

EXTENDED TO MARCH 15, 2016

Form **990**

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

A For the 2014 calendar year, or tax year beginning **AUG 1, 2014** and ending **JUL 31, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INDIANA SOCCER ASSOC., INC		D Employer identification number 35-1845779
	Doing business as		E Telephone number 317-975-2020
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,627,744.
	9333 N MERIDIAN ST	225	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46260		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: DAVID GUTHRIE SAME AS C ABOVE		H(c) Group exemption number 5283	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: SOCCERINDIANA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1992 M State of legal domicile: IN	

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SUPPORT MEANINGFUL DEVELOPMENT OF ALL HOOSIERS AND THEIR COMMUNITIES VIA THE SPORT OF		
	2 Check this box <input type="checkbox"/> 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)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	25
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	15,009.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-101.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	68,625.	35,924.
	9 Program service revenue (Part VIII, line 2g)	1,965,349.	2,562,399.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	335,110.	4,318.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,060.	25,103.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,371,144.	2,627,744.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	677,326.	951,929.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,144,150.	1,554,849.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,821,476.	2,506,778.	
19 Revenue less expenses. Subtract line 18 from line 12	549,668.	120,966.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,566,773.	End of Year 1,763,596.
	21 Total liabilities (Part X, line 26)	191,484.	284,043.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,375,289.	1,479,553.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>David Guthrie</i>	Date <i>2/23/2016</i>			
	DAVID GUTHRIE, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name YVONNE B. DE CALONNE	Preparer's signature YVONNE B. DE CALONNE	Date	Check if self-employed <input type="checkbox"/>	PTIN P00163431
	Firm's name VONLEHMAN & COMPANY INC.	Firm's EIN 31-0905417	Firm's address 8250 WOODFIELD CROSSING BLVD. SUITE 300 INDIANAPOLIS, IN 46240	Phone no. (317) 469-0169	

If anyone wishes to see the whole 990 document, please contact the Indiana Soccer Association office.

NP-20

State Form 51062
(R7 / 8-13)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
Beginning 08 01 2014 and Ending 07 31 2015
MM/DD/YYYY MM/DD/YYYY

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

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

Name of Organization

Telephone Number

INDIANA SOCCER ASSOC INC

317 975 2020

Address

County

Indiana Taxpayer Identification Number

9333 N MERIDIAN ST NO 225

MARION

0005725470

City

State ZIP Code

Federal Identification Number

INDIANAPOLIS, IN 46260

35 1845779

Printed Name of Person to Contact

Contact's Telephone Number

YVONNE B. DE CALONNE

317 469 0169

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

1. 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.
2. Indicate number of years your organization has been in continuous existence. 23
3. Attach a schedule, listing the names, titles and addresses of your current officers. SEE STATEMENT 1
4. Briefly describe the purpose or mission of your organization below.

TO SUPPORT MEANINGFUL DEVELOPMENT OF ALL HOOSIERS AND THEIR COMMUNITIES VIA THE SPORT OF SOCCER

Email Address:

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.

David L. ...
Signature of Officer or Trustee

EXECUTIVE DIRECTOR
Title

2/23/2016
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 6481
Indianapolis, IN 46206-6481
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 6481, Indianapolis, IN 46206-6481, (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. 6-2.5-5-21 (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.



FORM NP-20

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 1

NAME AND ADDRESS	TITLE
MURRAY CLARK 9333 N MERIDIAN ST, NO. 225 INDIANAPOLIS, IN 46260	PRESIDENT
LARRY ROWLAND 9333 N MERIDIAN ST, NO. 225 INDIANAPOLIS, IN 46260	VICE PRESIDENT
JOSEPH FISTROVICH 9333 N MERIDIAN ST, NO. 225 INDIANAPOLIS, IN 46260	TREASURER
ALAN BROWN 9333 N MERIDIAN ST, NO. 225 INDIANAPOLIS, IN 46260	SECRETARY
MAUREEN MERHOFF 9333 N MERIDIAN ST, NO. 225 INDIANAPOLIS, IN 46260	DIRECTOR
DAVID SHERMAN 9333 N MERIDIAN ST, NO. 225 INDIANAPOLIS, IN 46260	DIRECTOR
A.L. SMITH 9333 N MERIDIAN ST, NO. 225 INDIANAPOLIS, IN 46260	DIRECTOR
JIM KING 9333 N MERIDIAN ST, NO. 225 INDIANAPOLIS, IN 46260	DIRECTOR
ANTHONY ZIRILLE 9333 N MERIDIAN ST, NO. 225 INDIANAPOLIS, IN 46260	DIRECTOR
DAVID GUTHRIE 9333 N MERIDIAN ST, NO. 225 INDIANAPOLIS, IN 46260	EXECUTIVE DIRECTOR (NONVOTI

Indiana Nonprofit Organization Unrelated Business Income Tax Return

2014

Calendar Year Ending December 31, 2014 or

Fiscal Year Beginning 08 01 2014 and Ending 07 31 2015

Check box if amended.

Check box if name changed.

Name of Organization INDIANA SOCCER ASSOC INC		Federal Identification Number (FID) 35 1845779
Number and Street 9333 N MERIDIAN ST NO 225	Indiana County or O.O.S. MARION	Principal Business Activity Code 900004
City INDIANAPOLIS, IN 46260	State IN	ZIP Code 46260
Telephone Number 317 975 2020		

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)? 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 (enclose Form 990T); use minus sign for negative amounts	1	-101.00
2. Specific deduction (generally \$1,000; see instructions)	2	0.00
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	-101.00
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	-101.00
9. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (enclose schedule)	9	%
10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise, enter line 8 amount)	10	-101.00
11. Enter Indiana NOL deduction without specific deduction (enclose Schedule IT-20NOL; see instructions)	11	.00
12. Taxable Indiana unrelated business income (subtract line 11 from line 10)	12	-101.00
13. Taxable income from other forms (Form 1120-POL)	13	.00
14. Subtotal (add lines 12 and 13)	14	-101.00
15. Indiana tax on unrelated business income (multiply line 14 by tax rate). See instructions for line 15	15	0.00
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	0.00
Credit for Estimated Tax and Other Payments		
18. Quarterly estimated tax paid: Qrt. 1 _____ Qrt. 2 _____ Qrt. 3 _____ Qrt. 4 _____ Enter total	18	.00
19. Amount paid with extension	19	.00
20. Amount of overpayment credit (from tax year ending _____)	20	.00
21. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)	21	.00
22. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)	22	.00
23. Enter the amount of other credit _____ Code No. 23a _____	23b	.00
24. Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return	24	.00
25. Total credits (add lines 18-24) Total Credits	25	.00
26. Balance of tax due (line 17 minus 25; if line 25 is greater than line 17, proceed to lines 27, 28, and 31)	26	0.00
27. Penalty for the underpayment of income tax. enclose Schedule IT-2220 <input type="checkbox"/> Check box if using annualization method	27	.00
28. Interest: If payment is made after the original due date, compute interest	28	.00
29. Penalty: If paid late, enter 10% of line 26; see instructions. If line 17 is zero, enter \$10 per day filed past due date	29	.00
30. Total payment due (add lines 26-29). (Payment must be made in U.S. funds) PAY THIS AMOUNT	30	.00
31. Total overpayment (line 25 minus lines 17 and 27-29)	31	.00
32. Amount of line 31 to be refunded	32	.00
33. Amount of line 31 to be applied to the following year's estimated tax account	33	.00



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)
		.00
		.00
		.00

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 instructions) Yes No

Paid Preparer's Email Address | EE | YDECALONNE@VLCPA.COM

YVONNE B. DE CALONNE
 Personal Representative's Name (Print or Type)

VONLEHMAN & COMPANY INC.
 Paid Preparer: Firm's Name (or yours if self-employed)

Personal Representative's Email Address

PTIN
P00163431

Signature of Corporate Officer DAVID GUTHRIE Date EXECUTIVE
 Print or Type Name of Corporate Officer Title

317 469 0169
 Telephone Number

8250 WOODFIELD CROSSING BLVD. SU
 Address
INDIANAPOLIS

Signature of Paid Preparer YVONNE B. DE CALONNE Date
 Print or Type Name of Paid Preparer

City IN 46240
 State ZIP Code +4

Sales/Use Tax Worksheet		
List all purchases made during 2014 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:		.00
Mail order purchases:		.00
Internet purchases:		.00
Other purchases:		.00
1. Total purchase price of property subject to the sales/use tax	1C	.00
2. Sales/use tax: Multiply line 1 by .07 (7%)	2C	.00
3. Sales tax previously paid on the above items (up to 7% per item)	3C	.00
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	.00

Please mail your forms to:
 Indiana Department of Revenue
 PO Box 7223
 Indianapolis, IN 46207-7223

