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 black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

A Fo	or the 2	2011 calendar year, or tax year beginning DEC 1, 2011 and ending	<u>DEC 31, 2011</u>	
B Cap	plicable:	C Name of organization MURFREESBORO BOYS AND GIRLS SOCCER	D Employer identific	ation number
	Address change	ASSOCIATION		110200
	Name change	Doing Business As		110388
	Initial rotum Termin- ated	Number and street (or P.O. box if mall is not delivered to street address) PO BOX 10591 Room/su		631-3007
	Amende Ireturn	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,826.
	Applica-		H(a) Is this a group re	turn
	itión pending	F Name and address of principal officer: DAN CASSIDY	for affiliates? 71 H(b) Are all affiliates incl	Yes X No
i T	27.6761		527 If "No," attach a	list. (see instructions)
1 14	laheite	WWW.MURFREESBOROSOCCER.COM	H(c) Group exemption	number 🕨
		organization: Corporation Trust X Association Other ► L. Y	ear of formation: 1980 M	
		Command		
		Briefly describe the organization's mission or most significant activities: ${ m TO}$ ${ m PROVI}$	DE SOCCER PRO	GRAMS IN
Activities & Governance	1	MURFREESBORO, TN		
e e	2 (Check this box if the organization discontinued its operations or disposed of n	nore than 2070 of its her as	5
3	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	<u>5</u> 5
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
S		Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)		30
ŧ	6	Total number of volunteers (estimate if necessary)	6	
Ct.	7a 7	Total unrelated business revenue from Part VIII, column (C), line 12		0.
⋖		Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
•	8 (Contributions and grants (Part VIII, line 1h)	591.	0.
He		Program service revenue (Part VIII, line 2g)	369,251.	2,813.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		13.
æ	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,086.	0.
		Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	378,141.	2,826.
			720.	0.
		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.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	
ž		Total fundraising expenses (Part IX, column (D), line 25)	223,153.	7,185.
u)		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,185.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	223,873.	
	19	Revenue less expenses. Subtract line 18 from line 12	154,268.	
28			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	222,468.	218,109.
4.0	21	Total liabilities (Part X, line 26)	0.	0.
E.E.	22	Net assets or fund balances, Subtract line 21 from line 20	222,468.	218,109.
D,	art II	Signature Block		······································
Und	er nena	ilties of perjury, I declare that I have examined this return, including accompanying schedules and st	tatements, and to the best of π	ny knowledge and belief, it is
true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
1144	, , , , , , , , , , , , , , , , , , , ,			
e i		Signature of officer	Date	
Sig		DAN CASSIDY, TREASURER		
He	re	Type or print name and title		
			Date Check	X PTIN
		Print/Type preparer's name KRIS PARKHURST, CPA KRIS PARKHURST, CPA		
Pal		THE PARTY OF THE P	Firm's EIN	62-1736974
	parer	73010 7000	THIN 5 CHV >	
Use	Only	Firm's address 630 S. CHURCH ST., STE 300	Di	615)893-6666
		MURFREESBORO, TN 37130	Phone no. (
Ma	v the l	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

132002 02-09-12

4e

Other program services (Describe in Schedule O.)

Total program service expenses

including grants of \$

7,082.

ASSOCIATION Form 990 (2011) ASSOCIATION

Part IV Checklist of Required Schedules

	City Officialist of risquired constitution	1	Vac	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	
1		1	Х	
^	If "Yes," complete Schedule A	2		Х
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3		3		Х
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
e:	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			f"
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
-	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
_	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8		8		Х
_	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
40	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
4-4	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
11				
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
a	Part VI	11a	Х	
l.	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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			
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ľ	
٠,	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	-	X
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
1 K. G	Schedule D, Parts XI, XII, and XIII	12a		X
	Was the organization included in consolidated, independent audited financial statements for the tax year?			
Ð	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	makes and the state of the stat	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
1.0	or entity located outside the United States? 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 assistance to individuals			
10	located outside the United States? 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,			
. 1	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			"
;0	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	complete Schedule G, Part III	19		X
20a	to be stated as the state of th	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	FILLOW TO BE AND THE MINISTER MANAGEMENT OF THE PARTY OF			

Form 990 (2011)

Form 990 (2011) ASSOCIATION Part IV Checklist of Required Schedules (continued)

<u>Essentia</u>			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	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			w
	Schedule K. If "No", go to line 25	24a		X
b		24b		<u> </u>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ŀ
	any tax-exempt bonds?	24c		ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	A=-		х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
р	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		Х
~~	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	- - -		
21	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		Х
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,		ļ	
	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	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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	-		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	^
34	Was the organization related to any tax-exempt or taxable entity?	34		х
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35a		X
35a		338	 	+ **
b	· · · · · · · · · · · · · · · · · · ·	35b		Х
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	450	 	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		Х
ייי ביי	It "Yes," complete Schedule R, Part V, line 2		†	T
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
vu	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	TOTAL CHILOTO HOLD BY LOUGHOUT CONTROLS			(2011)

		MURFREESBORO BOYS AND GIRLS SOCCER					
,	000 10			58-1410:	388	P.	age 5
	990 (2 1 V	Statements Regarding Other IRS Filings and Tax Compliance	·····				******
T CRI		Check if Schedule O contains a response to any question in this Part V			<u></u>		
				_ 6		Yes	No
12	Enter	the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
h	Enter	the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ַמר	0			
	Did th	ne organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
٠	ínami	bling) winnings to prize winners?			1c		
22	Enter	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
****	filed t	for the calendar year ending with or within the year covered by this return	2a	0			
h	lf at l	east one is reported on line 2a, did the organization file all required federal employment tax retu	rns? ,.		2b	3000000	300000000000000000000000000000000000000
	Note	. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	S)				
Зa	Did t	he organization have unrelated business gross income of \$1,000 or more during the year?			3a	····	X
h	If "Ye	es.* has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u></u>
4a	Δt an	by time during the calendar year, did the organization have an interest in, or a signature or other	autno	rity over, a			17
	finan	icial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a	- 	X
b	If "Ye	es * 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	Accou	ınts.			
5a	Mas	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 trans	action	C	5b	<u> </u>	<u> </u>
c	H HV	es * to line 5a or 5b, did the organization file Form 8686-T?			5c	ļ	
6a	Does	s the organization have annual gross receipts that are normally greater than \$100,000, and did	the orç	janization solicit			X
	anv	contributions that were not tax deductible?			Ва		**
b	ı If "Y	es," did the organization include with every solicitation an express statement that such contribu	ıtlons	or gifts	6b		
	were	e not tax deductible?			90		
7	Orga	anizations that may receive deductible contributions under section 170(c),		nended to the navor?	7a	#071508	X
a	Did t	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	BIVICES	binainen in me bakon:	7b		
t) If "Y	'es," did the organization notify the donor of the value of the goods or services provided?		aniend	1.0	 	
¢	: Did	the organization sell, exchange, or otherwise dispose of tangible personal property for which it	wasie	douen	7c		Х
	to fil	le Form 8282?	7.4				
C	ı If "Y	'es," indicate the number of Forms 8282 filed during the year	- ru		7e		
€	Did	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	Counts	1017	7f	1	
f	Did	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor	Farm F	1800 as required?	7g	-	
5	g Ifth	e organization received a contribution of qualified intellectual property, did the organization file	roma. ization	file a Form 1098-C?	7h		
Ì	h Ifth	te organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations	Did the	supporting			
8	Spo	nsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	at any t	ime during the year?	8		
	orga	anization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	ar any t	anna alaming inv j +			
9	Spc	onsoring organizations maintaining donor advised funds.			9a		
i	a Did	the organization make any taxable distributions under section 4966?			9b		
		the organization make a distribution to a donor, donor advisor, or related person?					
10	Sec	ction 501(c)(7) organizations. Enter:	10	3			
	a Initi	lation fees and capital contributions included on Part VIII, line 12	101				
		oss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	· L	······································			
11		ction 501(c)(12) organizations. Enter: ss income from members or shareholders	111	а	_		
	a Gro	oss income from members of state floiders cost income from other sources (Do not net amounts due or paid to other sources against					
	១ ៤៣	DESTRICOME MOMORMER SOURCES (DO NOT HET GINDAMES DOOD, PORT TO STATE OF THE STATE O		1	100000		1.000

Form 990 (2011)

12a

13a

14a

14b

amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the

organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Section 501(c)(29) qualified nonprofit health insurance issuers.

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Form 990 (2011)

58-1410388 ASSOCIATION Part W. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting lights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 5 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a a The governing body? _____ Х 86 b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? 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? 105 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12¢ in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 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? X The organization's CEO, Executive Director, or top management official 15a 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? 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 exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed -18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Upon request X Own website 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - (615)631-3007

37129

Form 990 (2011)

PO BOX 10591, MURFREESBORO,

ASSOCIATION

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization neither (A)	(B)	(C) Position						(D)	(E)	(F) Estimated
Name and Title	Average	(₫0	(do not check more than one box, unless person is both an officer and a director/trustee)			than o	one	Reportable compensation	Reportable compensation	amount of
	hours per week	officer and a director/trustee)				r/irus	an tee)	from	from related	other
	(describe	Scior						the	organizations	compensation
	hours for	individual flustee or director	8 3			Highest corravensated ørrpioyte		organization	(W-2/1099-MISC)	from the organization
	related	tiste tiste	fara		23	EDENS		(W-2/1099-MISC)		and related
	organizations in Schedule	i lasi	Son) pick	34 CG4	<u>ا</u>			organizations
	O)	indivi	institutional mustee	Officer	Key ei	Higher	Former			
(1) WILLIAM TERRY								_		^
PRESIDENT	5.00	ļ		Х				0.	0.	0
(2) DAN CASSIDY								_	_	_
TREASURER	5.00	ļ		Х		ļ		0.	0.	0
(3) ERIC HOWSWER	- ~			37				0.	0.	0
SECRETARY	5.00	<u> </u>	-	Х		 		V.	V •	<u> </u>
(4) AMY TURNER	E 00	w		x		-		0.	0.	0
REGISTRAR	5.00		ļ					V •		<u>~_</u>
(5) LEANNA WRIGHT PARLIAMENTARIAN	5.00		ļ	Х	ļ			0.	0.	0
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Form 990 (2011)

Part VII Section A. Officers	, Directors, Trustees, Key Er	mple	yee	s, aı	nd F	ligh	est :	Compensated Employ		1
(A)	(B)			(C	7)			(D)	(E)	(F)
Name and title	Average	ide		Posi		than o	nne	Reportable	Reportable	Estimated
* ******	hours per	box	, unle	ss pe	rson	s bot	nan	compensation	compensation	amount of
	week		ceran	ថមថ	recto	r/trus	(ee)	from	from related	other
	(describe	director						the	organizations	compensation from the
	hours for	9 to	8			ates:		organization	(W-2/1099-MISC)	organization
	related organizations	asteres.	#1KS		93	iDeray.		(W-2/1099-MISC)		and related
	in Schedule	1 1 1 1	Encil		og.	38	5 0			organizations
	0)	individual irustes or	Institutional trustee	Officer	Key employee	Highest compensated employee	Forms			
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1b Sub-total						•		0.		
	sheets to Part VII, Section A							0.		{
	c)							0.	0	. 0.
2 Total number of individual	s (including but not limited to t	hos	e list	ed a	boy	/e) W	ho r	received more than \$10	0,000 of reportable	
compensation from the or	_			_				,		
CONTROL BOTH HIS OF										Yes No
3 Did the organization list ar	ny former officer, director, or t	ruste	ee. k	ev e	am	oyee	, or	highest compensated	employee on	
line to? If "Von " complete	Schedule J for such individua	af		-, -		,				3 X
A Franciscipidad intodor	n line 1a, is the sum of reporta	" hle r	ንረጉምስ <u>፣</u>	sens	atic	n an	d of	ther compensation from	the organization	
4 For any individual listed or	greater than \$150,000? If "Yes	e " r	ann	lete	Sci	hedu	le J	for such individual		4 X
and related organizations	ne 1a receive or accrue comp	anes	on,p sti∧n	fror	n ar	iv ur	rela	ted organization or indi-	idual for services	
5 Did any person listed on li	on? If "Yes," complete Schedu	اصلا	far:	no. ench	. ve	renn		, , , , , , , , , , , , , , , , , , ,		5 X
Section B. Independent Cont		TIG O	101 1	ين بن		13011		womming the state of the state	· · · · · · · · · · · · · · · · · · ·	
Country independent Control	ur five highest compensated i	nder	ישטר	ent		tract	ore	that received more than	\$100,000 of compe	nsation from
1 Complete this table for yo	ompensation for the calendar	vee:	, 6110 , 6110	dina	With	1 011	arith:	in the organization's tax	vear	
the organization. Report of		yea	CIIC	-1119	1414	. 01 1	rat+1	(B)		(C)
Na	(A) me and business address	N	ION	Ħ				Description of	services	Compensation
į va	HERE WELL STATE TO THE PROPERTY OF THE PROPERT		~ L14							
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	······································			······································						
					<u></u>					
									•	
2 Total number of independ	dent contractors (including but	t not	limit	ted t	o th	ose	liste	ed above) who received	more than	
	on from the organization 🕨					0				
<u></u>										Form 990 (201

Par	t VII	li.	Statement of Reveni	Lie		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
fts, Grants r Amounts	1 a b	• I	Federated campaigns Membership dues Fundraising events Related organizations	1b					
Contributions, Gifts, Grants and Other Similar Amounts	f	• (•)	Government grants (contribution All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines	ons)					
	2 8	a	Total, Add lines 1a-1f	D TOURN	Business Code 711300	2,813.	2,813.		
Program Service Revenue	(
ď			All other program service rever Total. Add lines 2a:2f			2,813.			
	3 4		Investment income (including other similar amounts)	dividends, inter	est, and	13.			13.
	5		Royalties						
		b c	Gross rents Less: rental expenses Rental income or (loss)						
	7	a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less; cost or other basis	(i) Securities	(ii) Other				
		c	and sales expenses Gain or (loss) Net gain or (loss)					:	
Other Revenue	5		Gross income from fundraisin including \$ contributions reported on line	g events (not	мололого в применения применения применения применения применения применения применения применения применения п				
Other F		b	Part IV, line 18 Less: direct expenses		b				
	9	a	Net income or (loss) from fund Gross income from gaming at Part IV, line 19	ctivities. See	1				
		C	Net income or (loss) from gan Gross sales of inventory, less and allowances	ning activities returns					
			Less: cost of goods sold Net income or (loss) from sale	es of inventory	b				
	*1	a			Business Coc	<u> </u>			
		c d e	Total. Add lines 11a-11d						. 13
132	12 009 23-12		Total revenue, See instructions		<u> </u>	2,826	. 2,813	. 0	Form 990 (2011

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Don	Check if Schedule O contains a respon	(A)	(8)	(C)	(D)
7b, 8i	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and		-		
	organizations in the United States. See Part IV, line 21				
	Grants and other assistance to individuals in				
t	he United States. See Part IV, line 22			MARGAMANAN (1) - TOP FOOT OF STATE OF THE ST	SSS 10.000000000000000000000000000000000
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	Jnited States. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
t	rustees, and key employees				
	Compensation not included above, to disqualified				
Ş	persons (as defined under section 4958(f)(1)) and				
I	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
8	Pension plan accruals and contributions (include				
1	section 401(k) and section 403(b) employer contributions)				
9 (Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C .	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		3 0 7 0		
9	Other	1,273.	1,273.		
12 .	Advertising and promotion		300	100	
13	Office expenses	206.	103.	103.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,067.	1,067.		<u> </u>
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			-	<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				<u> </u>
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e, It line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	3,356.	3,356.	and a control of the	A CONTRACTOR OF THE CONTRACTOR
-	UNIFORMS	783.			
b	SUPPLIES EXPENSES	500.	3		
c	TOURNAMENT EXPENSES	, VVC.	300	1	
đ				<u> </u>	
	All other expenses	7 105	7,082.	103,	0
	Total functional expenses. Add lines 1 through 24e	7,185.	1,002.	103	<u> </u>
26	Joint costs. Complete this line only it the organization	-			
	reported in column (B) joint costs from a combined	**************************************			
	educational campaign and fundraising solicitation.	1	-		
	Check here II Iollowing SOP 98-2 (ASC 958-720)		1	<u>.</u>	Form 990 (201)

Form 990 (2011)

Part X	Balance Sheet						
				(A) Beginning of year		(B) End of year	
1	Cash - non-interest-bearing	-444		178,454.	1	174,090.	
2	Savings and temporary cash investments			44,014.	2	44,019.	
3	Pledges and grants receivable, net				3		
4	Accounts receivable, net				4		
5	Receivables from current and former officers, dir						
	employees, and highest compensated employee						
	of Schedule L				5		
6	Receivables from other disqualified persons (as						
"	4958(f)(1)), persons described in section 4958(c)						
Į	employers and sponsoring organizations of sect						
	employees' beneficiary organizations (see instru				6		
7	Notes and loans receivable, net				7		
7 8	Inventories for sale or use				8		
9	Prepaid expenses and deferred charges				9		
	Land, buildings, and equipment: cost or other	1 1					
100	hasis Complete Part VI of Schedule D	10a	1,069.				
,	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,069.	0.	10c	0	
11	Investments - publicly traded securities	Samuel Comment			11		
12	Investments - other securities. See Part IV, line 1				12		
13					13		
14		nvestments · program-related. See Part IV, line 11					
15	Other assets. See Part IV, line 11	l .	15				
16	Total assets. Add lines 1 through 15 (must equ	000 400	16	218,109			
17	Accounts payable and accrued expenses				17		
18	Grants payable			I .	18		
19	Deferred revenue		19				
20	Tax-exempt bond liabilities			\$	20		
1	Escrow or custodial account liability. Complete				21		
21 22 22 22 22 22 22 22 22 22 22 22 22 2	Payables to current and former officers, director	re truste:	es, kev employees.				
	highest compensated employees, and disqualif						
2	of Schedule L.		22				
22	Secured mortgages and notes payable to unrel				23		
23 24	Unsecured notes and loans payable to unrelate				24		
25	Other liabilities (including federal income tax, pe						
25	parties, and other liabilities not included on lines	s 17-24).	Complete Part X of		1		
•	Schedule D				25		
26	Total liabilities. Add lines 17 through 25			0 .	26	0	
	Organizations that follow SFAS 117, check h						
Ø	lines 27 through 29, and lines 33 and 34.		,				
27	Unrestricted net assets				27		
ē 28	Temporarily restricted net assets				28		
m 29	Permanently restricted net assets	E .	29				
5	Organizations that do not follow SFAS 117, o						
	complete lines 30 through 34.						
s 30	Capital stock or trust principal, or current funds	0	. 30				
31	Paid-in or capital surplus, or land, building, or e				. 31		
Net Assets or Fund Balances Net Assets or Fund Balances 2 2 8 6 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Retained earnings, endowment, accumulated in				. 32	218,109	
2 32 33	Total net assets or fund balances			222 460		218,109	
ì	Total liabilities and net assets/fund balances					010 100	
34	TOTAL HADRIES AND HEL ASSESSION DAMENCES			, , , , , , , , , , , , , , , , , , ,		Form 990 (201	

**********	330 (2011)				
Par	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			·	<u></u>
				3 01	26
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,82	85.
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			59.
4	Net assets or fund balances at beginning ot year (must equal Part X, line 33, column (A))	4	22.	2,41	68.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	21	3,1	<u> </u>
Pa	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			Yes	No
1 2a b c	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of tr review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	2b		XX
	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the SI Act and OMB Circular A-133?	ngle Audit	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ılred audit	3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			aan i	(2011)
			rorm	ひひび (20 EH

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

2011

Open to Public Inspection

Name of the organization

MURFREESBORO BOYS AND GIRLS SOCCER

Employer identification number 58-1410388

Part I	Resear f	or Public Chark	ty Status (All organiza	ations mus	t complete	this part) See instr	uctions.				
			pecause it is: (For lines 1									
1 C			, or association of churc									
2 🗔			0(b)(1)(A)(ii). (Attach Sch			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,(-,,-,,-,,-,,-,					
3 🗍			al service organization of		section 1	170(b)(1)(A)(iii).					
4 =	A medical resi	arch organization o	perated in conjunction v	with a hose	ital descri	bed in se	ction 170(b)(1)(A)(iii)	. Enter the	hospital's	name	,
→	city, and state											
5	An organization	on operated for the b	penefit of a college or un	iversity ow	ned or ope	erated by	a governm	ental unit	described	in		
		b)(1)(A)(iv). (Comple		•	,	•						
6			ent or governmental unit	described	in section	170(b)(1)(A)(v).					
7 X	An organization	on that normally rece	eives a substantial part o	of its suppo	ort from a	governme	ntal unit or	from the	general pu	iblic descri	bed in	
7 turismed)(1)(A)(vi). (Complet		, ,		_						
8 🔲			ection 170(b)(1)(A)(vi). (Complete	Part II.)							
9 🔲	An organization	on that normally rece	eives: (1) more than 33 1	/3% of its	support fro	om contril	outions, m	embership	fees, and	gross rec	eipts fr	rom
	activities relat	ed to its exempt fun	octions - subject to certa	in exceptic	ons, and (2) no more	than 33 1	/3% of its	support fr	om gross i	nvestn	nent
	income and u	nrelated business ta	axable income (less sect	ion 511 tax	k) from bus	sinesses a	cquired by	the organ	nization af	ter June 30), 1975	5.
	See section 5	509(a)(2). (Complete	Part III.)									
10 🔲	An organization	on organized and op	perated exclusively to te	st for publi	c safety. S	ee sectio	n 509(a)(4) .			_	
11	An organization	on organized and op	perated exclusively for the	ne benefit d	of, to perfo	rm the fur	ections of,	or to carry	out the p	urposes of	oneo	ŧ
			tions described in section). See sec	tion 509(a	i)(3). Chec	k the box	that	
	describes the		organization and compl	ete lines 11	le through	11h.				T		
	a Type I	b		туре []						Type III - O		
e 📖	By checking t	this box, I certify tha	t the organization is not	controlled	directly or	Indirectly	by one or	more disc	uaimed pe	ersons our	er mai	Į.
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions des	cribed in s	action bus	(a)(I) or se	ection ana/	(a)(z).	
f			ten determination from t					! [4]				
			nis box							***************************************		
9	Since August	17, 2006, has the c	organization accepted ar	ny giπ or co	ontribution	rom any	or the lost	wing pers	iii halow	ſ	Yes	No
	(i) A persor	n who directly or ind	lirectly controls, either al	one or tog	etner with	persons c	ieschoed i	n (n) and (n	ny Delovi,	11g(i)		
			upported organization? n described in (i) above?									
	(ii) A family	member of a persor	n described in (i) above in person described in (i) (ne fii) ahous						[
k .												
ħ	Provide the to	olowing information	about the supported or	уанкакон	(3).							
, ,	e of supported panization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) lis	organization sted in your document?	organizat	u notify the tion in col. r support?	(vi) is organizatio (i) organiza U.S	ed in the [(vil) Am supi		f
			(see instructions))	Yes	No	Yes	No	Yes	No			·
								ļ				
					<u></u>				ļ			
						E			-			
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		<u></u>										
							S 000000000000000000000000000000000000					
Total				1		1		4.00	<u> </u>			

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12 Schedule A (Form 990 or 990-EZ) 2011 ASSOCIATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (e) 2011 (f) Total (c) 2009 (d) 2010 Calendar year (or fiscal year beginning in) (b) 2008 (a) 2007 1 Gifts, grants, contributions, and membership fees received. (Do not 804,843. 2,813. 131,934. 369,842. 161,224. 139,030. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities fumished by a governmental unit to the organization without charge ... 804,843. 2,813. 131,934. 369,842. 161,224. 139,030. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 804,843. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2011 (f) Total (d) 2010 (c) 2009(a) 2007 (b) 2008 Calendar year (or fiscal year beginning in) 2,813. 804,843. 369,842 131,934. 161,224. 139,030. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 4,076. 213. 13. 3,000. 850. and income from similar sources ... 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 808,919. 11 Total support. Add lines 7 through 10 39,675 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.50 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 98.77 15 15 Public support percentage from 2010 Schedule A, Part II, line 14 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the *facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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) 2011

organization meets the "facts-and-circumstances" test. The organization qualities as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2011 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
munifor under the tests listed below please complete Part II \

Sec	tion A. Public Support					·	
Caler	ndar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any *unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		200000000000000000000000000000000000000		**************************************		
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						***************************************
A	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
S.	The value of services or facilities						
•	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and					***************************************	
	3 received from disqualified persons						
t	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						
(Add lines 7a and 7b						S00000
8	Public support (Subtract line 7c from line 6)		<u></u>	<u> </u>	1		
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
l	Unrelated business taxable income		•				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	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.) First five years. If the Form 990 is for	the average attacks	'n firet easaard th	ird fourth or fifth	tax year as a secti	ion 501(c)(3) org	uanization.
14	check this box and stop here						
-	ction C. Computation of Pub	lic Support P	ercentage			······································	
		fling & column ff	divided by line 13	column (fi)		15	%
15		n Schadula A Pa	et III line 15	words the last the second			. %
16	ection D. Computation of Inve	stment Incor	ne Percentage	•			
		Ott Sing 10c col	umn (f) divided by	ine 13. column (f))	17	%
17		On the loc, com	A Part III line 17	, , , , , , , , , , , , , , , , , , , ,	<i>f</i>		%
18	a 33 1/3% support tests - 2011. If the	e organization dir	(not check the ho)	on line 14, and li	ne 15 is more than	33 1/3%, and I	ine 17 is not
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MURFREESBORO BOYS AND GIRLS SOCCER

Schedule A (Form 990 or 990-EZ) 2011 ASSOCIATION	58-14	11038	8 Page 4
Schedule A (Form 990 or 990-EZ) 2011 ASSOCIATION Part IV Supplemental Information. Complete this part to provide the explanations required by Part II.	line 10; Part II,	line 17a	or 17b;
and Part III, line 12. Also complete this part for any additional information. (See instructions).			
THE CURRENT YEAR IS A SHORT YEAR TO CHANGE THE ACCOUNTING	PERIOD	TO A	
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

2011 Open to Public Inspection

Name of the organization

MURFREESBORO BOYS AND GIRLS SOCCER ASSOCIATION

Employer identification number 58-1410388

Total number at end of year Aggregate contributions to (euring year) Aggregate contributions to (euring year) Aggregate grants from (éuring year) Aggregate yalue at end of year Yes Ne Ne Old the organization inform all grantees, denors, and donor advisors in writing that grant funds can be used only tor charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring intermessable private benefit? Yes Ne Purposes(s) of conservation seasements had by the organization (check all that apply). Protection of nature habitat Purposes(s) of conservation seasements with end year preservation of and for public use (e.g., recreation or education) Preservation of a conservation asserment and preservation of open space Preservation of open space Complete lines 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation asserment on the kist day of the tax year. a Total number of conservation easements 2a	Par	Organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line		Is or Accounts. Complete if the
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d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amou				
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a Revenues included in Form 990, Part VIII, line 1	2			cial gain, provide
		the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
b Assets included in Form 990, Part X				
	đ	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedi	ule D (Form 990) 2011 ASSOCIAT	ION							10388		<u>e 2</u>
Part	III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, o	r Other	Simila	r Asset	s (contin	ued)	
3 (Jsing the organization's acquisition, accession	n, and other records	s, check :	any of the f	following that	are a sig	nificant u	ise of its	collection	items	
(check all that apply):		,								
a	Public exhibition	d	***************************************		nange program						
b	Scholarly research	e	L 0	ther							
¢	Preservation for future generations								VII.		
4	Provide a description of the organization's co	llections and explair	how the	y further th	ne organizatio	n's exem	ipt purpo	se in Pan	XIV.		
5 [During the year, did the organization solicit or	receive donations of	of art, his	torical treas	sures, or othe	r similar :	assets	·	٦,,,		No
t	o be sold to raise funds rather than to be ma	intained as part of t	ne organi	zation's co	llection?			<u></u>	_ Yes	<u> </u>	NO
Part	reported an amount on Form 990, Par	t X, line 21.						, Partiv, i	ine 9, or		
1a	s the organization an agent, trustee, custodi	an or other intermed	lary for c	ontribution	s or other ass	ets not i	ncluded	<u> </u>	٦.,		No
(on Form 990, Part X?							L	Yes		NO
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing to	ible:			гТ				
									Amount		
	Beginning balance									······································	
ď,	Additions during the year						. 1d			·····	
e	Distributions during the year		,				. <u>1e</u>				
•	Ending balance						. 1f		7.,		No
2a	Did the organization include an amount on F	orm 990, Part X, line	217					L	Yes	Li	NO
b_	If "Yes," explain the arrangement in Part XIV.						-	···········			
Par	V Endowment Funds. Complete I				rm 990, Part	IV, line 1	<i>)</i> .		1.1 50.11	h	ned.
		(a) Current year	(b) Pr	ior year	(c) Two year	s Dack	d) inree	rears back	(e) Four	years L	Jaun
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses	······································	<u></u>						†		
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs				<u> </u>				 		
	Administrative expenses	t .		<u> </u>		 -			<u> </u>		-
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 19	g, column (a)) held as:						
	Board designated or quasi-endowment		%								
b	Permanent endowment	<u>%</u>									
c	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the poss	ession of the organia	tation tha	it are held	and administe	ered for t	ne organ	zation		Yes	No
	by;								0.40	369	140
	(i) unrelated organizations								3a(i)		
	(ii) related organizations				-,				3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required	on Sched	dule R?		,			<u>3b</u>		
4	Describe in Part XIV the intended uses of th	e organization's end	owment	funds.						<u>us</u>	
Par	t VI Land, Buildings, and Equipt					f - 1 A			(d) Boo	L velik	
	Description of property	(a) Cost or basis (invest		1	st or other s (other)		ccumula preciatio	I .	(0) 500	N VOIUS	
1a	Land										
b	Buildings										,
	Leasehold improvements					<u> </u>					
	Equipment	•		,	+ 070						0
9	Other			<u> </u>	1,069.)69.		····	0
	I. Add lines 1a through 1e. (Column (d) must	and the same and Day	d X colin	nn (R) line	10(c).)			🟲 🗀			

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- 14	0	ಾ	v	u	т	м	1	4	v	T.	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
Financial derivatives Closely-held equity interests			
a) all and a second a second and a second an			,
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
<u>()</u>			
Fotal. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	<u> </u>		
Part VIII Investments - Program Related.	. See Form 990, Part X, line	e 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)			
<u>(2)</u>			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(1(1)			
(10) Total (Od (b) must some Form 900 Part V cd (B) line 13.)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	▶ Ine 15.		
	line 15. (a) Description	(b) Book va	alue
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book va	alue
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1)	line 15.	(b) Book va	alue
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, (1) (2)	line 15.	(b) Book va	alue
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Par	TXI Reconciliation of Change in Net Assets from Form 9	90 to Audited Fi	nancial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1 1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		1 _ 1		
3	Excess or (deficit) for the year. Subtract line 2 from line 1				
4	Net unrealized gains (losses) on investments		1		
5	Donated services and use of facilities		1		
6	Investment expenses		1 _ 1		
7	Prior period adjustments				
8	Other (Describe in Part XIV.)		1 . 1		, , , , , , , , , , , , , , , , , , , ,
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine line			2000	······
	XII Reconciliation of Revenue per Audited Financial Sta	tements With R	evenue per	Return	
1	Total revenue, gains, and other support per audited financial statements				uww.r
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	l {			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	1 1			
e	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			I i	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines 4a and 4b	,		. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	
Рa	rt XIII Reconciliation of Expenses per Audited Financial St	atements With	Expenses p	er Return	
1	Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 3			
a	Donated services and use of facilities	2a			
b	Prior year adjustments	25			
C	Other losses	2c			
đ	Other (Describe in Part XIV.)	2d			
е	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 on line 1:	2 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
¢	Add lines 4a and 4b	.,		4c	
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5 1	············
	rt XIV Supplemental Information			AND P	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9				
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Als	o complete this part	to provide any	additional information	on.

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				Schedule D (For	rm 990) 2011

SCHEDULE O

(Form 990 or 990-EZ)
Department of the Treasury

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.

2011 Open to Public Inspection

Internal Revenue Service MURFREESBORO BOYS AND GIRLS SOCCER Employer identification number Name of the organization 58-1410388 ASSOCIATION FORM 990, PART VI, SECTION A, LINE 7A: NEED EXPLANATION FOR MEMBERS/STOCKHOLDERS FORM 990, PART VI, SECTION B, LINE 11: THE OFFICERS REVIEW THE RETURN PRIOR TO FILING SECTION B, LINE 12C: THE ORGANIZATION IS SMALL ENOUGH FORM 990, PART VI, TO MONITOR THE POLICY ON A CONTINUAL BASIS FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.