## <u>990</u>

### **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 black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 12/01 2006 For the 2005 calendar year, or tax year beginning 2005, and ending D Employer identification number B Check if applicable: 58: 1410388 In the International and International Indianal Address change tab-E Telephone number Name change 29 IB 200611 03 15 3 0000 (615) 890-7745 MURFREESBORO BOYS & GIRLS SOCCER PO BOX 1412 Initial return F Accounting method: X Cash Final return ii MURFRÉESBORO TN 37133-1412 Other (specify) ► Amended return H and I are not applicable to section 527 organizations. Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending H(a) Is this a group return for affiliates? Yes X No trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ▶ H(c) Are all affiliates included? Yes No J Organization type (check only one) ► 🛛 501(c) ( 3 ) ◄ (insert no.) 🔲 4947(a)(1) or 🔲 527 (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an K Check here ▶ [ ] if the organization's gross receipts are normally not more than \$25,000. The organization covered by a group ruling? Yes No organization need not file a return with the IRS; but if the organization chooses to file a return, be Group Exemption Number ▶ sure to file a complete return. Some states require a complete return. Check ▶ ☐ if the organization is not required 189,774.95 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Part I Contributions, gifts, grants, and similar amounts received: 1a 1b **b** Indirect public support 1c **c** Government contributions (grants) . . . . . 1d d Total (add lines 1a through 1c) (cash \$ \_\_\_ \_ noncash \$ 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments . . . . . . . Interest on savings and temporary cash investments . Dividends and interest from securities . . . 5 6a 6b 6с c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe (A) Securities 8a Gross amount from sales of assets other than inventory . . . . . . . . . 8b b Less: cost or other basis and sales expenses. 8c c Gain or (loss) (attach schedule) . . . 8d d Net gain or (loss) (combine line 8c, columns (A) and (B)) . . . . . . . . . . . . . . Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ contributions reported on line 1a) . . . . . . . . . . 9a **b** Less; direct expenses other than fundraising expenses . 90 c Net income or (loss) from special events (subtract line 9b from line 9a) 40,120.50 10a Gross sales of inventory, less returns and allowances . . . 10b <u> 34,965, 24</u> 5155.26 10c c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). Other revenue (from Part VII, line 103) . . . . . 11 11 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11). 12 13 13 Program services (from line 44, column (B)) , , , 14 Management and general (from line 44, column (C)) 14 15 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) . . . 16 33,707.65 17 Total expenses (add lines 16 and 44, column (A)) 17 21, 102,06 18 Assets 18 Excess or (deficit) for the year (subtract line 17 from line 12). 142,961.01 19 19 Net assets or fund balances at beginning of year (from line 73, column (A)) (23,454.00 Other changes in net assets or fund balances (attach explanation) Disposal of Equipment 20 20 Set Net assets or fund balances at end of year (combine lines 18, 19, and 20) 40,609.07 21

Pall	Functional Expenses organization	izations must t tions and secti	on 4947(a)(1) nonexem	pt charitable trusts but	optional for others. (5	See the instructions.)
	Do not include amounts reported on l. 6b, 8b, 9b, 10b, or 16 of Part I.	ine	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedul (cash \$ noncash \$    If this amount includes foreign grants, check he		2		in the control of the	
	Specific assistance to individuals schedule)	attach	3			
24	Benefits paid to or for members (schedule)	attach	4		e see all come	overska i even <b>da k</b> om Gravov pravidenska
	Compensation of officers, directors, et		5			
	Other salaries and wages		6			
	Pension plan contributions		7	· · · · ·		
	Other employee benefits		3			
	Payroll taxes		9			
30	Professional fundraising fees	30	0			
	Accounting fees		1			
	Legal fees		2			
	Supplies		3			
	Telephone		4			
	Postage and shipping	35				
	Occupancy ,	36				
	Equipment rental and maintenance	37				
38	Printing and publications	38				
	Travel	39				
40	Conferences, conventions, and meeting	ys 40	)			
41	Interest	41				
42	Depreciation, depletion, etc. (attach sch	edule) 42	2			
	Other expenses not covered above (ite					
	Officiating		<del></del>			
	Field Mainthenance			30,440.17		
	Uniforms	43		24,439.45		
d.	membaship Fees	43		24,240,00		
	Other t Supplies			20,167.40		
f.		43	<del></del>			
g.		43	9			
	Total functional expenses. Add line through 43. (Organizations compolumns (B)-(D), carry these totals to 13-15)	leting lines	1 133,707.65	# 133,707.65		
Are an	Costs. Check ► ☐ if you are following joint costs from a combined educational cs," enter (i) the aggregate amount of these j	ampaign and	2. fundraising solicitation	on reported in <b>(B)</b> Pro		
iii) the	e amount allocated to Management and ge	neral \$	; and (iv) ti	ne amount allocated	to Fundraising \$	

# Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

W	hat is the organization's primary exempt purpose?	Program Service
of	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	Provide Soccer Experience for approximately 2000 Children	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	#133,707.65
b	·	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
С		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
d		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
e	Other program services (attach schedule)	
_	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).	133,707.65
		Form <b>990</b> (2005)

Р	art IV	Balance Sheets (See the instructions.	)			, _50
	Note:		·	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing		75,547.20	45	91,416.06
	46	Savings and temporary cash investments .		43,959.81	46	49, 193.01
	47a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts .	47b		47c	
	48a	Pledges receivable	48a			
	1	Less: allowance for doubtful accounts .	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, truster (attach schedule)	es, and key employees		50	
sts	51a	Other notes and loans receivable (attach schedule)	51a			
Assets	b	Less: allowance for doubtful accounts .	51b		51c	ANI TOU
٩	52	Inventories for sale or use			52	<del></del>
	53	Prepaid expenses and deferred charges			53	<del></del>
	54	Investments—securities (attach schedule) .	. ▶ ☐ Cost ☐ FMV		54	
		Investments—land, buildings, and equipment: basis	55a			
	b	Less: accumulated depreciation (attach	55b		EE-	
	56	schedule)	1 000		55c	
	1	Land, buildings, and equipment: basis .	57a 23 454		30	
	1	Less: accumulated depreciation (attach	1			
		schedule)	57b	23,454	57c	0
	58	Other assets (describe ►	)	······································	58	
	59	Total assets (must equal line 74). Add lines	15 through 58	142,961.01	59	140,609.07
	60	Accounts payable and accrued expenses .			60	
	61	Grants payable			61	
Ø	62	Deferred revenue			62	
iabilities	63	Loans from officers, directors, trustees, and schedule)	- Production	63	341-74-1-1	
Ē		Tax-exempt bond liabilities (attach schedule)			64a	
	65	Mortgages and other notes payable (attach s Other liabilities (describe ►			64b	
			)	<del> </del>	05	<u> </u>
					66	
	Orga	nizations that follow SFAS 117, check here ►	X and complete lines			
Ses	1	67 through 69 and lines 73 and 74. Unrestricted		142,961.01	67	140,609.07
and	;	Unrestricted		1 1 1 1 1	68	1 10/60 1.01
Bal		Permanently restricted			69	<del> </del>
Net Assets or Fund Balances	Orga	nizations that do not follow SFAS 117, check complete lines 70 through 74.				***
ō		Capital stock, trust principal, or current funds			70	
šts		Paid-in or capital surplus, or land, building, ar			71	
SSE	72	Retained earnings, endowment, accumulated	income, or other funds		72	
Net A	73	Total net assets or fund balances (add lines 70 through 72;	67 through 69 or lines			
		column (A) must equal line 19; column (B) mu		73		
	74	Total liabilities and net assets/fund balances	. Add lines 66 and 73.	142,961.01	74	140,609.07

Form	990 (2005) Murfrzesbore Biys au	ul Girls Soccer	Assn	58-141	0388 Page
Pa	t IV-A Reconciliation of Revenue per Auc instructions.)				
a b 1 2 3	Total revenue, gains, and other support per audit Amounts included on line a but not on Part I, line Net unrealized gains on investments Donated services and use of facilities	e 12:	b1 b2 b3 b4	a	154, 809.71
c d 1 2	Add lines <b>b1</b> through <b>b4</b> Subtract line <b>b</b> from line <b>a</b> Amounts included on Part I, line 12, but not on line linestment expenses not included on Part I, line Other (specify):  Add lines <b>d1</b> and <b>d2</b> Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>	ne <b>a:</b> 6b	d2	d	0 154,809.71 0 154,809.71
a b 1 2 3	Total expenses and losses per audited financial s Amounts included on line a but not on Part I, line Donated services and use of facilities Prior year adjustments reported on Part I, line 20 Losses reported on Part I, line 20 Other (specify):	statements	b1   b2   b3	Denses per Hetu	m 133,707.65
c d 1 2	Add lines <b>b1</b> through <b>b4</b>	ne <b>a:</b>	d1   d2	b	0 133,707.65
e Par	Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and tV-A  Current Officers, Directors, Trustees	, and Key Employees	List each persor	► e / n who was an office	33,707.65 er, director, trustee
	or key employee at any time during the year	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employ benefit plans & deferred compensation plans	
	Gayle Jordan 120 Pitts Lane Nuvfreesbora, TN 37129	President	0	0	0
	tephen M. Todd 1723 Waterford Rd Nurfreesbore, TN 34129	Treasurer	0	0	0
	Amy Twiner 2902 Standing Bear Way Murfreesborg, TN 37129	Secretary	0	0	0

Pa	rt V-A Current Officers, Directors, Trustee	s, and Key Employe	es (continued)		Yes No		
75	Enter the total number of officers, directors, and tr meetings			n business at board	a do se		
t	Are any officers, directors, trustees, or key employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ide	phest compensated p II-B, related to each	orofessional and other through	other independent family or business	75b X		
C	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?  Note. Related organizations include section 509(a)(3) supporting organizations.						
.1	If "Yes," attach a statement that identifies the organization and the other organization(s), including amounts paid to each individual by	and describes t y each related orga	the compensati nization.	on arrangements,			
0	Does the organization have a written conflict of in	nterest policy?	<u> </u>	<u> </u>	75d X		
Pa	rt V-B  Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of comp	ceived compensation o	r other benefits (de	escribed below) during	the vear, list that		
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances		
	NA			,			
	· · · · · · · · · · · · · · · · · · ·						
	······						
Day	t VI Other Information (Coathe in the site						
	t VI Other Information (See the instruction				Yes No		
76	· · · · · · · · · · · · · · · · · · ·				76 X		
77	Were any changes made in the organizing or gove if "Yes," attach a conformed copy of the changes		·		77 X		
	Did the organization have unrelated business grothis return?  If "Yes," has it filed a tax return on Form 990-T for		or more during th		78a 🗸		
79	Was there a liquidation, dissolution, termination, o a statement	-	on during the ye	ar? If "Yes," attach	79 X		
		tion with a statewide es, officers, etc., to	or nationwide or any other exer	ganization) through npt or nonexempt	80a X		
b	If "Yes," enter the name of the organization ▶	and check whether it	is aremot o	r ☐ nonexempt	erging village <b>vil</b> lage. Springer village		
81a b	Enter direct and indirect political expenditures. (So Did the organization file Form 1120-POL for this	e line 81 instructions	)  81a	0	81b X		
					Form <b>990</b> (2005)		

	990 (2005) Murfreeshore Boys and Girls Soccer Assa 58-141038	8	P	age 7
	rt VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.  (See instructions in Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		$X_{-}$
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0.41-		/ A
85	gifts were not tax deductible?	84b 85a	M	7
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		X
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures  Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e	-		
e f	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	Λ	$\mathcal{A}$
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N	A.
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	COII		
þ	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders   87a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	-		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ ; section 4955 ▶ ;			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		A	
90a	Enter: Amount of tax on line 89c, above, reimbursed by the organization	<i>N</i>	/ <del>}</del>	
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	0		
91a	The books are in care of $\blacktriangleright$ Steve Todd  Located at $\blacktriangleright$ 1723 waterford Rd Murfrees boro, TN  Telephone no. $\blacktriangleright$ (615).  ZIP + 4 $\blacktriangleright$ 37129	590-	774.	<u>S</u>
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	91b	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country	91c		<u>X</u> _
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶   92	NA	. •	· 🗆
		Form	gan .	2006)

Part	VII Analysis of Income-Producing	Activities (See	the instructions	s.)		
Note:	Inter gross amounts unless otherwise		ousiness income		ction 512, 513, or 514	(E)
indicat		(A)	(B)	1	1	Related or
93	Program service revenue:	Business code	Amount	(C) Exclusion code	Amount	exempt function income
a b					<u> </u>	
C				<del> </del>		
d						
e			7			
f	Medicare/Medicaid payments		1	<b></b>	· · · · · ·	· _
_	Fees and contracts from government agend	L .				
94	Membership dues and assessments.					144, 421.2
95	Interest on savings and temporary cash investm			14	5233.20	, , , , ,
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate	146-a-2 C-3 a-2		4 (4)	to self of contra	
	debt-financed property					
	not debt-financed property					
98	Net rental income or (loss) from personal prope	orty				
99	Other investment income					
	Gain or (loss) from sales of assets other than inven	tory				
	Net income or (loss) from special events	-	<u> </u>			
	Gross profit or (loss) from sales of inventor	у				5/55.2
	Other revenue: a	— <del>                                    </del>				
þ		— <del> </del>			<del> </del>	<u> </u>
C						
d e					<b>_</b>	
	Subtotal (add columns (B), (D), and (E))					154.809.7
105	Total (add line 104, columns (B), (D), and (E))				<b>-</b>	154,809.7
Note:	ine 105 plus line 1d, Part I, should equal	the amount on line	12, Part I.			15 7, 00 7. 1
Part \	Relationship of Activities to the			oses (See ti	he instructions.)	
Line N	o. Explain how each activity for which inco	ome is reported in co	lumn (E) of Part V	I contributed		accomplishment
	of the organization's exempt purposes	other than by providi	ng funds for such	purposes).		•
94	Membership identifies children	with a desire	to participate	2 in a sec	cer program	<i>u</i>
102	Concessions sold provide for	a more enjoyable	environ ment a	during Scee	er games .	
					******	
	V Information Described Total Co	L-LP	7 f PM 41-		<del>,</del>	
Part I	X Information Regarding Taxable Si (A)	(B)	sregarded Entit	ies (See the	instructions.)	/ <del>=</del> \
ł	Name, address, and EIN of corporation,	Percentage of	(C) Nature of a	rtivitice	(D) Total income	(E) End-of-year
	partnership, or disregarded entity	ownership interest	114,410 01 40	74414C5	Total income	assets
	N/A	% %	<del></del>			
		%			<u> </u>	
Part >	Information Regarding Transfers As		onal Benefit Co	ntracts (See	he instructions.)	<del></del>
	Did the organization, during the year, receive any funds			•		
(b) i	Did the organization, during the year, receive any funda-	s, anechy of manechy, it	r indirectly on a	personal be	nefit contract?	□ Yes ⊠ No □ Yes ⊠ No
Note:	If "Yes" to (b), file Form 8870 and Form	4720 (see instruction	ns).	personal be	Hent Condact;	∐ Yes ⊠ No
	Under penalties of perjury. I declare that I have exa	mined this return, includi	na accompanyina sci	hedules and stat	ements, and to the b	est of my knowledge
Please	and belief, it is true, correct, and complete. Declar	ation of preparer (other t	han officer) is based	on all information	on of which preparer	has any knowledge.
riease Sign	Styl M. Todal			1	2/20/0	) <sup>1</sup> 7
Here	Signature of officer				Date	
i iei e	Stephen M. Todd	Treasure	سوي			
	Type or print name and title.					
Paid	Preparer's		Date	Check if self-	Preparer's SSN or	PTIN (See Gen. Inst. W
Preparer'	signature			employed ►	]	
Use Only	Firm's name (or yours if self-employed),			EIN	<b>&gt;</b> :	
	address, and ZIP + 4			Phone	eπo. ▶ ( )	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2005

Name of the organization			Employer identifica	tion number
Murfreesbore Boys and Girls	Soccer Assh		58:14103	
Part I Compensation of the Five High	est Paid Employees Of	ther Than Office	ers, Directors, a	nd Trustees
(See page 1 of the instructions. I	ist each one. If there ar	e none, enter "N	None.")	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 .	0			
Part II-A Compensation of the Five High (See page 2 of the instructions. Lis	est Paid Independent ( t each one (whether indiv	Contractors for iduals or firms). If	Professional Se there are none, e	rvices enter "None.")
(a) Name and address of each independent contracto			of service	(c) Compensation
None			4.4	
			••	
				:
			·	
Total number of others receiving over \$50,000 for professional services	0			
Part II-B Compensation of the Five High (List each contractor who perform firms. If there are none, enter "No	ned services other than p	orofessional serv	Other Services vices, whether inc	dividuals or
(a) Name and address of each independent contracto		1	of service	(c) Compensation
taj realic and address of outer, incoperation services	para man man page 1			
N/~				
70 000				
		-		
Total number of other contractors receiving over \$50,000 for other services	0	Entropy (Professor)		To be with the second

D	
Page	

			$\overline{}$		
Pa	t II	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	atte or	ring the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities   (Must equal amounts on line 38, tt VI-A, or line i of Part VI-B.)	1		X
	org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ganizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of blobbying activities.			
2	sub wit ow	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or hany taxable organization with which any such person is affiliated as an officer, director, trustee, majority mer, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions.)			
а	Sal	le, exchange, or leasing of property?	2a		X
ь			2b		×
			2c		Ŷ
۲. C		rnishing of goods, services, or facilities?	2d		X X
d			2e	×	<b>6</b> (
е		anotes of diffy part of its income of dissection . The part of its income of dissection .	20		191
3a		you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments.)	3а		X
h		you have a section 403(b) annuity plan for your employees?	3b		V
b			3c		
C		and the organization received a contribution of qualified real property interest and of each of the contribution of qualified property interest and of each of the contribution of qualified property interest and of the contribution of the contribution of qualified property interest and of the contribution of qualified property interest and of the contribution of the contribution of the contribution of qualified property interest and of the contribution of the contribu	-		
4a		you maintain any separate account for participating donors where donors have the right to provide advice on	4a		X
h	tne Do		4b		Z
			<u> </u>		
Pa	tΝ	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	orga	anization is not a private foundation because it is: (Please check only ONE applicable box.)			
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital and state ▶	al's n	ame	, city,
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the <b>Support Schedule</b> in Part IV-A.)	า 170	(b)(1)	(A)(iv).
11a	_	An organization that normally receives a substantial part of its support from a governmental unit or from the general 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)	publi	ic. Se	ection
11b	닏	A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)			
12	LJ	An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and			
		from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 331/39			
		from gross investment income and unrelated business taxable income (less section 511 tax) from businesses a organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)	acqui	red b	y the
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and support			
			09(a) /pe 3		Check
		Provide the following information about the supported organizations. (See page 6 of the instructions.)			
		(a) Name(s) of supported organization(s)  (b) Line notes from a			
		non a			
				<del>.</del>	
4	$\Box$	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instruction	ns )		

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2003 (c) 2002(e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). 17, 655.85 16 Membership fees received . 112.729.02 /03 028,00 454,473.17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 21,953,25 25782.35 17,715.41 17,310.01 82,761.02 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired (69 28.36) 5496.66 693433 5099.22 3266.81 by the organization after June 30, 1975 19 income from unrelated business activities not included in line 18. Ò Ó 0 0 0 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. 0 0 0 . . . . . . . . . . The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 0 0 public without charge . . . . . . . 0 0 O Other income. Attach a schedule. Do not 0 0 include gain or (loss) from sale of capital assets 0 26, 240.07 128,037.50 23 Total of lines 15 through 22 . . . . . 146,280.36 610,59 544,168.5 24 124.327.11 7,828,24 108,524.66 110,727.49 461,407.5 25 1262 40 Enter 1% of line 23 280. 462.80 1436.11 26a 9228,15 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the 26b amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 461.407.50 26c Total support for section 509(a)(1) test: Enter line 24, column (e) Add: Amounts from column (e) for lines: 18 - 6934.33 - 1926d 26b \_\_ Public support (line 26c minus line 26d total) . . . . 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: Add: Amounts from column (e) for lines: 15 \_ 27c 27d Add: Line 27a total, and line 27b total . 27e Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . 27f

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . .

Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶

27g

27h

Pa	Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	A	-	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
-				
32 a	Does the organization maintain the following:  Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . .

	art VI-A Lobbying Expenditures by E	eesboro Boy	s and Girls	Soccer A	ssn 58	-1410388 5
_	(10 be completed <b>ONLY</b> by all	n eligible orgar	: <b>Charities</b> (Se nization that file	e page 9 of the ed Form 5768)	instructions.)	NA
<u>Ch</u>	eck ▶ a □ if the organization belongs to an affil			you checked "a" a	nd "limited control"	provisions apply.
	Limits on Lobby (The term "expenditures" mea		res		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public	c opinion (grassro	oots lobbying) .			
37	Total lobbying expenditures to influence a leg	islative body (dire	ect lobbying)	37		
38	Total lobbying expenditures (add lines 36 and	37)		38		
39	Other exempt purpose expenditures		· · · · · ·	39		
40 41	Total exempt purpose expenditures (add lines	38 and 39)		40		
71	Lobbying nontaxable amount. Enter the amount on line 40 is—					
	Not over \$500,000	of the amount of	able amount is—	1	3 9 5 0 5 6	
	Over \$500,000 but not over \$1,000,000 . \$100,	.000 plus 15% of	the excess over \$	500 000		
	Over \$1,000,000 but not over \$1,500,000 \$175,	.000 plus 10% of ti	ne excess over \$1.	000,000 } 41		
	Over \$1,500,000 but not over \$17,000,000. \$225,	000 plus 5% of th	e excess over \$1.5	500.000		
	Over \$17,000,000	0,000				
42	Grassroots nontaxable amount (enter 25% of	line 41)		42		
43	Subtract line 42 from line 36. Enter -0- if line 4	l2 is more than li	ne 36			
44	Subtract line 41 from line 38. Enter -0- if line 4	l1 is more than li	ne 38	44		
	Caution: If there is an amount on either line 43	3 or line 44, you i	must file Form 47	20.		
	4-Year Av	eraging Perio	d Under Section	on 501(h)		
	(Some organizations that made a section See the instructions f	on 501(h) election for lines 45 throug	do not have to o th 50 on page 11	complete all of the of the	five columns be	low.
		1		res During 4-Yea		riod
	Calendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2004	(c) 2003	(d) 2002	<b>(e)</b> Total
45	Lobbying nontaxable amount		200 /		2002	Total
	Test young northead and and the control of the cont					
16	Lobbying ceiling amount (150% of line 45(e))	and the second				
17	Total lobbying expenditures					
18	Grassroots nontaxable amount					-
9	Grassroots ceiling amount (150% of line 48(e))					
0	Grassroots lobbying expenditures				,	A
Pai	t VI-B Lobbying Activity by Nonelec	ting Public Ci	narities		1/1	
	(For reporting only by organiza	tions that did r	not complete P	art VI-A) (See բ	page 11 of the	Instructions.)
)urir	ng the year, did the organization attempt to influ	ence national, sta	ate or local legisla	ation, including ar	Yes No	Amount
	npt to influence public opinion on a legislative m	atter or referendi	ım, through the ι	ise of:		7
	Volunteers				-	
b	Paid staff or management (Include compensation Media advertisements.			through h.).	·	
d	Mailings to members, legislators, or the public .		• • • • •		•	
e	Publications, or published or broadcast statement	ents		• • • • • •	·	
f	Grants to other organizations for lobbying purpo	oses			·	
g	Direct contact with legislators, their staffs, gove	rnment officials	or a legislative bo	ndv	.	· · · · · · · · · · · · · · · · · · ·
h	Rallies, demonstrations, seminars, conventions,	speeches, lectur	es, or any other	neans	•	<del></del>
i	Total lobbying expenditures (Add lines c through	h <b>h.</b> )				
	If "Yes" to any of the above, also attach a state	ment giving a de	tailed description	of the lobbying a	ictivities.	

Pa	rt VI			ransfers To and Trans e page 12 of the instruct		elationships	With	Nonc	harit	able	
51				indirectly engage in any of the 1(c)(3) organizations) or in sec					d in se	ection	
а				to a noncharitable exempt or					Yes	No	
			, <b>-</b> •		gameanon on			51a(i)		X	
	(ii)	Other assets						a(ii)		X	
b	٠.	er transactions:									
	(i)		zation			b(i)		X			
	(ii)	Sales or exchanges of assets with a noncharitable exempt organization purchases of assets from a noncharitable exempt organization.					b(ii)		X		
	(iii)			ner assets				b(iii)		X	
	(iv)							b(iv)		X	
	(v)			· · · · · · · · · · · · · · · · · · ·				b(v)		X	
	• •			ship or fundraising solicitation				b(vi)		X	
С				sts, other assets, or paid emp			` '	C		X	
	If th	e answer to any of t	the above is "Yes," services given by	complete the following schedurent the reporting organization. If a column (d) the value of the go	ile. Column (b) shou the organization re	ld always show the eceived less than	fair n	market narket v	value /alue i	of the n any	
(a) Line no.		(b) (c) Amount involved Name of noncharitable exempt organization			Description of Ac-	(d)  Description of transfers, transactions, and sharing arrangements					
		Amount involved Name of non		charitable exempt organization	Description of tra	insters, transactions,	, and sn	anng am	angeme	ents 	
		ALO I									
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	desc	cribed in section 50 'es," complete the f	11(c) of the Code (					☐ Yes	; [	No	
		(a) Name of organization		(b) Type of organization		(c) Description of rela	tionship				
				,				•			
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