course had a till and of the course had a till a t		Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 14 17	{		[
	If there are material differences in voting rights among members of the governing body, or if the governing									
h	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 1b 17									
ь 2		1]						
~	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		_							
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6										
	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		х						
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:									
	The governing body?	8a	X							
	Each committee with authority to act on behalf of the governing body?	8b	X							
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,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990									
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>							
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	<u> X</u>							
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14		X						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4,7						
	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ľ						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46-		v						
	taxable entity during the year?	<u>16a</u>		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b								
500	exempt status with respect to such arrangements? tion C. Disclosure	נוסט		L						
17	List the states with which a copy of this Form 990 is required to be filed ►TN									
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) is	availab	le.							
18	for public inspection. Indicate how you made these available. Check all that apply									
	X Own website Another's website Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial							
ים	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 organiza	tion 🕨	•							
	THE ORGANIZATION - (615)631-3007									
	PO BOX 10591, MURFREESBORO, TN 37129									
23200	8 10.20.13	Form	990	(2013)						

332006 10-29-13

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

LX Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	рох	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ALAN VENDUR	5.00									
TREASURER		X	_	Х	_	-	├	0.	0.	0.
(2) ROBERT KINI	5.00					}				•
DIRECTOR		X					-	0.	0.	<u>0.</u>
(3) ART FULLER	5.00	x						0.	0.	0.
DIRECTOR	5.00	<u>^</u>		-		[[–			0.
(4) ANTHONY TOGRYE	3.00	X						0.	0.	0.
DIRECTOR (5) BECKY SMITH	5.00	A	\vdash	-		 	-			
DIRECTOR	3.00	x						0.	0.	0.
(6) JOSH BUCKLEY	5.00					T				
DIRECTOR		x			İ			0.	0.	0.
(7) MAX MOSS	5.00									
DIRECTOR		X						0.	0.	0.
(8) MATT LEBLANC	5.00									
DIRECTOR		X						0.	0.	0.
(9) BRYAN KLEPAREK	5.00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(10) ROD KHOTHSYMUONG	5.00							_	_	_
DIRECTOR		X	<u> </u>					0.	0.	0.
(11) STEPHEN ST.AMOUR	5.00									
DIRECTOR		X						0.	0.	0.
(12) CARLOS CORONEL	5.00	١.,								•
DIRECTOR	- - 00	X			<u> </u>		-	0.	0.	0.
(13) BILL LEDBETTER	5.00	₩.				1		0.	0.	0.
DIRECTOR	15 00	X	-			\vdash	-			
(14) LEANNA WRIGHT	15.00	1		x				0.	0.	0.
PRESIDENT	5.00	\vdash	-	Λ	l —		-			
(15) DENNIS BUCKLEY SECRETARY/PARLIAMENTARIAN	2.00	1		X	1			0.	0.	0.
(16) AMY TURNER	5.00	\Box	 		<u> </u>		\vdash		<u> </u>	
REGISTRAR		1		x				0.	_ 0.	0.
(17) TROY ROBINSON	5.00	 		_ <u>-</u> _						
VICE PRESIDENT				x		L_		0.	0.	0.
222007 10 20 12										Form 990 (2013)

332007 10-29-13

Description of services	Compensation
1	
	
	
	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0

	1 990 rt V		2013) ASSO	CIATION				58-1410	388 Page 9
Га			Check if Schedule O con		or note to any lin	e in this Part VIII			
					or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
S, (С	Fundraising events	1c					
필		ď	Related organizations	1d			1		
S. III		е	Government grants (contribu	tions) <u>1e</u>	. <u> </u>				
tior S		f	All other contributions, gifts, grain	nts, and	=				
혈취			similar amounts not included abo	ove 1f	18,587.				
E S		g	Noncash contributions included in line	s 1a-1f \$					
<u>5</u> 6		h	Total. Add lines 1a-1f		, <u> </u>	18,587.			-
					Business Code	040 500			
ig			SOCCER PARTICIE	PATION F	711300	213,728.	213,728.		
e Z		b							ļ
We'n		С							
Re		ď			<u> </u>				
Program Service Revenue		e	All other program service revi						
		f a		enue		213,728.			-
	3	ч	Investment income (including	dividends inter		213,720			
ļ	J		other similar amounts)	, dividende, inter	> 550, 4110	108.]		108.
	4		Income from investment of ta	x-exempt bond r	proceeds				
	5		Royalties	F F	•				
			•	(i) Real	(ii) Personal				
	6	а	Gross rents						
ļ		b	Less rental expenses						1
		С	Rental income or (loss)		<u> </u>				
		d	Net rental income or (loss)		•				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory		ļ. ————				
}		b	Less cost or other basis	1	1				
			and sales expenses						
}			Gain or (loss)						J
			Net gain or (loss)						
Other Revenue	8	а	Gross income from fundraising successions.	-					
ķ			contributions reported on line		1				
ı,			Part IV, line 18	a a		·			
ŧ,		b	Less direct expenses	b					
0			Net income or (loss) from fun						
			Gross income from gaming a	-					
ĺ			Part IV, line 19	а					
		b	Less, direct expenses	b					
			Net income or (loss) from gan	_					
	10	а	Gross sales of inventory, less	returns	1				
			and allowances	а					}
			Less cost of goods sold		10,638.	F 400	F 400		
		C	Net income or (loss) from sale		<u> </u>	5,402.	5,402.		
ŀ		_	Miscellaneous Revenu		Business Code				ĺ
	11	a b							
		C							
		d	All other revenue						
			Total. Add lines 11a-11d		•				
	12	_	Total revenue See instructions.			237,825.	219,130.	0.	108.
33200 10-29-	9								Form 990 (2013)

Form 990 (2013) ASSOCIATION

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon-		this Part IX		<u>_</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) 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	2,000.	2,000.		
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				
4 5	Compensation of current officers, directors,				
3	trustees, and key employees				
6	Compensation not included above, to disqualified	··			
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	48,434.	48,434.		
8	Pension plan accruals and contributions (include		10/101		
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,185.	1,185.		
10	Payroll taxes	3,705.	3,705.		
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	1,794.		1,794.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	i			
	column (A) amount, list line 11g expenses on Sch O.)	<u> 159,320.</u>	158,948.	372.	
12	Advertising and promotion				
13	Office expenses	10,036.	997.	9,039.	
14	Information technology				
5	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	İ			
	for any federal, state, or local public officials	1 000	1 006		
19	Conferences, conventions, and meetings	1,996.	1,996.		
20	Interest				
21	Payments to affiliates	539.	539.		
22	Depreciation, depletion, and amortization Insurance		333.		
23 24	Other expenses. Itemize expenses not covered				· · · · · · · · · · · · · · · · · · ·
.4	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	UNIFORMS	37,389.	37,389.		
b	REGISTRATION FEES	12,757.	12,757.		
c	TOURNAMENT EXPENSES	8,450.	8,450.		
d	FIELD AND EQUIPMENT REN	2,219.	2,219.		
e	All other expenses	706.		706.	
5	Total functional expenses Add lines 1 through 24e	290,530.	278,619.	11,911.	C
26	Joint costs Complete this line only if the organization				
-	reported in column (B) joint costs from a combined	1	{		
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

ASSOCIATION

58-1410388 Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 272,653. 145,042. Cash - non-interest-bearing 1 126,747. 2 Savings and temporary cash investments 2 201,818. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary Assets employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 7,392. 588. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 4,844. basis Complete Part VI of Schedule D 10a 1,608 3,236. b Less accumulated depreciation 10b 10c 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 406,792. 350,684. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 48,292. 51,695. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 51,695. 48,292. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 0 Capital stock or trust principal, or current funds 30 0. 0. Paid-in or capital surplus, or land, building, or equipment fund 31 31 302,392. 355,097. 32 32 Retained earnings, endowment, accumulated income, or other funds 355,097. 302,392. 33 33 Total net assets or fund balances 350,684. 406,792. 34 Total liabilities and net assets/fund balances

	1 990 (2013) ASSOCIATION	58-141	0388	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets			-	
	Check if Schedule O contains a response or note to any line in this Part XI	,			
1	Total revenue (must equal Part VIII, column (A), line 12)		23	7,8	25
2	Total expenses (must equal Part IX, column (A), line 25)	2			$\frac{20.}{30.}$
3	Revenue less expenses. Subtract line 2 from line 1	3			55. >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			97.
5	Net unrealized gains (losses) on investments	5		- , -	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	!			
	column (B))	10	302,392		<u>92.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990			Yes	No
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ł	X
Lu	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both		-		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis)	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	99U ((2013)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

MURFREESBORO BOYS AND GIRLS SOCCER ASSOCIATION Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

Employer identification number 58-1410388

						_ _	 -					
	organi			because it is. (For lines			-					
1	⊨			s, or association of chur			ction 170	(b)(1)(A)(i)).			
2	片			'0(b)(1)(A)(ii). (Attach Sc								
3	닏			tal service organization of								
4				operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's	s name,
		city, and state										
5				benefit of a college or ur	niversity o	wned or op	erated by	a governi	mental uni	t describ	ed in	
			(b)(1)(A)(iv). (Comple	•								
6	닏		_	ent or governmental uni								
7	L	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public descri	bed in
		section 170(I	b)(1)(A)(vi). (Comple	te Part II)								
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9	$\lfloor \mathbf{X} \rfloor$		•	eives (1) more than 33 ⁻								
		activities relat	ted to its exempt fur	nctions - subject to certa	un excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support	t from gross in	nvestment
		income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon	after June 30), 1975.
		See section !	509(a)(2). (Complete	Part III)								
10	닐	•		perated exclusively to te	-	=			•			
11		-		perated exclusively for th								
		more publicly	supported organiza	itions described in section	on 509(a)(1	l) or sectio	n 509(a)(2	2) See seo	ction 509(a)(3). Ch	eck the box t	hat
		describes the		organization and comple								
		a L Type I			ype III - Fu	-	-				n-functionally	_
е				t the organization is not								
				han one or more publicly						9(a)(1) or	section 509(a	a)(2).
f				ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e lil			[-
			rganization, check th									
g				organization accepted ar							С	
				rectly controls, either al	one or tog	ether with	persons o	described	ın (ii) and (III) below	\$ I	Yes No
		•	• ,	upported organization?							11g(i)	
		• •	·	n described in (i) above?		_					11g(ii)	-
		• •		person described in (i) of							11g(iii)	
h		Provide the fo	ollowing information	about the supported or	ganization	(s)						
					T				(,:) 10	the		
(i)	Name	of supported	(ii) EIN	(iii) Type of organization		rganization sted in your		u notify the ion in col.	(vi) Is organizatio	on in col.	(vii) Amount o	
	orga	nization				document?		r support?	(i) organız U.S	ed in the	suppo	ort
				(see instructions))	Yes	No	Yes	No	Yes	No		
					165	140	163	140	163	-140	<u> </u>	
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			<u> </u>	 	 			 	 			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

	e A (Form 990 or 990-EZ) 2013	<u> </u>		0 1: 4=0	# \/4\/#\#\		Page 2
Part II							
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I o	or if the organization	on failed to qualify	under Part III. If th	e organization
	fails to qualify under the tests	s listed below, plea	se complete Part	III.)			
Section	n A. Public Support		·		·		·
Calendar	year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts	s, grants, contributions, and						
mer	mbership fees received (Do not						ŀ
incli	ude any "unusual grants ")						
2 Tax	revenues levied for the organ-						
ızatı	ion's benefit and either paid to						,
or e	expended on its behalf				ļ <u> </u>		
3 The	value of services or facilities						
furn	ished by a governmental unit to						İ
the	organization without charge						
4 Tota	al. Add lines 1 through 3						·
5 The	portion of total contributions						
by e	each person (other than a						
gov	ernmental unit or publicly				1		ĺ
sup	ported organization) included						
on li	ine 1 that exceeds 2% of the	ŀ			}		
amo	ount shown on line 11,						
colu	ımn (f)			}	J		J
6 Pub	lic support. Subtract line 5 from line 4						
Section	n B. Total Support						
Calendar	year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	ounts from line 4						
	ss income from interest,						
divid	dends, payments received on						ļ
seci	urities loans, rents, royalties						1
and	income from similar sources				ļ		
9 Net	income from unrelated business						
acti	vities, whether or not the	1					
bus	iness is regularly carried on			l		<u> </u>	
10 Oth	er income. Do not include gain						
or lo	oss from the sale of capital						
asse	ets (Explain in Part IV.)					<u> </u>	
11 Tota	al support. Add lines 7 through 10						_
	ss receipts from related activities,		ons)			12	
13 Firs	it five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3)	
orga	anization, check this box and stop	here					▶□
Section	n C. Computation of Publ	ic Support Per	rcentage				
14 Pub	olic support percentage for 2013 (l	ine 6, column (f) di	vided by line 11,	column (f))		14	%
15 Pub	olic support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a 33 1	1/3% support test - 2013. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or	more, check this be	ox and
	here. The organization qualifies						▶□
	1/3% support test - 2012. If the c				l line 15 is 33 1/39	% or more, check t	his box
	stop here. The organization qual						▶□
17a 10%	-facts-and-circumstances tes	t - 2013. If the org	anization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	if the organization meets the "fac	_					
	ets the "facts-and-circumstances"						▶□
	-facts-and-circumstances tes					17a, and line 15 is	10% or
mor	e, and if the organization meets th	ne "facts-and-circui	mstances" test, c	neck this box and	stop here. Expla	in in Part IV how th	е

Schedule A (Form 990 or 990-EZ) 2013

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

Schedule A (Form 990 or 990-EZ) 2013 ASSOCIATION 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

Sec	ction A. Public Support	elow, please comp	olete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	(0) = 0	127.20.0	(0) 20	<u> </u>	(0)2010	11/10tai
	membership fees received (Do not						
	include any "unusual grants ")	}	591.	2,813.	20,788.	_ 23,623.	47,815.
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	150,919.		2,020:	407,834.		1,538,312,
3	Gross receipts from activities that	-					
	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		± 10		1		
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge	150 010	400 517	0.013	400 (00	F04 2F6	
	Total. Add lines 1 through 5	150,919.	409,517.	2,813.	428,622.	594,256.	1,586,127,
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c	: Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						1,586,127.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	150,919.	409,517.	2,813.		594,256.	1,586,127,
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties	130,313.		· · · · · · · · · · · · · · · · · · ·			
	and income from similar sources		213.	13.	181.	1,807.	2,214.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		213.	13.	181.	1,807.	2,214.
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)	150,919.	409,730.	2,826.	428,803.	596,063.	1,588,341,
	First five years. If the Form 990 is for					n 501(c)(3) organiza	
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2013 (ine 8, column (f) di	vided by line 13, co	olumn (f))		15	99.86 %
	Public support percentage from 2012		*			16	99.89 %
	ction D. Computation of Inves						
17				e 13, column (f))		17	.14 %
18	Investment income percentage from 2					18	,11 %
	33 1/3% support tests - 2013. If the			n line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box a						▶ X
t	33 1/3% support tests - 2012. If the	organization did n	ot check a box on	ine 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che						? -
20	Private foundation. If the organization	in did not check a	<u>box on line 14, 19a</u>	, or 19b, check th	nis box and see ins	structions	

Schedule A (Form 990 or 990-EZ) 2013 ASSOCIATION 58-141038	8 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 10, Part III	ne 12
Also complete this part for any additional information (See instructions)	
SHORT PERIOD RETURNS	
EXPLANATION: CURRENT YEAR IS A SHORT YEAR IN ORDER TO CHANGE ACCOUNTI	NG
YEAR END FROM DECEMBER 31 TO JUNE 30. THE ACCOUNTING YEAR END WAS	
PREVIOUSLY CHANGED FROM 11/30/2011 TO 12/31/2011.	
	_
	_

SCHEDULE D

(Form.990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

	ASSOCIATION		58-1410388
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		•
		(a) Donor 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 assets held in donor advised for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose conf	ferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		[] [] [] [] [] [] [] [] [] []
	Title of a control of		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	ricture included in (a)	2b
ب 2	Number of conservation easements on a certified historic still Number of conservation easements included in (c) acquired	• •	2c
d	listed in the National Register	after 6/17/00, and not on a historic structure	2d
3	Number of conservation easements modified, transferred, re	leased extinguished, or terminated by the org	
Ŭ	year >	ioacoa, changaiottoa, et torrantatoa e, are erg	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ve 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 conservat	on easements in its revenue and expense stat	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the o	organization's accounting for
	conservation easements	(Oissiles Assets
Pai	t III Organizations Maintaining Collections o		r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described as a secretary statement of the construction of the constr		I halanaa ahaat warka af art historiaal
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items (i) Poyonus included in Form 990, Port VIII, line 1		▶ ¢
	(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 tre	asures or other similar assets for financial dail	p provide
2	the following amounts required to be reported under SFAS 1		ii, provide
9	Revenues included in Form 990, Part VIII, line 1	TO VICE SOO, TOLKING TO THOSE REINS	▶ \$
a h	Assets included in Form 990, Part X		\$
J	Abboto included in Form 550, Far A		· · · · · · · · · · · · · · · · · · ·

Sche	dule D (Form 990) 2013 ASSOCIA							<u>58-14</u>	1038	8 P	age 2
Pa	rt. III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	is, chec	k any of the	following that	t are a sigr	nificant	use of its	collectio	n item	ıs
	(check all that apply)		_								
а	Public exhibition	d	╵╠	Loan or exc	hange progra	ıms					
b	Scholarly research	е	, [Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit o					er sımılar a	ssets	_			_
	to be sold to raise funds rather than to be ma								Yes		<u>No</u>
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the	e organizatio	on answered "	Yes" to Fo	rm 990	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi		lary for	contribution	ns or other as:	sets not in	cluded			_	
	on Form 990, Part X?		,						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table					_		
	, , , , , , , , , , , , , , , , , , , ,								Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fo	orm 990. Part X. line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIII			on has been	provided in F	Part XIII]
Pai											
		(a) Current year		Prior year	(c) Two year		Three y	ears back	(e) Foul	r years	back
1a	Beginning of year balance		,								
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships						-				
e	Other expenditures for facilities		-								
	and programs	ĺ				ĺ					
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment	·	%								
b	Permanent endowment	%	_								
С	Temporarily restricted endowment ▶	 %									
	The percentages in lines 2a, 2b, and 2c shou	id equal 100%									
За	Are there endowment funds not in the posse		ation tha	at are held a	ınd administei	ed for the	organiz	ation			
	by.	_								Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Sched	dule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" to Form 990	, Part IV	/, line 11a. S	ee Form 990,	Part X, line	e 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acci	umulate	ed	(d) Boo	k valu	е
		basis (investr	nent)	basis	(other)	depre	ciation				
1a	Land										
b	Buildings							\longrightarrow			
С	Leasehold improvements										
d	Equipment										
e	Other			L	4,844.		1,60	08.		3,2	<u>36.</u>
Total	Add lines 1a through 1e (Column (d) must ex	aual Form 000 Part	Y colur	nn (R) line i	10(c))					3 2	36.

332053 09-25-13 Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 ASSOCIATION		<u>58-1410388</u> Pa
Part.XI Reconciliation of Revenue per Audited	d Financial Statements With Revenu	ue per Return.
Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line 12a	
1 Total revenue, gains, and other support per audited finan		1
2 Amounts included on line 1 but not on Form 990, Part VII		
a Net unrealized gains on investments	2a_	il
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	 	
	2c	
•	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not	I I	
a Investment expenses not included on Form 990, Part VIII	I, line 7b 4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form		5
Part XII Reconciliation of Expenses per Audite	ed Financial Statements With Expen	ses per Return.
Complete if the organization answered "Yes" to Fo	orm 990, Part IV, line 12a	
Total expenses and losses per audited financial statement	nts	1
2 Amounts included on line 1 but not on Form 990, Part IX,		
a Donated services and use of facilities	2a	1 1
b Prior year adjustments	2b	
011 - 1	20	
	2d	
,	20	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not o		
a Investment expenses not included on Form 990, Part VIII.	I, line 7b 4a	
 a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 	I, line 7b 4a 4b	4c
 a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 	I, line 7b 4a 4b	4c 5
 a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII.) 	m 990, Part I, line 18)	5
a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part XIII.	Aa 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	5
 a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII.) 	Aa 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	5
a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part XIII.	Aa 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	5
a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part XIII.	Aa 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	5
a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part XIII.	Aa 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	5
a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part XIII.	Aa 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	5
a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part XIII.	Aa 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	5
a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part XIII.	Aa 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	5
a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part XIII.	Aa 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	5
a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part XIII.	Aa 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	5
a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part XIII.	Aa 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	5
a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part XIII.	Aa 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	5
a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part XIII.	Aa 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	5
a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part XIII.	Aa 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	5
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a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part XIII.	Aa 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	5
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a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part XIII.	Aa 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	5
a Investment expenses not included on Form 990, Part VIII. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form Part XIII. Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part XIII.	Aa 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b 4b	5
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public

OMB No 1545-0047

Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization MURFREESBORO BOYS AND GIRLS SOCCER

Employer identification number **ASSOCIATION** 58-1410388

FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE OFFICERS REVIEW THE RETURN PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: THE ORGANIZATION IS SMALL ENOUGH TO MONITOR THE POLICY ON A
CONTINUAL BASIS
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: ALL DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.
FORM 990, PART IX, LINE 11G, OTHER FEES:
COACHING/REFEREE SERVICES/TRAINING/CAMPS:
PROGRAM SERVICE EXPENSES 158,948.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 158,948.
PAYROLL SERVICE:
PROGRAM SERVICE EXPENSES 0.
MANAGEMENT AND GENERAL EXPENSES 372.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 372.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 159,320.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

4562

Depreciation and Amortization (Including Information on Listed Property)

n on Listed Property)

▶ Attach to your tax return.

2013

Attachment Sequence No 179

Name(s) shown on return

Business or activity to which this form relates

990

Identifying number

MURFREESBORO BOYS AND	GIRLS SO	CCER					
ASSOCIATION					PAGE 10		58-1410388
Part Election To Expense Certain Propert	y Under Section 1	79 Note: <i>If you I</i>	have any list	ed property,	complete Part		
1 Maximum amount (see instructions)						1	500,000.
2 Total cost of section 179 property place	•	•				2	0.000.000
3 Threshold cost of section 179 property l						3	2,000,000.
4 Reduction in limitation Subtract line 3 fr		•				4	
5 Dollar limitation for tax year Subtract line 4 from line				-		5	
6 (a) Description of proj	perty		(b) Cost (busine	ess use only)	(c) Electe	d cost	
							
					-		
							
7 Listed property Enterthe assessment from the				· · · · · ·			
7 Listed property Enter the amount from I				7		- T -	
8 Total elected cost of section 179 proper	•	s in column (c), i	lines 6 and	1		8	
9 Tentative deduction Enter the smaller of		010 5 4500				9	
10 Carryover of disallowed deduction from	•			-\ l.m C		10	
11 Business income limitation Enter the sm		•		•		11	
12 Section 179 expense deduction Add lin	•					12	
13 Carryover of disallowed deduction to 20 Note: Do not use Part II or Part III below for				▶ 13			
Part II Special Depreciation Allowan				le listed pror	nerty)		
\	 -						
14 Special depreciation allowance for quality	nea property (ou	ier than listed p	hoberty) bis	icea in servic	ce during	44	
the tax year 15 Property subject to section 168(f)(1) election	otion					15	
16 Other depreciation (including ACRS)	HOTI					16	
Part III MACRS Depreciation (Do not	include listed or	onerty) (See in	structions)			103	
TELETIN MACHO Depresation (De not	include lighted pr	Secti					
17 MACRS deductions for assets placed in	service in tax ve					17	
18 If you are electing to group any assets placed in serving	•	• •			. ▶ □	'''' ا ر	
Section B - Assets I					-	ation Syste	em
	(b) Month and	(c) Basis for de	preciation	(d) Recovery	. 1	Γ -	
(a) Classification of property	year placed in service	(business/inves only - see inst		period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property							
b 5-year property							
c 7-year property		3	3,775.	7 YRS	. HY	200DB	539.
d 10-year property							
e 15-year property						<u> </u>	
f 20-year property							
g 25-year property				25 yrs		S/L	
	/			27 5 yrs	MM	S/L	
h Residential rental property	/			27 5 yrs	MM	S/L	
	1			39 yrs	MM	S/L	
 Nonresidential real property 	/				MM	S/L	
Section C - Assets PI	aced in Service	During 2013 T	ax Year Us	ing the Alte	rnative Depre	ciation Sys	tem
20a Class life						S/L	
b 12-year				12 yrs		S/L	
c 40-year	/			40 yrs.	MM	S/L	
Part IV Summary (See instructions)							
21 Listed property Enter amount from line	28					21	
22 Total. Add amounts from line 12, lines 1		es 19 and 20 in	column (g)	, and line 21			
Enter here and on the appropriate lines	of your return. Pa	artnerships and	S corporat	ions - <u>see ins</u>	str	22	539.
23 For assets shown above and placed in s	-						-
portion of the basis attributable to section	on 263A costs			23			
316251 12-19-13 LHA For Paperwork Reduction	Act Notice, see	separate instr	uctions.				Form 4562 (2013)

316252 12-19-13

44 Total. Add amounts in column (f) See the instructions for where to report

Form 4562 (2013)

(Rev January 2008)

Application To Adopt, Change, or Retain a Tax Year

See senarate instructions

OMB No 1545-0134

Attachment

nter	artment of the Treasury mai Revenue Service	See Separate instructions.	Sequence No 148
Pa	art I General Ir	nformation	
	Important All filers must	complete Part I and sign below. See instructions	
ĺ	Name of filer (if a joint re	eturn is filed, also enter spouse's name) (see instructions) Filer's identifying number	, , , , , , , , , , , , , , , , , , , ,
	MURFREESBORO	BOYS AND GIRLS SOCCER ASSOCIATION 58-1410388	
Ī	Number, street, and roon	n or suite no (if a P O box, see instructions) Service Center where income tax return w	/III be filed
<u>=</u>	PO BOX 10591	OGDEN, UTAH	
<u>.</u>	City or town, state, and Zi	IP code Filer's area code and telephone number/Fi	ax number
be o	MURFREESBORO	, TN 37129 615-631-3007	
	Name of applicant, if diff	ferent than the filer (see instructions) Applicant's identifying number (see instructions)	uctions)
		58-1410388	
Ī	Name of person to conta	act (if not the applicant or filer, attach a power of attorney) Contact person's area code and telephone	number/Fax number
-	KRIS PARKHURS	ST, CPA 615-216-1347 615	5-893-8047
1	Check the app	ropriate box(es) to indicate the type of applicant (see instructions)	
	Individual	Cooperative (sec 1381(a)) Passive foreign investment co	ompany (PFIC)
	} 	Controlled foreign corporation (CFC) (sec 957)	simpany (i v io)
	Partnership	Foreign sales corporation (FSC) or Interest-charge Other foreign corporation	
	Estate	domestic international sales corporation (IC-DISC) X Tax-exempt organization	
	Domestic corp	poration Specified foreign corporation (SFC) (sec 898) Homeowners Association (sec	ec 528)
	S corporation	10/50 corporation (sec 904(d)(2)E)) Other	•
	Personal servi corporation (P	ice Trust (Specify entity and applicable)	le Code section)
2	a Approval is reque	ested to (check one) (see instructions)	
	Adopt a tax	year ending ▶ (Partnerships and PSCs. Go to Part III after comple	oting Part I \
	_		
	X Change to a	a tax year ending ▶ JUNE 30 Retain a tax year ending ▶	
	b If changing a tax	year, indicate the date the present tax year ends ► DECEMBER 31	
	c If adopting or ch	anging a tax year, the first return or short period return will be filed for the tax year	
			20 14
	beginning ► JA		, 20 14
3	is the applicant's	s present tax year, as stated on line 2b above, also its current financial reporting year? $lacktriangle$	X Yes No
	If "No," attach ar	n explanation	
4	Indicate the appl	licant's present overall method of accounting	
	Cash receip	ts and disbursements method X Accrual method	
	Other metho	od (specify)	
- 5		of the applicant's business or principal source of income	
		ORGANIZATION TO PROVIDE SOCCER PROGRAMS IN MURFREESBORO, TN	
		Signature - All Filers (See Who Must Sign in the instructions)	
Und and	ler penalties of perjury; belief, it is true, correct,	declare that I have examined this application, including accompanying schedules and statements, and to the and complete. Declaration of preparer (other than filer) is based on all information of which preparer has any knowledge	te best of my knowledge
,	\rightarrow	Pleparer (other than fi	1611
	1 Times	14. M. Tuluslyl 16 16 16 16 14	-A
1-	/ LVI 1140)	Sanaturand data	WI]
V	1	Signature and date Signature of individual preparing the applic	cation and date

*If the application is filed on behalf of a controlled foreign corporation or a 10/50 corporation by a controlling domestic shareholder, see instructions

PRESIDENT

Name and title (print or type)

DEMPSEY VANTREASE & FOLLIS, PLLC

Name of firm preparing the application

Name of individual preparing the application

KRIS PARKHURST, CPA

Pa	It I Automatic Approval Request (see instructions)		
•	Identify the revenue procedure under which this automatic approval request is filed ▶	, 85°	-58
Se	ection A - Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45 or its successor)		
1	Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in	Yes	No
	tax year and is not precluded from using the automatic approval rules under section 4 of Rev Proc 2006-45	١	,
	(or its successor)? (see instructions)		X
2	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period?		Х
	If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553		
	Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions)		X
Se	ction B - Partnerships, S Corporations, Personal Service Corporations (PCSs), and Trusts (Rev. Proc. 2006-46,		
	or its successor)		
4	Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from		
	using the automatic approval rules under section 4 of Rev Proc 2006-46 (or its successor)? (see instructions) ▶		X
5	Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S		
	corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year?	<u> </u>	<u> </u>
6	1		
	coincides with its natural business year described in section 4 01(2) of Rev Proc 2006-46 (or its successor)? Attach		
	a statement showing gross receipts for the most recent 47 months. (See instructions for information		, ,
_	required to be submitted)	-	X
	Is the S corporation requesting an ownership tax year? (see instructions)		X
8	5 F		v
-	(or its successor) or section 5 04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions)		X
	Is the applicant an individual requesting a change from a fiscal year to a calendar year?	}	x
	ection D - Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)	 	
	Is the applicant a tax-exempt organization requesting a change?	Х	
	Int III Ruling Request (All applicants requesting a ruling must complete Section A and any other se		that
U	applies to the entity See instructions) (Rev. Proc. 2002-39, or its successor) N/A	.011011	tilat
Se	ection A - General Information	Yes	No
1	Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by		,
•	the IRS, before an appeals office, or a Federal court?		
	If "Yes," see the instructions for information that must be included on an attached explanation		_
2	Has the applicant changed its annual accounting period at any time within the most recent 48-month period		
	ending with the last month of the requested tax year?		
	If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling,		
	or if not available, an explanation including the date approval was granted. If a letter ruling was not issued,		
	indicate when and explain how the change was implemented		
3	Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected,		l ,
	denied, or not implemented?		
	If "Yes," attach an explanation		
4 a	Is the applicant requesting to establish a business purpose under section 5 02(1) of Rev. Proc. 2002-39 (or its		
	successor)?		
	If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions)		
b	If your business purpose is based on one of the natural business year tests under section 5 03, check the		
	applicable box		
	Annual business cycle test Seasonal business test 25-percent gross receipts test		
	Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test		١
	period (see instructions)		<u> </u>
5	Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short		
	period. If necessary, estimate the amount for the short period.		
	Short period \$ First preceding year \$		
	Short period \$ First preceding year \$ Second preceding year \$ Third preceding year \$	-	
	Short period \$ First preceding year \$ Second preceding year \$ Third preceding year \$ Note: Individuals, enter adjusted gross income Partnerships and S corporations, enter ordinary income Section	-	
	Short period \$ First preceding year \$ Second preceding year \$ Third preceding year \$ Note: Individuals, enter adjusted gross income Partnerships and S corporations, enter ordinary income Section 501(c) organizations, enter unrelated business taxable income Estates, enter adjusted total income All other		
	Short period \$ First preceding year \$ Second preceding year \$ Third preceding year \$ Note: Individuals, enter adjusted gross income Partnerships and S corporations, enter ordinary income Section		

6	Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period	Yes	No
•	Generated Expiring		
	Net operating loss \$ \$		
	Capital loss	1	
	Unused credits \$ \$		
7	Enter the amount of deferral, if any, resulting from the change (see section 5 05(1), (2), (3) and 6 01(7) of		
	Rev Proc 2002-39, or its successor)		
8 a	is the applicant a U.S. shareholder in a CFC?		<u> </u>
	If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the		
	percentage of total combined voting power of the applicant, and the amount of income included in the gross		
	income of the applicant under section 951 for the 3 tax years immediately before the short period and for the		
	short period		
d	Will each CFC concurrently change its tax year?		
	If "Yes" to line 8b, go to Part II, line 3 If "No," attach a statement explaining why the CFC will not be conforming to the tax year requested by the U.S.		
	shareholder		
9.2	le the contract of U.S. abaseholder in a DEIC or defend in contract 42070		
Эа	If "Yes," attach a statement providing the name, address, identifying number, and tax year of the PFIC, the		
	percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net		
	capital gain from the PFIC included in the income of the applicant	Ì '	
b	Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund?		
-	Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation,		
	a shareholder of an IC-DISC, or a shareholder of an FSC?		
	If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust,		
	estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of		
	interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year		
	and for the short period. Indicate the percentage of gross income of the applicant represented by each amount		
	Will any partnership concurrently change its tax year to conform with the tax year requested? ▶		
С	If "Yes" to line 10b, has any Form 1128 been filed for such partnership?	ļ	ļ
11	Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical		
	advice request pending with the IRS National Office?		
	If "Yes," attach a statement explaining the type of request (method, tax year, etc.) and the specific issues involved		
40	in each request	-	
12	Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application?	-	
13		Ì	
14	IRS proposes to disapprove the application?		!
	ion B - Corporations (other than S corporations and controlled foreign corporations) (see instructions)		
15	Enter the date of incorporation		
16 a	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short	Yes	No
	period?		
b	If "Yes," will the corporation be going to a permitted S corporation tax year?		
	If "No" to line 16b, attach an explanation		
17	Is the corporation a member of an affiliated group filing a consolidated return?	L	
	If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidated return,		
	tax year, and Service Center where the applicant files the return, (b) the name, address, and identifying number	ļ	ļ
	of each member of the affiliated group, (c) the taxable income (loss) of each member for the 3 years immediately		
	before the short period and for the short period, and (d) the name of the parent corporation	_	
18 a	Personal service corporations (PSCs) Attach a statement providing each shareholder's name, type of entity		
	(individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and		
_	amount of income received from the PSC for the first preceding year and the short period		
b	If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year		
	Grandfathered (attach copy of letter ruling) Section 444 election (date of election)		1
	Letter ruling (date of letter ruling (attach copy))		

Secti	on C - S Corporations (see instructions)		
19 •		Yes	No
20	Is any shareholder applying for a corresponding change in tax year?	163	110
	If "Yes," each shareholder requesting a corresponding change in tax year must file a separate Form 1128 to get	-	
	advance approval to change its tax year		
21	If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year	4	
	Grandfathered (attach copy of letter ruling) Section 444 election (date of election)		
22	Letter ruling (date of letter ruling (attach copy)) Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified	-	
	subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number,		
	tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation		
	for the first preceding year and for the short period		
Secti	on D - Partnerships (see instructions)	٠	<u> </u>
23	Enter the date the partnership's business began ▶	Yes	No
24	Is any partner applying for a corresponding change in tax year?	163	1.00
25	Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust,	-	<u> </u>
	corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest		
	in capital and profits	1	
26	Is any partner a shareholder of a PSC as defined in Regulations section 1 441-3(c)?	1	
	If "Yes," attach a statement providing the name, address, identifying number, tax year, percentage of interest		
	in capital and profits, and the amount of income received from each PSC for the first preceding year and for the		
	short period		
27	If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year	1	
	Grandfathered (attach copy of letter ruling) Section 444 election (date of election)		
	Letter ruling (date of letter ruling (attach copy))		
Secti	on E - Controlled Foreign Corporations (CFC)		
28	Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying	T	
	number, tax year, percentage of total value and percentage of total voting power, and the amount of income		
	included in gross income under section 951 for the 3 tax years immediately before the short period and for the		
	short period		
Secti	on F - Tax-Exempt Organizations		
29	Type of organization	Yes	No
30	Date of organization ►		
31	Code section under which the organization is exempt ▶]	
32	Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL? ▶]	
33	Enter the date the tax exemption was granted. ► Attach a copy of the letter ruling granting		
	exemption If a copy of the letter ruling is not available, attach an explanation		
34	If the organization is a private foundation, is the foundation terminating its status under section 507?	l	
Sect	on G - Estates		
35	Enter the date the estate was created ▶		
36 a	Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each a	person	who
	is an interested party of any portion of the estate		
b	Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement s		
	distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately	befor	e the
	short period and for the short period		
Secti	on H - Passive Foreign Investment Companies		
37	If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name	ne, ado	dress,
	identifying number, and percentage of interest owned	-	·