

NP-20

State Form 51062
(R6 / 8-12)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year

Check if: Change of Address
 Amended Report
 Final Report: Indicate Date Closed _____

Beginning 08 01 2012 **and Ending** 07 31 2013
MM/DD/YYYY MM/DD/YYYY

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization Indiana Soccer Association			Telephone Number 317-829-0560
Address 5440 Herbert Lord Road		County Marion	Indiana Taxpayer Identification Number 0000005725 470
City Indianapolis	State IN	Zip Code 46216	Federal Identification Number 351845779
Printed Name of Person to Contact Dave Guthrie		Contact's Telephone Number 317-829-0560	

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, you must also file **Form IT-20NP**.

Current Information

- Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
- Indicate number of years your organization has been in continuous existence. 21
- Attach a schedule, listing the names, titles and addresses of your current officers.
- Briefly describe the purpose of mission of your organization below.

#3. See Form 990, Part VII.
#4. See Form 990, Part I.

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Signature of Officer or Trustee Dave Guthrie	Title 317-829-0560	Date
Name of Person(s) to Contact	Daytime Telephone Number	

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 7147
Indianapolis, IN 46207-7147
Telephone: (317) 232-0129

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



Fiscal Year Beginning 08 01 2012 2012 and Ending 07 31 2013

Check box if amended.

Check box if name changed.

Name of Organization

Federal Identification Number (FID)

INDIANA SOCCER ASSOCIATION

351845779

Number and Street

Indiana County or O.O.S.

Principal Business Activity Code

5440 HERBERT LORD ROAD

MARION

0000005725 470

City

State

ZIP Code

Telephone Number

INDIANAPOLIS

IN

46216

317-829-0560

K Check all boxes that apply:

Initial Return

Final Return

In Bankruptcy

Schedule M

L Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)?

X Yes

No

Due Date: 15th day of the fifth month following close of the tax year.

Adjusted Gross Income Tax Calculation on Unrelated Business Income

		Round all entries
1. Unrelated business taxable income (before NOL) deduction and specific deduction from federal return Form 990T (attach Form 990T); use minus sign for negative amounts _____	1	-4329 .00
2. Specific deduction (generally \$1,000; see instructions) _____	2	.00
3. Interest on U.S. government obligations on the federal return less related expenses _____	3	.00
4. Deduction for qualified patents income _____	4	.00
5. Enter total from lines 2 through 4 _____	5	.00
6. Subtotal for unrelated business income (subtract line 5 from line 1) _____	6	-4329 .00
7. Indiana modifications. See instructions. (Use a minus sign to denote negative amounts.) _____	7	.00
8. Unrelated business income, as adjusted (add lines 6 and 7). (If not apportioning, enter same amount on line 10.) _____	8	-4329 .00
9. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (attach schedule) _____	9	%
10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise, enter line 8 amount) _____	10	-4329 .00
11. Enter Indiana NOL deduction without specific deduction (attach Schedule IT-20NOL; see instructions) _____	11	.00
12. Taxable Indiana unrelated business income (subtract line 11 from line 10) _____	12	-4329 .00
13. Taxable income from other forms (Form 1120-POL) _____	13	.00
14. Subtotal (add lines 12 and 13) _____	14	-4329 .00
15. Indiana tax on unrelated business income (multiply line 14 by tax rate). See instructions for line 15 _____	15	.00
16. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet _____	16	.00
17. Total tax due (add lines 15 and 16) _____ Total Tax	17	.00

Credit for Estimated Tax and Other Payments

18. Quarterly estimated tax paid: Qtr. 1 Qtr. 2 Qtr. 3 Qtr. 4 Enter total	18	.00
19. Amount paid with extension _____	19	.00
20. Amount of overpayment credit (from tax year ending _____) _____	20	.00
21. Enter name of other credit _____ Code No. 21a	21b	.00
22. Total credits (add lines 18, 19, 20, and 21) _____ Total Credits	22	.00
23. Balance of tax due (line 17 minus 22; if line 22 is greater than line 17, proceed to lines 24, 25, and 28) _____	23	.00
24. Penalty for the underpayment of income tax. Attach Schedule IT-2220 _____	24	.00
Check box if using annualization method		
25. Interest: If payment is made after the original due date, compute interest _____	25	.00
26. Penalty: If paid late, enter 10% of line 23; see instructions. If line 17 is zero, enter \$10 per day filed past due date _____	26	.00
27. Total payment due (add lines 23 through 26). (Payment must be made in U.S. funds) _____ PAY THIS AMOUNT	27	.00
28. Total overpayment (line 22 minus lines 17, 24-26) _____	28	.00
29. Amount of line 28 to be refunded _____	29	.00
30. Amount of line 28 to be applied to the following year's estimated tax account _____	30	.00

You must go to the certification and authorization section on page 2 to complete this return.



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Indiana Department of Revenue
Indiana Nonprofit Organization Unrelated Business Income

Additional Explanation or Adjustment

State Form 49189
(R11 / 8-12)

Line (a)

Explanation (b)

Amount (c)

Certification of Signatures and Authorization Section

Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

I authorize the Department to discuss my return with my personal representative (see page 11) Yes No

Organization's E-mail address

VONLEHMAN & COMPANY INC.

Paid Preparer: Firm's Name (or yours if self-employed)

Signature of Officer _____ Date _____

DAVE GUTHRIE

PTIN

Print or Type Name of Officer

Title

P00163431

YVONNE DECALONNE, CPA

Telephone Number 317 469 0169

Personal Representative's Name (Print or Type)

Address 8250 WOODFIELD CROSSING BLVD., STE. 300

Telephone Number 317 469 0169

Address 8250 WOODFIELD CROSSING BLVD., STE. 300

City INDIANAPOLIS

City INDIANAPOLIS

State IN

ZIP Code + 4 46240

State IN

ZIP Code + 4 46240

Paid Preparer's Signature

Date

Sales/Use Tax Worksheet

List all purchases made during 2012 from out-of-state companies.

Column A

Description of personal property purchased from out-of-state retailer

Column B

Date of Purchase(s)

Column C

Purchase Price

Magazine subscriptions:

Mail order purchases:

Internet purchases:

Other purchases:

- 1. Total purchase price of property subject to the sales/use tax _____ 1C
- 2. Sales/use tax: Multiply line 1 by .07 (7%) _____ 2C
- 3. Sales tax previously paid on the above items (up to 7% per item) _____ 3C
- 4. Total amount due: Subtract line 3 from line 2. Carry to Form IT-20NP, line 16. If the amount is negative, enter zero and put no entry on line 16 of the IT-20NP _____ 4C

Please mail your forms to:
Indiana Department of Revenue
PO Box 7228
Indianapolis, IN 46207-7228

