FRED J. TORONI, CPA 104 JOHN ROBERT THOMAS DRIVE EXTON, PA 19341

> LOWER MERION SOCCER CLUB P.O. BOX 360 BRYN MAWR, PA 19010

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CLIENT'S COPY

FRED J. TORONI, CPA 104 JOHN ROBERT THOMAS DRIVE EXTON, PA 19341 (610) 594-0661

November 8, 2024

LOWER MERION SOCCER CLUB P.O. BOX 360 BRYN MAWR, PA 19010

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2023 EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT SCHEDULE B, SCHEDULE OF CONTRIBUTORS SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT SCHEDULE I, GRANTS AND ASSIST ORG, GOV, AND IND SCHEDULE O, SUPPLEMENTAL INFORMATION FORM 4562, DEPRECIATION AND AMORTIZATION FORM 8868, APPLICATION FOR AUTOMATIC FILING EXTENSION FORM 8879-TE, E-FILE SIGNATURE AUTHORIZATION CURRENT YEAR DEPRECIATION REPORT PA BCO-10, CHARITABLE ORGANIZATION REGISTRATION STMT

TAX PREPARATION FEE

FRED J. TORONI, CPA 104 JOHN ROBERT THOMAS DRIVE EXTON, PA 19341 (610) 594-0661 HTTPS://TORONICPA.COM

LOWER MERION SOCCER CLUB P.O. BOX 360 BRYN MAWR, PA 19010

LOWER MERION SOCCER CLUB:

ENCLOSED IS THE ORGANIZATION'S 2023 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

PENNSYLVANIA FORM BCO-10:

THE PENNSYLVANIA FORM BCO-10 SHOULD BE MAILED ON OR BEFORE NOVEMBER 15, 2024 TO:

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CHARITABLE ORGANIZATIONS 401 NORTH ST RM 207 HARRISBURG, PA 17120

ENCLOSE A CHECK OR MONEY ORDER FOR \$100, PAYABLE TO COMMONWEALTH OF PENNSYLVANIA.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

A COMPLETED AND SIGNED COPY OF FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

FRED J. TORONI, CPA

FRED J. TORONI, CPA 104 JOHN ROBERT THOMAS DRIVE EXTON, PA 19341 (610) 594-0661 HTTPS://TORONICPA.COM

LOWER MERION SOCCER CLUB P.O. BOX 360 BRYN MAWR, PA 19010

LOWER MERION SOCCER CLUB:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2023 FORM 990

2023 PENNSYLVANIA FORM BCO-10

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

FRED J. TORONI, CPA

Form <b>8</b>	879-TE		IRS E-file for a	Signature Au Tax Exempt	thorization Entity	F	OMB No. 1545-0047
10111 -		For calendar ye		-	and ending	, 20	つりつつ
	ent of the Treasury Revenue Service		Do not sen	d to the IRS. Keep for y	our records.		2023
Name o	f filer					EIN or SSN	
			SOCCER CLUB			23-25	63955
Name a	nd title of officer or pe	rson subject to					
Part	Type of	Doturn and	PRESIDENT Return Information				
					plicable amount, if any, f		
Form 5 or <b>10a</b> whiche	330 filers may ente below, and the amo	r dollars and o ount on that li	cents. For all other forms ne for the return being fi nter -0-). But, if you ente	s, enter whole dollars on iled with this form was bl red -0- on the return, the	y. If you check the box o ank, then leave line <b>1b,</b> n enter -0- on the applical	n line <b>1a, 2a, 3</b> <b>2b, 3b, 4b, 5b,</b> ble line below.	3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b, Do not complete more
1a	Form 990 check h	nere			VIII, column (A), line 12)		
2a	Form 990-EZ che	ck here			ine 9)		2b
3a	Form 1120-POL						3b
4a	Form 990-PF che				Form 990-PF, Part V, line		4b
5a	Form 8868 check						5b
6a 7-	Form 990-T chec						6b
7a 8a	Form 4720 check Form 5227 check				orm 5227, Item D)		7b
9a	Form 5330 check				Jiii 3227, item D)		8b 9b
	Form 8038-CP ch				d (Form 8038-CP, Part I		10b
Part					erson Subject to Ta		
completinterma acknow of any entry tr financi later th payme person	ete. I further declare ediate service provi- wledgement of rece refund. If applicable o the financial institu- al institution to deb ian 2 business days nt of taxes to receiv- al identification nur heck one box only I authorize	on the tax ye ncy(ies) regulations of the person of the tax ye ncy(ies) regulation of the person subject ndicated with rogram, I will ct to tax	unt in Part I above is the er, or electronic return or for rejection of the transr he U.S. Treasury and its indicated in the tax prej this account. To revoke ayment (settlement) dat information necessary to my signature for the elect <b>ER</b> ar 2023 electronically file ating charities as part of isent screen. et to tax with respect to the in this return that a copy enter my PIN on the return	e amount shown on the originator (ERO) to send the mission, <b>(b)</b> the reason for designated Financial Aggravation software for pay a payment, I must contain the send the fination and the send	ent to initiate an electror ment of the federal taxes ct the U.S. Treasury Fina ancial institutions involve esolve issues related to t icable, the consent to ele ted within this return that am, I also authorize the a PIN as my signature on t ed with a state agency(ie	urn. I consent t to receive from ig the return or nic funds withdi s owed on this ancial Agent at ed in the proces the payment. I h ectronic funds of to enter my Pl t a copy of the aforementioned the tax year 202	o allow my the IRS (a) an refund, and (c) the date rawal (direct debit) return, and the 1-888-353-4537 no ssing of the electronic have selected a withdrawal. IN
Part	III Certifica	tion and A	uthentication			Duit	
ERO's	EFIN/PIN. Enter yo	our six-digit ele	ectronic filing identificati	ion			
numbe	r (EFIN) followed by	your five-digi	t self-selected PIN.		2343581258 Do not enter all zero		
submit		-			ronically filed return indic File (MeF) Information fo		
ERO's s	ignature <b>FRE</b>	D J. TC	RONI, CPA		Date		
				tain This Form - Se		. 0.	
<b>F</b> . <b>F</b>					s Requested To D	0 30	Farm 8870 TE (0000)
For Pr	wacy Act and Pape	erwork Reduc	ction Act Notice, see in	istructions.			Form <b>8879-TE</b> (2023)
LHA :	302521 01-05-24						

(Rev. January 2024)

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

#### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

			<b>v v v v v v v v v v</b>		5, ана пазіз		
<u>must use</u>	Form 7004 to request an extension of time to file incom	e tax retur	ns.				
<u>Part I - Id</u>	lentification						
Type or	Name of exempt organization, employer, or other file	r, see instri	uctions.	Taxpayer	r identification nur	nber (TIN)	
Print	LOWER MERION SOCCER CLUB				23-2563955		
File by the							
due date for filing your							
return. See instructions.	n. see						
instructions.	BRYN MAWR, PA 19010	oreigi auu	ress, see instructions.				
Entor tho	Return Code for the return that this application is for (file	0 0 0000ra	to application for each return)			01	
Application	on is for	Return	Application Is For			Return	
		Code				Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09	
Form 472	0 (individual)	03	Form 5227			10	
Form 990	-PF	04	Form 6069			11	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
Form 990	-T (trust other than above)	06	Form 5330 (individual)			13	
Form 990	-T (corporation)	07	Form 5330 (other than individual)			14	
Form 104	1-A	08					
Plan Plan Plan Plan Part II - Au The bo Teleph If the c If this i box[ 1   rec	pplication is for an extension of time to file Form 5330, y n Name	izations (s - BRY s in the Un Group Exe and atta ovembe anization's	See instructions)         ZN MAWR, PA 19010         Fax No.         ited States, check this box         mption Number (GEN)         ich a list with the names and TINs of lace         er 15       , 20	If this is fo all member the exem	r the whole group ers the extension npt organization re	, check this is for.	
	tax year beginning	, 20	, and ending		. ,	20	
	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period his application is for Forms 990-PF, 990-T, 4720, or 6069			Final retur	n		
	nonrefundable credits. See instructions.	, ontor the		3a	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069	enter any	refundable credits and		<b>₩</b>		
	ins application is for Forms 990-FF, 990-1, 4720, or 6008			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa	-		30	Ψ		
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.	
usir	ig El 11 O (Electronic receral rax Payment System). See		113.	1 30	<b>Ψ</b>		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form	<b>990</b>
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## Extended to November 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

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2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 0000 color day were

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AF	or the	2023 calendar year, or tax year beginning and	enaing		
B c	Check if pplicable	C Name of organization		D Employer identified	cation number
	Addres	LOWER MERION SOCCER CLUB			
	Name change			23-25639	55
	Initial return		Room/suite	E Telephone number	
	Final	P.O. BOX 360	noom/suite	610-527-3	
	_/return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,674,860.
	Amend return			H(a) Is this a group re	
	Application			for subordinates	
	pendin	149 CLEMSON RD, BRYN MAWR, PA 19010		H(b) Are all subordinates in	
11	ax-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 🗌 527		list. See instructions
	Nebsit			H(c) Group exemption	
		organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year		I State of legal domicile: PA
		Šummary			¥
	1	Briefly describe the organization's mission or most significant activities: $\ { m The}$	two pr	imary object	ives of
Activities & Governance		Lower Merion Soccer Club are:			
'nai	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.
Vel	3 1	Number of voting members of the governing body (Part VI, line 1a)			3
ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			2
00 00	5	otal number of individuals employed in calendar year 2023 (Part V, line 2a)		5	17
/itie		otal number of volunteers (estimate if necessary)			200
çti	7 a <sup>-</sup>			7a	0.
_ <	bl	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
ø	8 (	Contributions and grants (Part VIII, line 1h)		172,956.	47,463.
nue	9 1	Program service revenue (Part VIII, line 2g)		1,782,652.	1,650,100.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-15,483.	22,087.
£	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12 -	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,940,125.	1,719,650.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		18,353.	9,967.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15 \$	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		678,692.	692,905.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b b	otal fundraising expenses (Part IX, column (D), line 25)	0.		
ш	<b>''</b> `	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,252,023.	1,246,757.
	18 -	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,949,068.	1,949,629.
	19	Revenue less expenses. Subtract line 18 from line 12		-8,943.	-229,979.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets	20	otal assets (Part X, line 16)		546,600.	316,074.
it As	21	otal liabilities (Part X, line 26)		0.	0.
Ž.	22	Net assets or fund balances. Subtract line 21 from line 20		546,600.	316,074.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	

Sign	Signature of officer				Date		
Here	DONALD STURLA, PRESIDENT						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date			
Paid	FRED J. TORONI, CPA				self-employed P00323700		
Preparer	Firm's name FRED J. TORONI, Cl	PA			Firm's EIN 23-2740565		
Use Only	Firm's address 104 JOHN ROBERT TH	HOMAS DRIVE					
	EXTON, PA 19341				Phone no.610-594-0661		
May the I	May the IRS discuss this return with the preparer shown above? See instructions						
LHA For	Paperwork Reduction Act Notice, see the separate	ate instructions.	332001 12-21-23		Form <b>990</b> (2023)		

See Schedule O for Organization Mission Statement Continuation

1	Check if Schedule O contains a response or note to any line in this Part III
	The two primary objectives of Lower Merion Soccer Club are: To
	provide each and every child with a fun filled experience in a soccer
	environment. To develop children's soccer skills and knowledge of the
	game so that they can play at higher levels of play in future seasons
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	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. (Code:) (Expenses \$ 1,189,111 · including grants of \$5,917 ·) (Revenue \$ 1,126,603 ·
4a	(Code:) (Expenses \$, 1,189,111. including grants of \$, 5,917. ) (Revenue \$, 1,126,603.
	The Travel Team Program offers over 50 teams for our more talented and
	dedicated players ages 8-18. These teams compete against clubs from
	other areas of Southeastern Pennsylvania and beyond. Lower Merion
	Soccer Club fields up to four teams per age group so that more than
	just the top level players can have the opportunity to play against
	other clubs. Some Lower Merion Soccer Club teams have traveled to
	places such as Dallas, Florida, Phoenix and Sweden. In 2023, over 50
	LMSC alumni will be playing at the college level. For families with
	financial needs Lower Merion Soccer Club provides assistance to travel
	team players by waving the registration fees. Annually at least 31
	families receive this benefit from Lower Merion Soccer Club.
4b	(Code:)(Expenses \$ 327,502. including grants of \$ 4,050.) (Revenue \$ 379,655. Programs include the Fall and Spring Intramural Program for children
	ages 4-14. There are about 1,600 players in this program. For the
	younger players, it is their first introduction to soccer, they are
	taught the skills of the game by our very experienced coaching staff,
	with the help of many parent volunteers and referees. Our referees
	range in age from 11-20 and provide the first opportunity for many
	youngsters to earn a paycheck and take on the responsibilities of
	having a part time job. Most of our referees are current or former
	players in LMSC. There are over 100 referees who work in the Fall
	Intramural Program. In addition to refereeing games, they help teach
	the 4 and 5 year old age groups the skills of the game. For families
	with financial needs Lower Merion Soccer Club provides assistance to
4c	(Code:) (Expenses \$ 80,368. including grants of \$) (Revenue \$ 107,286.
	Lower Merion Soccer Club offers a wide variety of soccer training
	programs in the summer for intramural players and travel team players.
	The programs will all be run by our very experienced LMSC coaching
	staff. These are NOT recreational programs like our Fall Intramural
	Program and Spring Intramural Program. Rather, these are programs
	geared for our more enthusiastic and competitive players who wish to
	develop their skills to their highest possible levels. One of the
	primary goals of our Under 6 Training Program and our Under 7 Training
	Program is to develop our top players for the more competitive Travel
	Team Program.
1d	Other program services (Describe on Schedule O.)
	(Expenses \$ 29,464. including grants of \$ ) (Revenue \$ 36,556.)
4e	Total program service expenses 1,626,445.
	Form <b>990</b> (202
	12-21-23 See Schedule O for Continuation(s)

Form 990 (2023)

23-2563955 Page 2

			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? See instructions	2	Х	
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			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ū	Schedule D, Part III	8		х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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 16? 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			х
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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	11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		х
b	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		<u> </u>
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
17	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		
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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х
32003	3 12-21-23	Form	<b>990</b> (	(2023)

332003 12-21-23

Form	990	(2023)
	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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			
	Schedule J	23		X
24a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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? 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			
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," 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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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 on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	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 69			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	12-21-23	Form	990	(2023)
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Form	990 (2023) LOWER MERION SOCCER CLUB	23-2563	955	Pa	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		Х
b	If "Yes," enter the name of the foreign country				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
Ua			6a		х
Ь		ono or aifto	00		
D	If "Yes," did the organization include with every solicitation an express statement that such contribution were part tox deductible?		6h		
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the graphization receive a payment in graphic of $C_{2}^{0}$ mode pathway a contribution and pathway and pathway a section 170(c).	viene provided to the powerQ	7-		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		<u> </u>
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				v
	to file Form 8282?		7c		X
	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 co		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			<u>9a</u>		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
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:				
а	Gross income from members or shareholders	11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
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.				
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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
_	If "Yes," complete Form 6069.				
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Part VI 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 on Schedule O. See instructions. ... X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

				. —	Ye	s No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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					
-	of officers, directors, 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 9					X
5	Did the organization become aware during the year of a significant diversion of the organization's ass					X
6						X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			·····   •		
1 a	more members of the governing body?			7:		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or			
	persons other than the governing body?			71		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	•	•	8	X	
h	Each committee with authority to act on behalf of the governing body?			8		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			] J		
	tion Direction of the internal Re	venue	Code.)		Ye	s No
10-	Did the exercited have lead charters brenches as efficience?			10		
	Did the organization have local chapters, branches, or affiliates?			10	a	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•				
						_
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form	ו? <b>11</b>	a X	_
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13					_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12	b X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ">	/es," d	escribe			
	on Schedule O how this was done			12		
13	Did the organization have a written whistleblower policy?			1:		
14	Did the organization have a written document retention and destruction policy?				X	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official			15	a X	
	Other officers or key employees of the organization				37	
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			····  ··		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nont w	ith a			
IUa				16		x
F	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
D		•	·			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			10		
200	exempt status with respect to such arrangements?			16	0	
	tion C. Disclosure					
17	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 (1024 or 1024-A, if applicable), 990, and	nd 990	-I (section 501	(c)(3)s onl	y) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict c	of interest policy	y, and fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records			
	DONALD STURLA - 610-527-3940					
	149 CLEMSON ROAD, BRYN MAWR, PA 19010					
	<u>149 CHEMBON ROLD, DRIN MINR, IN</u> 19010					

Form 990 (2023)	LOWER MERION SOCCER CLUB	23-2563955 Page 7
Part VII Compensa	tion of Officers, Directors, Trustees, Key Employees, H	ighest Compensated
Employees	e, and Independent Contractors	
Check if Scheo	dule O contains a response or note to any line in this Part VII	X
Section A. Officers, Dire	ectors, Trustees, Key Employees, and Highest Compensated Employ	ees
<b>1a</b> Complete this table for	all persons required to be listed. Report compensation for the calendary	vear 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

					<u></u>				(5)	(5)
(A)	(B)			۹ Pos	<b>)</b> ition			(D)	(E)	(F)
Name and title	Average		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o		Reportable	Reportable	Estimated
	hours per							compensation	compensation	amount of
	week					1/11/13	)	from	from related	other
	(list any	ecto						the	organizations	compensation
	hours for	or di	e.			ated		organization	(W-2/1099-MISC/	from the
	related	stee	ruste			Dense		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itra	nal t		loye	l mo		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Cer	Key employee	nest i	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) DONALD STURLA	40.00									
PRESIDENT		х		x				109,624.	0.	0.
(2) HOWARD BURDE	1.00									
BOARD MEMBER	1.00	x		v				0.	0.	0.
	1 0 0	Δ		X				0.	0.	<u> </u>
(3) ED WEISS	1.00									
BOARD MEMBER		Х		Х				0.	0.	0.
		-								
						-				
	L									
								<u> </u>		
332007 12-21-23										Form 990 (2023)

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	990 (2023) LOWER MEE	RION SOC	CE	R	CL	UΒ	6			23-25	<u>539</u>	55	Pa	age <b>8</b>
Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average	(do		(C Posi	ition		ne	<b>(D)</b> Reportable	(E) Reportable			<b>(F)</b> imate	d
		hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		an	compensation	compensation			of			
		week (list any			uau	lecto	i/i usi	ee)	from	from related			other	lian
		hours for	directo				-		the organization	organizations (W-2/1099-MISC	:/	•	ensat	
		related	ee or i	stee			nsated		(W-2/1099-MISC/	1099-NEC)	<i>`</i>		inizati	
		organizations	trust	nal tru		oyee	ompe		1099-NEC)	,		•	relate	
		below	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ons
		line)	pul	lnst	Offi	Key	Higen	For			$\rightarrow$			
											+			
											+			
											+			
											$\square$			
											+			
											$\square$			
	Subtotal								109,624.		ο.			0.
	Total from continuation sheets to Part VI								0.		<u>).</u>			0.
d	Total (add lines 1b and 1c)								109,624.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) who	o re	eceived more than \$100,	000 of reportable				1
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director truct			mol	~~~~	o or	hia	hast componented ampl	0,000 00	Г		103	
3	line 1a? If "Yes," complete Schedule J for si	-		-	•	-		Ŭ	• •	•		3		Х
4	For any individual listed on line 1a, is the su										·  -			
-	and related organizations greater than \$150										- 1	4		х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich p	bers	on .		-			5		Х
Sec	ion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t										nsatio	on froi	m	
	(A)	ine calendar ye		nun	ig w				(B)			(C)	<u> </u>	
	Name and business	address	NC	ONE	2				Description of s	ervices	Co	mpen		ו
_														
2	Total number of independent contractors (ir	ncluding but no	ot lin	nited	l to t	thos	e list	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	zation				C	)						000 /	

						ON	SOCCER CI	LUB		23-2563	955 Page 9
Pa	rt VI		Statement of Re	venu	е						
			Check if Schedule O	contair	ns a resp	onse	or note to any line	e in this Part VIII	(B)		
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1 a	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	I										
μG.	(	с	Fundraising events								
ar A	(										
s, 0	(	е	Government grants (contr	ributior	ns) <b>1e</b>						
tion S	1	f	All other contributions, gifts,	grants,	and						
ibu			similar amounts not included	l above			47,463.				
ontr of C	ę	g	Noncash contributions included in	lines 1a-	1f <b>1g</b>	\$					
ц		h	Total. Add lines 1a-1f					47,463.			
							Business Code	022 (51	022 (51		
ice	2 8	-	REGISTRATION FEES FEES FOR COACHES PAY	v			711211 711211	833,651.	833,651.		
erv ue	1	b	SOCCER FIELD RENTAL	I			711211	611,255. 205,194.	611,255. 205,194.		
m S ven	(	Ŭ					/11211	205,194.	203,194.		
Program Service Revenue		d e									
Pro	1		All other program service	reveni	10						
			Total. Add lines 2a-2f					1,650,100.			
	3	2	Investment income (includ					· ·			
				-				12,488.			12,488
	4		Income from investment of								
	5		Royalties	<u></u>							
					(i) Rea		(ii) Personal				
	6 a	а	Gross rents	6a							
	ł	b	Less: rental expenses $\dots$	6b							
	(		Rental income or (loss)	6c							
			Net rental income or (loss	·			(*) OU				
	7 a	а	Gross amount from sales of		(i) Securi		(ii) Other				
			assets other than inventory	7a	1,964,	809.					
	1		Less: cost or other basis		1 055	210					
evenue			and sales expenses	7b 7c	1,955,	<u>210.</u> 599.					
eve			Gain or (loss) Net gain or (loss)					9,599.			9,599.
er B			Gross income from fundraisi					5,000.			5,000
Other	0.		including \$								
Ŭ			contributions reported on								
			Part IV, line 18		-	8a					
	I	b	Less: direct expenses								
			Net income or (loss) from								
	9 a	а	Gross income from gamin				7				
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from			es	·····				
	10 a	а	Gross sales of inventory, I								
	-		and allowances								
			Less: cost of goods sold								
-+	(	С	Net income or (loss) from	sales o	or invento	ory	Business Code				
sn	44 -	~					Dusiness Coue				
oer ne	11 a										
Miscellaneous <u>Revenue</u>		b c									
Be			All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					1,719,650.	1,650,100.	0.	22,087.
332009	9 12-2										Form <b>990</b> (2023

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LOWER MERION SOCCER CLUB

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LOWER MERION SOCCER CLUB 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).

Check if Schedule O contains a respons           Do not include amounts reported on lines 6b,           7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	9,967.	9,967.		
3 Grants and other assistance to foreign	575070	575070		
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	109,624.	9,624.	100,000.	
6 Compensation not included above to disqualified	10570210	570210	100,000	
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	528,713.	379,873.	148,840.	
8 Pension plan accruals and contributions (include	020,,20.			
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
9     Other employee benefits       10     Payroll taxes	54,568.	35,532.	19,036.	
11 Fees for services (nonemployees):	51/5001			
a Management				
b Legal c Accounting	12,396.		12,396.	
d Lobbying	12,3300		12,3500	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	5,911.		5,911.	
g Other. (If line 11g amount exceeds 10% of line 25,	0,9110		0,5111	
column (A), amount, list line 11g expenses on Sch 0.)	544,946.	541,472.	3,474.	
12 Advertising and promotion	1,154.		1,154.	
13 Office expenses	2,112.		2,112.	
14 Information technology	8,800.	8,800.	_,	
15 Royalties	.,			
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,050.	6,450.	600.	
20 Interest	.,	.,		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,823.	1,823.		
23 Insurance	32,425.	8,728.	23,697.	
24 Other expenses. Itemize expenses not covered		.,	,	
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a FIELDS	412,000.	412,000.		
b UNIFORMS	98,384.	98,384.		
c EQUIPMENT -FIELD	48,433.	48,433.		
d REFEREES	31,338.	31,338.		
e All other expenses	39,985.	34,021.	5,964.	
25 Total functional expenses. Add lines 1 through 24e	1,949,629.	1,626,445.	323,184.	0
<b>26 Joint costs</b> . Complete this line only if the organization	, , • _ • •	, ,		
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here following SOP 98-2 (ASC 958-720)				

332010 12-21-23

11 2023.05000 LOWER MERION SOCCER CLUB 23-25631

Form 990 (2023)

13151108 745598 23-2563955

33

Total liabilities and net assets/fund balances

Form 990 (		 MERION	SOCCER	CLUE
Part X	Balance Sheet			

		Check if Schedule O contains a response or not	<u>e to any lin</u>	ie in this Part X	<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			201,912.	1	137,582.
	2	Savings and temporary cash investments		·····	20179121	2	10//0020
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or				-7	
	5	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualit					
	Ŭ	under section 4958(f)(1)), and persons described	-	4050(a)(D)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
	10a					-	
		basis. Complete Part VI of Schedule D	10a	137,656.			
	b	Less: accumulated depreciation	10b	136,384.	3,095.	10c	1,272.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			341,593.	12	177,220.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			546,600.	16	316,074.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ŝ	22	Loans and other payables to any current or form	ner officer,	director,			
Liabilities		trustee, key employee, creator or founder, subst	antial cont	ributor, or 35%			
abi		controlled entity or family member of any of thes	se persons			22	
Ξ	23	Secured mortgages and notes payable to unrela	ated third p	arties		23	
	24	Unsecured notes and loans payable to unrelated	d third part	ies		24	
	25	Other liabilities (including federal income tax, pa	yables to r	elated third			
		parties, and other liabilities not included on lines	s 17-24). Co	omplete Part X			
		of Schedule D		L		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow FASB ASC 958, che	ck here				
čě		and complete lines 27, 28, 32, and 33.					
Ilan	27	Net assets without donor restrictions		·····  -		27	
Ba	28			·····		28	
ŭ		Organizations that do not follow FASB ASC 9	58, check	here X			
Net Assets or Fund Balances		and complete lines 29 through 33.			^		^
ţs c	29	Capital stock or trust principal, or current funds			0.	29	0.
sse	30	Paid-in or capital surplus, or land, building, or ec			0.	30	0.
μĂ	31	Retained earnings, endowment, accumulated in			546,600.	31	316,074.
R	32	Total net assets or fund balances			546,600.	32	316,074.
	33	Total liabilities and net assets/fund balances			546,600.	33	316,074.

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316,074. Form **990** (2023)

	1 990 (2023) LOWER MERION SOCCER CLUB	23-25	63955	Pag	<sub>je</sub> 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)	1	1,719				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,949	-			
3	3 Revenue less expenses. Subtract line 2 from line 1 32						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	546	<u> </u>			
5	Net unrealized gains (losses) on investments	5		-54	<u>47.</u>		
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 on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	316	,07	74.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	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 on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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 separate	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 on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2023)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

## **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

	OMB No. 1545-0047
	2023
	Open to Public Inspection
Employer	identification number

#### Name of the organization

		LOWE	R MERION SO	OCCER CLUB				2	3-2563955
Par	t I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The o 1 [ 2 [ 3 [ 4 [ 5 [ 7 [ 8 [ 9 [	rgan	<ul> <li>anization is not a private foundation because it is: (For lines 1 through 12, check only one box.)</li> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v).</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> </ul>							
9 L		An agricultural research org or university or a non-land-g				-		-	-
10 [	X	university: An organization that norma activities related to its exen income and unrelated busin	Ily receives (1) more f npt functions, subject ness taxable income	than 33 1/3% of its supp t to certain exceptions; a	ort from co and (2) no i	ontributior more than	ns, membership fe 33 1/3% of its sup	es, and	l gross receipts from om gross investment
11 [ 12 [ a	<ul> <li>See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> </ul>								
b		<b>Type II.</b> A supporting org control or management o organization(s). <b>You mus</b>	f the supporting orga	anization vested in the sa				•	-
С		Type III functionally inte					-	tegrate	d with,
d e	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.								
f	Ente	functionally integrated, or the number of supported or	••	nally integrated supportin	ng organiza	ation.			
	Pro	vide the following information	about the supporte		(h) 1- 11	alaste - P. S. S.			
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your governi Yes	inization listed ng document? <b>No</b>	(v) Amount of mon support (see instruc	, ,	(vi) Amount of other support (see instructions)
					100				
Total									

Sobodulo /	A (Earm		2022
Schedule A		990)	2023

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Cifta granta contributions and						
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				_	_	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	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)						
	Public support. Subtract line 5 from line 4.						
		(=) 2010	(h) 2020	(a) 2021	(4) 0000	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
	Net income from unrelated business						
	activities, 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 VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	<b>First 5 years.</b> If the Form 990 is for th	•	,	fourth or fifth tax			
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (li	ne 6, column (f), c	livided by line 11,	column (f))		14	%
	Public support percentage from 2022					15	%
	33 1/3% support test - 2023. If the c					nore, check this b	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check t	his box
	and stop here. The organization quali	fies as a publicly :	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	ó or more,
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	e <b>re.</b> Explain in Parl	t VI how the organ	ization
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	s 10% or
	more, and if the organization meets th	e facts-and-circur	nstances test, che	ck this box and s	<b>stop here.</b> Explain	in Part VI how the	
	argonization monto the facto and aires	motopood toot Th	o organization au	alifica ao a publich	v aupported organ	ization	
	organization meets the facts-and-circu Private foundation. If the organizatio		•				

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support **(b)** 2020 (c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 73,110. 68,939. 85,006. 172,956. 47,463. 447,474. 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 1131093. 1582494. 1782652. 1650100. 7493926. 1347587. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 1667500. 1955608. 1420697. 1200032. 1697563. 7941400. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 0 7941400. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1420697. 1667500. 7941400. 9 Amounts from line 6 1200032. 1955608. 1697563. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 12,965. 4,554. 8,278. 4,479. 12,488. 42,764. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 12,965. 4,554 8,278. 4,479. 12,488. 42,764. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1433662. 1204586. 1675778. 1960087. 1710051. 7984164. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 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 99.46 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 99.67 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .54 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 17 .33 18 18 Investment income percentage from 2022 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not \_\_\_\_\_X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23

16

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

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| 10b | | Schedule A (Form 990) 2023

1

2

No

Yes No

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

Supervised			ung organizatio	<i>.</i> .
Section C. T	ype II Sup	porting O	rganization	S

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s)

Section D	. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental ent	ity (see instruction <u>s).</u>
-----	--	---	-------------------------	----------------------------------	---------------------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

Schedule A (Form 990) 2023

1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	-
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrate	ed Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Schedule A	(Form 990)	2023	LOWER	MERION	SOCCER	CLUB	
Part V	Type III	Non-Fun	ctionally Inte	egrated 509	9(a)(3) Supp	orting	Organizations

13151108 745598 23-2563955

1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.

23			SOCCER			
on-Fund	ctionally inte	egrated 50%	9(a)(3) Supp	borting	Organizations	(continued)

Distributions to attentive supported organizations to which the organization is responsive

1

2

3 4

5

6

7

8 9

10

**Current Year** 

Schedule A (Form 990) 2023

Sectior	n E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> D	Distributable amount for 2023 from Section C, line 6			
<b>2</b> U	Inderdistributions, if any, for years prior to 2023 (reason-			
a	ble cause required - explain in Part VI). See instructions.			
<b>3</b> E	xcess distributions carryover, if any, to 2023			
<u> </u>	rom 2018			
b F	rom 2019			
<b>c</b> F	rom 2020			
d F	rom 2021			
<b>e</b> F	rom 2022			
f T	otal of lines 3a through 3e			
<b> g</b> A	pplied to underdistributions of prior years			
<u>h</u> A	pplied to 2023 distributable amount			
<u>i</u> C	Carryover from 2018 not applied (see instructions)			
j R	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> D	Distributions for 2023 from Section D,			
lii	ne 7: \$			
<b></b> a A	pplied to underdistributions of prior years			
<b>b</b> A	pplied to 2023 distributable amount			
C R	Remainder. Subtract lines 4a and 4b from line 4.			
5 R	Remaining underdistributions for years prior to 2023, if			
a	ny. Subtract lines 3g and 4a from line 2. For result greater			
tł	han zero, explain in Part VI. See instructions.			
<b>6</b> R	Remaining underdistributions for 2023. Subtract lines 3h			
а	nd 4b from line 1. For result greater than zero, explain in			
P	Part VI. See instructions.			
7 E	xcess distributions carryover to 2024. Add lines 3j			
a	nd 4c.			
<b>8</b> B	Breakdown of line 7:			
<u>a</u> E	Excess from 2019			
<b>b</b> E	Excess from 2020			

Schedule A (Form 990) 20

Section D - Distributions

2

3

4

5

6

7

8

9

10

c Excess from 2021 d Excess from 2022 e Excess from 2023

Part V | Type III No

(provide details in Part VI). See instructions.

Line 8 amount divided by line 9 amount

Distributable amount for 2023 from Section C, line 6

Schedule A	(Form 990) 2023	LOWER	MERION	SOCCER	CLUB		23-2563955 F	<sup>-</sup> age <b>8</b>
Part VI	Supplemental I Part IV, Section A, I line 1; Part IV, Secti	I <b>nformation.</b> P ines 1, 2, 3b, 3c, 4 on D, lines 2 and 3 5, and 8; and Part \	rovide the expl b, 4c, 5a, 6, 9a ; Part IV, Secti /, Section E, lir	anations requ a, 9b, 9c, 11a, on E, lines 1c, nes 2, 5, and 6	ired by Part II, I 11b, and 11c; , 2a, 2b, 3a, and 5. Also complete	ine 10; Part II, line 17a ( Part IV, Section B, lines d 3b; Part V, line 1; Part e this part for any additi	or 17b; Part III, line 12; 1 and 2; Part IV, Section C V, Section B, line 1e; Part onal information.	с, V,
332028 12-21-2	3			21			Schedule A (Form 990	0) 2023

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

# **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. 2023

Employer identification number

23-25639	55
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LOWER	MERION	SOCCER	CLUB	
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Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

Г

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless total set of the parts unless

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

#### Schedule B (Form 990) (2023)

Name of organization

Employer identification number

23-2563955

### LOWER MERION SOCCER CLUB

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE WALLACH FAMILY DAF P.O. BOX 15203 ALBANY, NY 12212	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SILVERBACK EDUCATION FOUNDATION 3811 WEST CHESTER PIKE BLDG 2 NEWTOWN SQUARE, PA 19073	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

13151108 745598 23-2563955

Schedule	В	(Form	990)	(2023)
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Name of organization

Page 3

Employer identification number

23-2563955

LOWER MERION SOCCER CLUB

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule E	3 (Form 990) (2023)			Page <b>4</b>		
Name of or	rganization			Employer identification number		
	MERION SOCCER CLUB			23-2563955		
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the from any one contributor.	is to organizations described in sec	tion 501(c)(7), (8), or (10) t	hat total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious, cha	aritable, etc., contributions of <b>\$1,000 or le</b>	ess for the year. (Enter this info.	once.) \$		
	Use duplicate copies of Part III if additional sp	ace is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
-		(e) Transfer of gift				
-	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	ansferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
	(e) Transfer of gift					
-	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee			
(-) N-						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
-						
		(e) Transfer of gift				
-	Transferee's name, address, and	3 ZIP + 4	Relationship of tra	ansferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I						
-	(e) Transfer of gift					
	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	ansferor to transferee		

323454 12-26-23

Schedule B (Form 990) (2023)

### 13151108 745598 23-2563955

		Our mail a management	l Financial Otatamanta		OMB No. 1545-0047	
			al Financial Statements			
(Forn	n 990)	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	answered "Yes" on Form 990, h 11c 11d 11e 11f 12a or 12h			
	ment of the Treasury	ttach to Form 990.		Open to Public		
	Revenue Service	Go to www.irs.gov/Form99	Inspection			
	e of the organizatio	LOWER MERION SOCCEN			bloyer identification number 23-2563955	
Par		-	d Funds or Other Similar Funds or A	ccoun	Its. Complete if the	
	organizatio	n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	<b>(b)</b> Fun	ds and other accounts	
1		nd of year				
2						
3		f grants from (during year)				
4		t end of year				
5	-		writing that the assets held in donor advised fur			
6			exclusive legal control?		Yes No	
6	•	<b>c</b>	dvisors in writing that grant funds can be used or r donor advisor, or for any other purpose confer	•		
			r donor advisor, or for any other purpose comer	0		
Par	t II Conserva	ation Easements. Complete if the ord	ganization answered "Yes" on Form 990, Part IV	/. line 7.		
1		servation easements held by the organization		,		
•		of land for public use (for example, recrea		orically	important land area	
		f natural habitat	Preservation of a cer		•	
	Preservation	of open space				
2		• •	ied conservation contribution in the form of a co	onservat	tion easement on the last	
	day of the tax year	·. · · · · · · · · · · · · · · · · · ·			Held at the End of the Tax Year	
а	Total number of co	onservation easements		2a		
b				2b		
с	Number of conserv	vation easements on a certified historic stru	ucture included on line 2a	2c		
d	Number of conserv	vation easements included on line 2c acqu	ired after July 25, 2006, and not			
	on a historic struct	ture listed in the National Register		2d		
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the orgar	ization	during the tax	
	year					
4		where property subject to conservation eas				
5	•	tion have a written policy regarding the per				
•		orcement of the conservation easements it				
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservati	on ease	ments during the year	
7	Amount of overage		lling of violations, and enforcing concernation of		to during the year	
7	Amount of expens	es incurred in monitoring, inspecting, nand	lling of violations, and enforcing conservation ea	semeni	is during the year	
8	Does each conserv	 vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)	(i)		
U		-			Yes No	
9			on easements in its revenue and expense stater			
	,	6	ote to the organization's financial statements th			
	organization's acc	ounting for conservation easements.				
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other S	Simila	r Assets.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	lance sh	neet works	
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in furthera	nce of p	public	
	· •		ncial statements that describes these items.			
b	-		8, to report in its revenue statement and balanc			
			exhibition, education, or research in furtherance	e of pub	olic service,	
	-	ng amounts relating to these items.			•	
~	.,				\$	
2	-		asures, or other similar assets for financial gain,	provide	)	
-	-	unts required to be reported under FASB A	÷		¢	
а	a Revenue included on Form 990, Part VIII, line 1					

13151108	745598	23-2563955
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332051 09-28-23

**b** Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

2	6			
-		-	-	

\$

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 LOWER MERION SOCCER CLUB								3-2563955			age <b>2</b>
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)										
3	Using the organization's acquisition, accession	on, and other records	, chec	k any of the f	ollowing that	make sigr	nificant us	e of its			
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	hange progra	am					
b											
с	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5											
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an, or other intermedi	ary for	- contribution	is or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe						?	🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if	the organization answ	vered	"Yes" on For	m 990, Part	IV, line 10.					
		(a) Current year	(b)	Prior year	(c) Two yea	rs back <b>(c</b>	I) Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	(line 1	g, column (a)	) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organizat	ion tha	at are held ar	nd administer	ed for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?								3b		
4	4 Describe in Part XIII the intended uses of the organization's endowment funds.										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990,	Part I	V, line 11a. S	ee Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or ot			or other	(c) Accumulated			(d) Book	value	е
		basis (investme	ent)	basis	(other)	depr	eciation				
<b>1</b> a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment									~ -	
	Other	•			7,656.	1:	36,384	4.			72.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	. line 1	10c, column	<u>(B))</u>					.,2'	
							So	chedule	D (Form	990)	2023

	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Descri	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financ	ial derivatives			
(2) Closelv	y held equity interests			
( <b>3)</b> Other	· · · · · · · · · · · · · · · · · · ·			
	UTUAL FUNDS	177,220.	End-of-Year Market	Value
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, line 12, col. (B))	177,220.		
Part VII	I Investments - Program Related.	,		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)		(-)	(-)	
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(I) I I I I I I I I I I I I I I I I I I			
Part IX	(b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
Tartix	Complete if the organization answered "Yes" of	on Form 000 Port IV line 1	1d Soc Form 000 Dart V line 15	
		Description	Td. See Form 990, Fart X, line 13.	(b) Book value
		Description		
	(-)-			
(1)	(-/ -			
(2)				
(2) (3)				
(2) (3) (4)				
(2) (3) (4) (5)				
(2) (3) (4) (5) (6)				
(2) (3) (4) (5)				
(2) (3) (4) (5) (6) (7) (8)				
(2) (3) (4) (5) (6) (7) (8) (9)				
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	umn (b) must equal Form 990, Part X, line 15, col.	(B))		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	umn (b) must equal Form 990, Part X, line 15, col.			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	umn (b) must equal Form 990, Part X, line 15, col. <b>Other Liabilities</b> Complete if the organization answered "Yes" o			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation Content (Part X	umn (b) must equal Form 990, Part X, line 15, col.			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X	umn (b) must equal Form 990, Part X, line 15, col. <b>Other Liabilities</b> Complete if the organization answered "Yes" o			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Fer (2)	<i>umn (b) must equal Form 990, Part X, line 15, col.</i> <b>Other Liabilities</b> Complete if the organization answered "Yes" of the organization of liability			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X Part X 1. (1) Fer	<i>umn (b) must equal Form 990, Part X, line 15, col.</i> <b>Other Liabilities</b> Complete if the organization answered "Yes" of the organization of liability			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Fer (2)	<i>umn (b) must equal Form 990, Part X, line 15, col.</i> <b>Other Liabilities</b> Complete if the organization answered "Yes" of the organization of liability			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X 1. (1) Fea (2) (3)	<i>umn (b) must equal Form 990, Part X, line 15, col.</i> <b>Other Liabilities</b> Complete if the organization answered "Yes" of the organization of liability			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Coli (9) Total. (Coli Part X Part X (1) Fer (2) (3) (4)	<i>umn (b) must equal Form 990, Part X, line 15, col.</i> <b>Other Liabilities</b> Complete if the organization answered "Yes" of the organization of liability			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X (1) Fer (2) (3) (4) (5)	<i>umn (b) must equal Form 990, Part X, line 15, col.</i> <b>Other Liabilities</b> Complete if the organization answered "Yes" of the organization of liability			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Coli (Part X Part X 1. (1) Fer (2) (3) (4) (5) (6)	<i>umn (b) must equal Form 990, Part X, line 15, col.</i> <b>Other Liabilities</b> Complete if the organization answered "Yes" of the organization of liability			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll (Part X (1) Fer (2) (3) (4) (5) (6) (7)	<i>umn (b) must equal Form 990, Part X, line 15, col.</i> <b>Other Liabilities</b> Complete if the organization answered "Yes" of the organization of liability			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X (9) Total. (Colu Part X (1) Fea (2) (3) (4) (5) (6) (7) (6) (7) (8) (9)	<i>umn (b) must equal Form 990, Part X, line 15, col.</i> <b>Other Liabilities</b> Complete if the organization answered "Yes" of the organization of liability	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu (9) Total. (Colu (3) (4) (5) (6) (7) (8) (9) Total. (Colu	umn (b) must equal Form 990, Part X, line 15, col. <b>Other Liabilities</b> Complete if the organization answered "Yes" o (a) Description of liability deral income taxes	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	(b) Book value

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Schedule D (Form 990) 2023

23-2563955 Page 3

332053 09-28-23

Sche	dule D (Form 990) 2023 LOWER MERION SOCCER CLUB	23-2563955 Page 4	
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	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 on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per	Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	_
b	Prior year adjustments	2b	_
с	Other losses	2c	_
d	Other (Describe in Part XIII.)	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:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	_
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	t XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

332054 09-28-23

SCHEDULE I	Grants and Other Assistance to Organizations,							L	OMB No. 1545-0047			
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									2023			
Department of the Treasury Attach to Form 990.									Open to Public			
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										Inspection		
Name of the organization Employer id										on number		
										63955		
Part I General Information on Grants and Assistance												
•												
criteria used to a	criteria used to award the grants or assistance?											
	IV the organization's pro											
	d Other Assistance to I hat received more than \$	-				anization answered "Y	es" on Form 990, Parl	t IV, line 21, fo	r any			
·		, 	•	· · · · · · · · · · · · · · · · · · ·	1	(f) Method of		(1) D				
.,	ddress of organization vernment	(b) EIN	<b>(c)</b> IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		rpose of g assistanc			
						I	1					

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
REDUCED OR WAIVED REGISTRATION FEES	31	5,917.	4,050.	REGISTRATION FEE VALUE	WAIVED REGISTRATION FEES

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Need based, players may ask for financial aid. Lower Merion Soccer Club

Board of Directors determine if funds are available and if the appliciant

has the need.

SCHEDULE	0
(Form 990)	

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



LOWER MERION SOCCER CLUB

IN SOCCER CLUB 23-2563955

Form 990, Part I, Line 1, Description of Organization Mission:

To provide each and every child with a fun filled experience in a

soccer environment. To develop children's soccer skills and knowledge

of the game so that they can play at higher levels of play in future

seasons

Form 990, Part III, Line 4b, Program Service Accomplishments:

intramural players by waving the registration fees. Annually at least

35 families receive this benefit from Lower Merion Soccer Club.

Form 990, Part III, Line 4d, Other Program Services:

Each year, LMSC identifies a pool of Under 8 boys players and a pool of

Under 8 girls players to train together during the fall and winter. The

purpose of this program is to develop our top younger players for the

Travel Team Program, starting the following fall season.

The Spring Intramural Program is offered to children ages 5-11. Each
year, over 1000 participants play in this program. The program is
geared for novice players who have no prior soccer experience or a
limited amount of prior soccer experience. Approximately 100 referees,
ages 11-20, work in this program, serving as game referees as well as
assisting in the coaching of the 5 and 6 year olds.
Expenses \$ 29,464. including grants of \$ 0. Revenue \$ 36,556.

Form 990, Part VI, Section B, line 11b:For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 2023LHA332211 11-14-23

Name of the organization LOWER MERION SOCCER CLUB	Employer identification number 23-2563955
DIRECTORS WERE PROVIDED - GUIDANCE FOR BOARD REVIEW TABLE	- DESIGNED BY
PRACTITIONERS PUBLISHING COMPANY TO ASSIST WITH A REVIEW	OF THE TAX RETURN
(FORM 990). APPROVAL OF INFORMATIONAL FILINGS ARE ADDED T	O BOARD MINUTES,

PRIOR TO FILING TAX RETURN.

Form 990, Part VI, Section B, Line 12c:

THE OFFICERS AND DIRECTORS SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY TO ENSURE THAT EACH MEMBER CONFIRMS WITH COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. NO MEMBER IS ALLOWED TO VOTE ON AN ISSUE IN WHICH THAT MEMBER MAY HAVE A CONFLICT OF INTEREST. THE PRESIDENT DISTRIBUTES, ANNUALLY, TO THE BOARD A LISTING OF ALL VENDORS WITH THE ORGANIZATION HAS TRANSACTED BUSINESS.

Form 990, Part VI, Section B, Line 15:

THE INDEPENDENT BOARD MEMBERS MEET SEPARATLY TO DISCUSS THE PRESIDENT'S

SALARY. THE SALARY IS COMPARATIVE TO CLUBS OF SIMILAR STATURE. THE

PRESIDENT IS NOT PRESENT DURING SALARY DISCUSSIONS.

THE BOARD OF DIRECTORS REVIEWS THE OFFICERS COMPENSATION AND SETS COMPENSATION BASED ON COMPARATIVE SALARIES FOR EQUIVALENT POSITIONS IN THE PHILADELPHIA AREA.

Form 990, Part VI, Section C, Line 19:

LOWER MERION SOCCER CLUB POSTS APPLICATION FOR EXEMPT STATUS UNDER SECTION

501 (c) (3) AND FORM 990 FOR THE CURRENT AND TWO PREVIOUS YEARS ON THE

WEBSITE. LOWER MERION SOCCER CLUB ALSO POSTS, BY-LAWS AND MISSION

STATEMENT. LOWER MERION SOCCER CLUB ALLOWS THE GENERAL PUBLIC TO SET AN

APPOINTMENT TO SEE FINANCIAL RECORDS. LOWER MERION SOCCER CLUB DOES NOT 332212 11-14-23 Schedule O (Form 990) 2023 33

13151108 745598 23-2563955

Schedule O (Form 990) 2023	Page 2
Name of the organization LOWER MERION SOCCER CLUB	Employer identification number 23-2563955
MAKE THE CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBL	IC. THE RETURN IS
ALSO AVAILABLE ON GUIDESTAR.ORG	
PAGE 7, PART VII, LINE 1	
Biff Sturla, President of Lower Merion Soccer Club base sa	lary for 2023
is \$100,000 for club administation duties. The additional	compensation
is for Coaching a team, assistant coach for another team,	and various
training programs.	
Form 990, Part IX, Line 11g, Other Fees:	
ADMINISTRATIVE:	
Program service expenses	4,974.
Management and general expenses	601.
Fundraising expenses	0.
Total expenses	5,575.
COACHES:	
Program service expenses	536,498.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	536,498.
PAYROLL PROCESSING FEES:	
Program service expenses	0.
Management and general expenses	2,873.
Fundraising expenses	0.
Total expenses	2,873.
332212 11-14-23 <b>34</b>	Schedule O (Form 990) 2023

ame of the	e organizati	ion										Employer i	dentification num
	-	LOW	IER	MERIC	ON SO	CCER	CLUB					23-2	563955
otal	Other	Fees	on 1	Form	990,	Part	IX,	line	11g,	Col	A		544,946

13151108 745598 23-2563955

Form 99	0 Page 10	-	-					990	-	-	-				
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Program Services														
6	EQUIPMENT	08/05/96	SL	5.00		16	6,991.				6,991.	6,991.		0.	6,991.
7	EQUIPMENT	09/01/96	SL	5.00		16	2,442.				2,442.	2,442.		0.	2,442.
8	EQUIPMENT	11/20/97	SL	5.00		16	1,540.				1,540.	1,540.		0.	1,540.
9	EQUIPMENT	06/30/98	SL	5.00		16	7,958.				7,958.	7,958.		٥.	7,958.
10	UNIFORMS	05/28/98	SL	5.00		16	3,275.				3,275.	3,221.		0.	3,221.
13	EQUIPMENT GOALS	11/10/03	SL	5.00		16	8,800.				8,800.	8,800.		0.	8,800.
14	EQUIPMENT GOALS	04/19/04	SL	5.00		16	4,331.				4,331.	4,331.		0.	4,331.
16	EQUIPMENT GOALS	10/10/05	SL	5.00		16	3,807.				3,807.	3,807.		0.	3,807.
17	EQUIPMENT GOALS	09/01/06	SL	5.00		16	5,186.				5,186.	5,186.		0.	5,186.
18	EQUIPMENT GOALS	09/23/06	SL	5.00		16	1,905.				1,905.	1,905.		٥.	1,905.
20	EQUIPMENT	09/15/07	SL	5.00		16	1,040.				1,040.	1,040.		0.	1,040.
23	EQUIPMENT	08/01/07	SL	5.00		16	1,626.				1,626.	1,626.		0.	1,626.
24	GOALS	09/06/08	SL	5.00		16	5,419.				5,419.	5,419.		0.	5,419.
25	EQUIPMENT	08/14/08	SL	5.00		16	2,448.				2,448.	2,448.		0.	2,448.
26	EQUIPMENT GOALS	03/11/09	SL	5.00		16	1,993.				1,993.	1,993.		0.	1,993.
27	EQUIPMENT GOALS	03/22/10	SL	5.00		16	2,039.				2,039.	2,039.		0.	2,039.
29	GOALS (SNEAKY PETES)	08/31/11	SL	5.00		16	2,485.				2,485.	2,485.		0.	2,485.

328111 04-01-23

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 99	0 Page 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
31	GOALS (ANGELO)	11/20/11	SL	5.00		16	1,027.				1,027.	1,027.		٥.	1,027.
34	GOALS 4 7 X 21 \$890 EACH	05/31/13	SL	5.00		16	3,560.				3,560.	3,560.		0.	3,560.
35	GOALS 4 6 X 12 \$425 EACH	05/31/13	SL	5.00		16	1,700.				1,700.	1,700.		0.	1,700.
36	GOALS 2 7X21 \$1775 EACH	05/31/13	SL	5.00		16	3,550.				3,550.	2,617.		٥.	2,617.
37	WHEELS FOR GOALS 10 SETS \$550 EACH	05/31/13	SL	5.00		16	5,500.				5,500.	5,500.		٥.	5,500.
41	EQUIPMENT	03/01/16	SL	5.00		16	2,797.				2,797.	2,797.		0.	2,797.
42	EQUIPMENT	10/04/16	SL	5.00		16	7,630.				7,630.	7,630.		٥.	7,630.
43	EQUIPMENT	06/11/17	SL	5.00		16	8,070.				8,070.	8,070.		0.	8,070.
44	EQUIPMENT	08/16/17	SL	5.00		16	6,335.				6,335.	6,335.		٥.	6,335.
45	EQUIPMENT	10/05/17	SL	5.00		16	2,107.				2,107.	2,107.		0.	2,107.
46	EQUIPMENT GOALS	10/09/18	SL	5.00		16	12,146.				12,146.	10,323.		1,823.	12,146.
	* 990 Page 10 Total Program Services						117,707.				117,707.	114,897.		1,823.	116,720.
	Management and General														
1	PHOTO COPIER	11/13/96	SL	5.00		16	1,006.				1,006.	1,006.		0.	1,006.
2	DESK	04/09/97	SL	5.00		16	843.				843.	802.		Ο.	802.
3	PRINTER	10/30/97	SL	5.00		16	516.				516.	516.		0.	516.
4	COMPUTER	03/27/98	SL	5.00		16	2,218.				2,218.	2,218.		٥.	2,218.
5	COMPUTER	01/26/00	SL	5.00		16	2,930.				2,930.	2,686.		0.	2,686.

328111 04-01-23

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

### Foi

Form 99	90 Page 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	COMPUTER	10/16/02	SL	5.00		16	1,619.				1,619.	1,619.		0.	1,619.
12	COMPUTER	07/23/03	SL	5.00		16	2,178.				2,178.	2,178.		0.	2,178.
15	COMPUTER	11/03/05	SL	5.00		16	1,539.				1,539.	1,539.		0.	1,539.
19	EQUIPMENT LAPTOP	09/15/06	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
21	EQUIPMENT LAPTOP	03/07/07	SL	5.00		16	795.				795.	795.		0.	795.
22	EQUIPMENT LAPTOP	05/25/07	SL	5.00		16	1,430.				1,430.	1,430.		0.	1,430.
33	OFFICE EQUIPMENT	01/18/12	SL	5.00		16	314.				314.	314.		0.	314.
38	OFFICE EQUIPMENT	03/16/14	SL	5.00		16	1,349.				1,349.	1,349.		0.	1,349.
39	OFFICE EQUIPMENT	06/02/14	SL	5.00		16	1,279.				1,279.	1,279.		0.	1,279.
40	OFFICE EQUIPMENT	06/15/08	SL	5.00		16	933.				933.	933.		0.	933.
	* 990 Page 10 Total Management and General						19,949.				19,949.	19,664.		0.	19,664.
	* Grand Total 990 Page 10 Depr						137,656.				137,656.	134,561.		1,823.	136,384.

328111 04-01-23

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form <b>4562</b>		-	iation and A				OMB No. 1545-0172
Department of the Treasury			Attach to your tax				Attachment
Internal Revenue Service Name(s) shown on return	Go to v	www.irs.gov/Fo	rm4562 for instructi	ons and the latest i Business or activity to white			Sequence No. <b>179</b> Identifying number
Name(s) snown on return				Business of activity to white	in this form relates	5	Identifying number
LOWER MERION	SOCCER CLU	JB	1	Form 990 Pa	age 10		23-2563955
Part I Election To Exp	ense Certain Property	/ Under Section 17	79 Note: If you have a			V before yo	ou complete Part I.
1 Maximum amount (s	ee instructions)					1	1,160,000.
2 Total cost of section							
3 Threshold cost of se							2,890,000.
4 Reduction in limitation							
5 Dollar limitation for tax year	. Subtract line 4 from line 1.	If zero or less, enter -				5	
6	(a) Description of prop	perty	(b) Cost	t (business use only)	(c) Elected	cost	
7 Listed property. Ente	er the amount from li	ine 29		7			
8 Total elected cost of				·····		8	
9 Tentative deduction.							
10 Carryover of disallow							
11 Business income lim				) II E			
12 Section 179 expense			•	,			
13 Carryover of disallow						12	
Note: Don't use Part II o							
		,	epreciation (Don't in	nclude listed propert	v )		
14 Special depreciation	•		• •				
	-				÷	14	
•							
<ul><li>15 Property subject to s</li><li>16 Other depreciation (i</li></ul>						15	1,823.
			perty. See instructior			10	1,025.
			Section A	10.)			
17 MACDS deductions	for accets placed in	convice in toy ye		2002		17	
17 MACRS deductions	•		<b>v v</b>				
18 If you are electing to group a			e During 2023 Tax Y			tion System	n
	Bection D - Assels P	(b) Month and	(c) Basis for depreciati	on			
(a) Classification	of property	year placed in service	(business/investment u only - see instruction	(d) Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property							
b 5-year property							
c 7-year property							
d 10-year property							
e 15-year property							
f 20-year property						0.1	
g 25-year property				25 yrs.		S/L	
h Residential renta	al property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i Nonresidential re	eal property	/		39 yrs.	MM	S/L	
		/			MM	S/L	
Se	ction C - Assets Pla	aced in Service	During 2023 Tax Ye	ar Using the Alterna	ative Depreci	ation Syst	em
20a Class life						S/L	
<b>b</b> 12-year				12 yrs.	-	S/L	
c 30-year		/		30 yrs.	MM	S/L	
d 40-year		/		40 yrs.	MM	S/L	
Part IV Summary	See instructions.)						
21 Listed property. Ente	er amount from line 2	28				21	
22 Total. Add amounts	from line 12, lines 1	4 through 17, lin	es 19 and 20 in colur	nn (g), and line 21.			
Enter here and on th	e appropriate lines o	of your return. Pa	artnerships and S cor	porations - s <u>ee instr.</u>		22	1,823.
23 For assets shown ab	ove and placed in s	ervice during the	e current year, enter tl	he		T	
portion of the basis a	attributable to sectio	n 263A costs		23			

Fo	rm 4562 (2023)	LOW	ER MERI	ON S	OCCE	R C	LUB					23-	-2563	955	Page 2
_	art V Listed Proper	t <b>y</b> (Include au	utomobiles, c	ertain otl				aft, an	d property	/ used f	or				l age -
	entertainment, Note: For any	,		,	otondor	d milo	aga rata a	r dodu	oting loop			aloto er	ab. 24a		
	24b, columns (									e expei	ise, comp	Jiele OI	<b>ily</b> 24a,		
	Section A -	Depreciatio	on and Other	Informa	tion (Ca	ution:	See the	instruc	tions for li	mits for	r passeng	er autor	nobiles.	)	
24;	a Do you have evidence to s	support the bus	siness/investm	ent use cla	aimed?		Yes	No	24b If "Y	′es," is '	the evide	nce writ	ten?	Yes	No
	(a)	(b)	_ (c)	,	(d)		(e)		(f)		(g)		(h)		(i)
	Type of property	Date placed in	Business, investmen	+	Cost or		Basis for depr business/inve		Recovery		ethod/		eciation		cted on 179
	(list vehicles first)	service	use percenta		ther basis		use onl	y)	period	00	nvention	dea	luction		ost
25	Special depreciation allo	wance for q	ualified listed	property	/ placed	in serv	vice during	g the ta	ix year and	b					
	used more than 50% in	a qualified bu	usiness use .								25				
26	Property used more that								_						
		: :		%											
		: :		%											
		: :		%											
27	Property used 50% or le	ss in a qualif	ied business	use:								_			
		: :		%						S/L -					
		: :		%						S/L -					
		: :		%						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	Enter her	e and on	line 2	1, page 1								
	Add amounts in column												. 29		
			:	Section	B - Infor	matio	n on Use	of Veh	nicles						
Со	mplete this section for ve	hicles used b	oy a sole prop	orietor, p	artner, o	r other	"more th	an 5%	owner," o	r related	d person.	lf you p	rovided	vehicles	
to	your employees, first ans	wer the ques	tions in Secti	on C to s	see if you	u meet	an excep	tion to	completir	ng this s	section fo	r those	vehicles.		
										-					
				(	(a)		(b)		(c)		(d)	(	(e)	(1	f)
30	Total business/investment	uring the	Veh	icle 1	V	ehicle 2	V	ehicle 3	Ve	hicle 4	Veh	icle 5	Vehi	cle 6	
	year ( <b>don't</b> include commu	ting miles)													
31	Total commuting miles of														
	Total other personal (no														
	driven	-													
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle available			Yes	No	Yes	s No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used pr														
	than 5% owner or relate	d person?													
36	Is another vehicle availa														
	use?														
		Section C	- Questions	for Emp	loyers W	/ho Pr	ovide Vel	nicles	for Use by	/ Their	Employe	es			
An	swer these questions to a	determine if y	vou meet an e	exception	n to comp	pleting	Section I	3 for ve	hicles use	ed by e	mployees	who a	ren't		
mo	ore than 5% owners or rela	ated persons	i.			-				-					
37	Do you maintain a writte	en policy stat	ement that p	rohibits a	all persor	nal use	of vehicle	es, incl	uding con	nmuting	, by your			Yes	No
	employees?								-						
38	Do you maintain a writte														
	employees? See the ins	tructions for	vehicles used	d by corp	orate off	ficers,	directors,	or 1%	or more o	wners					
39	Do you treat all use of v	ehicles by en	nployees as p	ersonal	use?										
40	Do you provide more that	an five vehicl	es to your en	ployees											
	the use of the vehicles,														
41	Do you meet the require														
	Note: If your answer to														
Ρ	art VI Amortization	<u> </u>													
	(a)			(b)		(c			(d)		(e)			(f)	
_	Description of	costs	Dat	e amortization begins		Amorti: amo			Code section		Amortiza period or per			mortization or this year	
42	Amortization of costs th	at begins du	ring your 202		ar:						· · ·				
		~		;											
43	Amortization of costs th	at began bef	ore your 202	· ·	ır							43			
	Total. Add amounts in c										<u></u>	44			

# - CURRENT YEAR FEDERAL -

LOWER MERION SOCCER CLUB

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Program Services											
6	EQUIPMENT	080596	SL	5.00	16	6,991.			6,991.	6,991.		0.
7	EQUIPMENT	090196	SL	5.00	16	2,442.			2,442.	2,442.		0.
8	EQUIPMENT	112097	SL	5.00	16	1,540.			1,540.	1,540.		0.
9	EQUIPMENT	063098	SL	5.00	16	7,958.			7,958.	7,958.		0.
10	UNIFORMS	052898	SL	5.00	16	3,275.			3,275.	3,221.		0.
13	EQUIPMENT GOALS	111003	SL	5.00	16	8,800.			8,800.	8,800.		0.
14	EQUIPMENT GOALS	041904	SL	5.00	16	4,331.			4,331.	4,331.		0.
16	EQUIPMENT GOALS	101005	SL	5.00	16	3,807.			3,807.	3,807.		0.
17	EQUIPMENT GOALS	090106	SL	5.00	16	5,186.			5,186.	5,186.		0.
18	EQUIPMENT GOALS	092306	SL	5.00	16	1,905.			1,905.	1,905.		0.
20	EQUIPMENT	091507	SL	5.00	16	1,040.			1,040.	1,040.		0.
23	EQUIPMENT	080107	SL	5.00	16	1,626.			1,626.	1,626.		0.
24	GOALS	090608	SL	5.00	16	5,419.			5,419.	5,419.		0.
25	EQUIPMENT	081408	SL	5.00	16	2,448.			2,448.	2,448.		0.
26	EQUIPMENT GOALS	031109	SL	5.00	16	1,993.			1,993.	1,993.		0.
		032210	SL	5.00	16	2,039.			2,039.	2,039.		0.
	GOALS (SNEAKY PETES)	083111	SL	5.00	16	2,485.			2,485.	2,485.		0.

328102 04-01-23

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

# - CURRENT YEAR FEDERAL -

LOWER MERION SOCCER CLUB

Asset No.	Description	Date Acquii		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
		1120	11	SL	5.00	16	1,027.			1,027.	1,027.		0.
34		0531	13	SL	5.00	16	3,560.			3,560.	3,560.		0.
35		0531	13	SL	5.00	16	1,700.			1,700.	1,700.		0.
36		0531	13	SL	5.00	16	3,550.			3,550.	2,617.		0.
	WHEELS FOR GOALS 10 SETS \$550 EACH	0531	13	SL	5.00	16	5,500.			5,500.	5,500.		0.
41	EQUIPMENT	0301	16	SL	5.00	16	2,797.			2,797.	2,797.		0.
42	EQUIPMENT	1004	16	SL	5.00	16	7,630.			7,630.	7,630.		0.
43	EQUIPMENT	0611	17	SL	5.00	16	8,070.			8,070.	8,070.		0.
44	EQUIPMENT	0816	17	SL	5.00	16	6,335.			6,335.	6,335.		0.
45	EQUIPMENT	1005	17	SL	5.00	16	2,107.			2,107.	2,107.		0.
		1009	18	SL	5.00	16	12,146.			12,146.	10,323.		1,823.
	* 990 Page 10 Total Program Services						117,707.		0.	117,707.	114,897.		1,823.
	Management and General												
1	PHOTO COPIER	1113	96	SL	5.00	16	1,006.			1,006.	1,006.		0.
2	DESK	0409	97	SL	5.00	16	843.			843.	802.		0.
3	PRINTER	1030	97	SL	5.00	16	516.			516.	516.		0.
4	COMPUTER	0327	98	SL	5.00	16	2,218.			2,218.	2,218.		0.
5	COMPUTER	0126	00	SL	5.00	16	2,930.			2,930.	2,686.		0.

328102 04-01-23

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

# - CURRENT YEAR FEDERAL -

LOWER MERION SOCCER CLUB

Asset No.	Description		)ate quire		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
11	COMPUTER	101	L 6 (	)2	SL	5.00	16	1,619.			1,619.	1,619.		0.
12	COMPUTER	072	230	)3	SL	5.00	16	2,178.			2,178.	2,178.		0.
15	COMPUTER	110	) 3 (	)5	SL	5.00	16	1,539.			1,539.	1,539.		0.
19	EQUIPMENT LAPTOP	091	L 5 (	)6	SL	5.00	16	1,000.			1,000.	1,000.		0.
21	EQUIPMENT LAPTOP	030	070	)7	SL	5.00	16	795.			795.	795.		0.
22	EQUIPMENT LAPTOP	052	250	)7	SL	5.00	16	1,430.			1,430.	1,430.		0.
33	OFFICE EQUIPMENT	011	18	L 2	SL	5.00	16	314.			314.	314.		0.
38	OFFICE EQUIPMENT	031	6	L4	SL	5.00	16	1,349.			1,349.	1,349.		0.
39	OFFICE EQUIPMENT	060	)2	L4	SL	5.00	16	1,279.			1,279.	1,279.		0.
		061	L 5 (	8	SL	5.00	16	933.			933.	933.		0.
	* 990 Page 10 Total Management and Gene * Grand Total 990							19,949.		0.	19,949.	19,664.		0.
	Page 10 Depr							137,656.		0.	137,656.	134,561.		1,823.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Bur 401 Har	to: nnsylvania Department of State reau of Corporations and Charitable Organizations North St Rm 207 risburg, PA 17120 www.dos.pa.gov/charities for more information	Charitable Organization Registration Statement BCO-10 (rev. 11/2023) Fee: See instructions
	(N/A if initial registration)	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:
FISCAL	year ended: <u>12/31/2023</u> MM DD YYYY	Organization is exempt from registration because
FEIN:	23-2563955	X Organization does not solicit contributions in Pennsylvania
1.	Legal name of organization: LOWER MERION SOCC	ER CLUB
	Check if name change and give previous name	
2.	All other names used to solicit contributions:	
	Contact person: <u>DONALD STURLA</u> Principal address of organization:	Contact's e-mail: SOCCER@LMSC.NET Mailing address (if different than principal address):
	P.O. BOX 360	149 Clemson Road
	BRYN MAWR	Bryn Mawr
	<u>PA 19010</u>	PA 19010
	County: MONTGOMERY	Phone number: 610-527-3940
	800 number:	Fax number:
	Email (if different than Contact's email): fred@toroni	cpa.com
	Website: WWW.LMSC.NET	
5.	Item 5 to be completed Type of organization (e.g. non-profit corporation, unincorpora NON PROFIT CORPORATION	by initial registrants only ited association, etc.):
	Where established: PA	Date established:* 02/24/1989
	*Initial registrants must submit copies of organizational documents s constitution or other organizational instrument and by-laws.	uch as charter, articles of incorporation,

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

Not Applicable
rior, pphoable

# NONE

**7.** Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

\$162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

#### X Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If "Not Applicable" is checked, the charitable organization must submit financial reports which are audited, reviewed, compiled or internally prepared. See Instructions.

ate organization first solicited contributions from Pennsylvania residents:			
	MM	DD	YYYY
her			
organization solicited Pennsylvania residents and received gross* contribut	tions tot	alina	more than
5,000 in any given fiscal year, provide the date the organization first receive		-	
organization solicited Pennsylvania residents and received gross* contribut 25,000 in any given fiscal year, provide the date the organization first receiver nan \$25,000.		-	

	LOWER MERION SOCCER CLUB
10.	Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: <u>501(c)(3)</u> and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? X Yes No
	(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, social media, etc.):
	Does not solicit contributions Donation are not solicted. Donations are accepted as part of the seasonal registration process.
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	The two primary objectives of Lower Merion Soccer Club are:
	To provide each and every child with a fun filled experience in a soccer environment. To develop children's soccer skills and knowledge of the game so that they can play at higher levels of play in
	future seasons
14.	Is the organization registered to solicit contributions in any other state or municipality?
	Yes X No (If "Yes," list all states and municipalities. Attach a separate sheet if necessary.)
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organizations only uses or intend to only use a professional fundraising counsel.)
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents:
16.	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)
	Not Applicable
	See Statement 1
	Form BCO-10 (rev. 11/2)

17. Names, addresses, and telephone numbers of all professional fundraising counsel the organizations uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

	Names, addresses, and telephone numbers of any commercial coventurers under contract with the organization:							
	(Attach a separate sheet if necessary)							
	Not Applicable							
	NONE							
9.	If the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined registration covering all of its Pennsylvania affiliates?							
	(See note "Affiliate and Parent Organization") Yes X No Not Applicable							
	If "Yes," give all names and certificate numbers of the affiliate organizations:							
	(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group							
	return and file a public disclosure form (BCO-23) for each affiliate.)							
20.	Is the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on the registering charity's behalf? (See note "Affiliate and Parent Organization")							
	If "Yes," provide the name and, if available, certificate number of the parent organization.							
	(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return							
	(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return							
21.	(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)							
21.	(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)         Legal name of parent organization       Pennsylvania certificate number							
21.	(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.) Legal name of parent organization Pennsylvania certificate number Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers.							
21.	(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)         Legal name of parent organization       Pennsylvania certificate number         Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)							
21.	(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)         Legal name of parent organization       Pennsylvania certificate number         Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)							
21.	(Each affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return and file a public disclosure form (BCO-23) for each affiliate.)         Legal name of parent organization       Pennsylvania certificate number         Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)							

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

#### BOARD OF DIRECTORS

B. Have final responsibility for the custody of contributions:

# DONALD STURLA - PRESIDENT

C. Have final responsibility for final distribution of contributions:

# BOARD OF DIRECTORS

D. Are responsible for custody of financial records:

# DONALD STURLA

23. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

Α.	Any other officer, director, trustee, or employee?		Yes	Х	No
----	--	--	-----	---	----

- B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? \*\* Yes X No
- C. Any officers, agents or employees of any supplier or vendor providing goods or services? \*\*

Yes X No

\*\*(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

- 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:
  - A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction?
  - B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?
  - C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?
     Yes X No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

5

Page 5 of 6

Form BCO-10 (rev. 11/2023)

**Certification** - This registration statement must be signed by two different officers of the organization, one of whom shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer	Date	
DONALD STURLA, PRESIDENT		
Type or print name and title of Chief Fiscal Officer		
Signature of Other Authorized Officer	Date	
Type or print name and title of Other Authorized Officer		
Checklist for registration:		

Chec	Kilst for registration.
	Completed registration statement properly signed and dated.
	A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer
	Public Disclosure Form BCO-23 (if required)
	Applicable Financial Statements (audited, reviewed, compiled or internally prepared)
	Registration fee and any late filing fees
	Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.
See I	nstructions for more information on completing this form and attachments.

Form BCO-10	All Professional Solicitors	Statement 1
Name and Address		Phone Number
Contract Begin Date	Contract End Date Solicit Date	

Form BCO-10	Professional Fundr	aising Counsels	Statement 2
Name and Address			Phone Number
NONE			
Contract Begin Date	Contract End Date	Service Date	

Form BCO-10	Officers,	Directors,	Trustees	and Executives	Statement 3
Name and Address				Title	
DONALD STURLA P.O. BOX 360 BRYN MAWR, PA 19	010			PRESIDENT	
Name and Address				Title	
HOWARD BURDE P.O. BOX 360 BRYN MAWR, PA 19	010			BOARD MEMBER	
Name and Address				Title	
ED WEISS P.O. BOX 360 BRYN MAWR, PA 19	010			BOARD MEMBER	