Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

O	4	Pa 1	
Open	T(0)	Pub	ше
nei	360	tion	
1110	,,,,	ZUOIT	

A	For	the 2006 calendar year, or tax year beginning $J 2/6 I$, 2006, and	d ending	11/3	d coast
В		k if applicable: PV	- Criding		o, 20 o 7
	Addr	ess change " 200711 031530000 29 IB	*50	\$8	1410388
Ē	_	e change MURFREESBORU BOYS & GIRLS SORCED	Ī		
ř		ASSUC INC	R		hone number
F	=	IS LO DOV TATE	S	(61.	5) 890-7745
<u> </u>	Ξ	return MURFREESBORO TN 37133-1412		Account	ing method: 🔀 Cash 🔲 Accrua
Ļ	_	nded return			ther (specify)
L	_ Applic	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). 	H and I are not	applicabl	e to section 527 organizations.
G	Moh	site: ►	H(a) is this a g	roup retu	m for affiliates? 🔲 Yes 📈 N
-	TT-D	Sile.	H(b) If "Yes," e	nter numi	ber of affiliates >
J	Orga	nization type (check only one) ► 🗵 501(c) (3) ◄ (insert no.) 🔲 4947(a)(1) or 🔝 527	H(c) Are all affi	liates incl	uded? Yes N
ĸ	Chec	k here ► \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(II NO," a	πach a lis	t. See instructions.)
•••	10001	k here ► if the organization is not a 509(a)(3) supporting organization and its gross of the are normally not more than \$25,000. A return is not required, but if the organization chooses a return be supported to the organization chooses.	H(d) Is this a se	parate retu	m filed by an by a group ruling? ☐ Yes ☐ No
	to file	a return, be sure to file a complete return.	I Group Exe		
_					
	Gros	s receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ➤ /83, 528, 68	doette of	SAR D/6	the organization is not require form 990, 990-EZ, or 990-PF).
L	art i	Revenue, Expenses, and Changes in Net Assets or Fund Balan	ices (See the	inetni	ctions
	1	Contributions, gifts, grants, and similar amounts received:	1000 676	7,713174	Clions.)
	l é				•
	k	——————————————————————————————————————		-	
				-869	
	(Government contributions (grants) (not included on line 1a)	·-····································		
	e		· · · · · · · · · · · · · · · · · · ·		
	2	Program service revenue including government for) .	1e	
	3	Program service revenue including government fees and contracts (from Part Membership dues and assessments	VII, line 93)	2	11/0
	4			3	149, 055.69
	5	Interest on savings and temporary cash investments Dividends and interest from securities		4	
	6a			5	7,751.94
	b		 ,	_	•
		- Soor Format expenses			
_	7	Net rental income or (loss). Subtract line 6b from line 6a Other investment income (describe ▶		6c	
ΠŒ)_	7	
Revenue	8a	Carbo of doocts other	Other		
Œ		than inventory		_	
	0	Less: cost or other basis and sales expenses.			
		Gain or (loss) (attach schedule)			•
	d	1 1 2 2 1 (1000). Combine line Oc. Columns IAI and IRI		8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check	here 🕨 🗌		
	a	Gross revenue (not including \$			
	١.	contributions reported on line 1b)			
	b	Less: direct expenses other than fundraising expenses 9b			
	C	Net income or (loss) from special events. Subtract line 9b from line 9a		9c	
	10a	Gross sales of inventory, less returns and allowances 10a 26.	721.05		
	b	Less: cost of goods sold.	467,26		
	С	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from	ine 10a	10c	3253.79
	11	Other revenue morn Part VII. line 1031		11	
_	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	160,061.42
<u>"</u>	13	Program services (from line 44, column (B))		13	129,518.28
zpenses	14	Management and general (from line 44, column (C))		14	121010.20
<u> </u>	15	rundraising (from line 44, column (D))		15	
ជ	16	Payments to affiliates (attach schedule)	• • • •	16	
_	17	Total expenses. Add lines 16 and 44, column (A)	• • • • .		129,518.28
S	18	EXCESS Or (deficit) for the year Cultural P. 47.6		17	
200	19	Net assets or fund balances at beginning of year (from line 73, column (A))		18	30,543.14
5	20	Other changes in net assets or fund balances (attach explanation).		19	140,609,07
Ž	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		20	10 10 1
		- Joan Combine lines to, 19, and 20	· · · ·	21	171, 152,21

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraisin
2a	Grants paid from donor advised funds (attach schedule) (cash \$)					
	If this amount includes foreign grants, check here] 22a				
b	Other grants and allocations (attach schedule) (cash \$ noncash \$) If this amount includes foreign grants, check here					
	Specific assistance to individuals (attach schedule)	23				
	Benefits paid to or for members (attach schedule)	24				
а	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a				
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
С	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
	Salaries and wages of employees not included on lines 25a, b, and c	26				
	Pension plan contributions not included on lines 25a, b, and c	27				
	Employee benefits not included on lines 25a - 27	28				
	Payroll taxes	29				
	Professional fundraising fees	30				
	Accounting fees	31				
	Legal fees	32				
	Supplies	33				
	Telephone	34				
	Postage and shipping	35				
	Occupancy	36				
	Equipment rental and maintenance	37	,			
	Printing and publications	38				
	Travel	39				
	Conferences, conventions, and meetings	40				·····
	nterest	41	W		-	
	Depreciation, depletion, etc. (attach schedule)	42	"-			-
	Other expenses not covered above (itemize): Officiating	43a	35,811.87	35,811.87		*******
Ī	Uniforms	43b	67,818.14	67,818.14		
	Membership Fees	43c	8940, oc	8940.00		***
-	Field Maintenance	43d	379.26	379.26		
-	Supplies + Other	43e	16,569.01			
-	f 1	43f	10,500,01	16,569.01		
-		43g				-
t	Total functional expenses. Add lines 22a hrough 43g. (Organizations completing columns (B)–(D), carry these totals to lines		129.518.28	129,518,28		
t c int (e any	hrough 43g. (Organizations completing columns (B)-(D), carry these totals to lines	and fur	ndraising solicitation	/29,518.28	gram services?	

e Other program services (attach schedule)

(Grants and allocations

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

Total of Program Service Expenses (should equal line 44, column (B), Program services).

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. What is the organization's primary exempt purpose? ▶ Program Service All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) Soccer Experience for approximately 2000 children 129,518,28) If this amount includes foreign grants, check here > (Grants and allocations) If this amount includes foreign grants, check here > (Grants and allocations) If this amount includes foreign grants, check here (Grants and allocations) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here lacktriangle

Form 990 (2006)

Pa	art IV	Balance Sheets (See the instructions.)			
1	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	91,416.06	45	114,207,26
	46	Savings and temporary cash investments	49, 193.01	46	56,944,95
	1				į
	47a	Accounts receivable	1		
	b	Less: allowance for doubtful accounts . 47b		47c	
	1	Pledges receivable			
	1	Less: allowance for doubtful accounts . 48b	*	48c	
	49	Grants receivable	 	49	
		Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach			
Assets	١.	schedule)		E4-	
	1	Less: allowance for doubtful accounts . 51b		51c 52	
-	52	Inventories for sale or use		53	
	53	Prepaid expenses and deferred charges		54a	
		Investments—other securities (attach schedule)		54b	
	į		<u> </u>		
	JJa	Investments—land, buildings, and equipment: basis		10.00	
	b	Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments—other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis . 57a			
	b	Less: accumulated depreciation (attach schedule)		57c	
	58	Other assets, including program-related investments			
	59	(describe ►	ILLA CAR AFT	58	1 m l 1 m a l
			140,609.07	59 60	171, 152.21
	60 61	Accounts payable and accrued expenses		61	
	62	Grants payable		62	
ģ		Loans from officers, directors, trustees, and key employees (attach			
Liabilities	00	schedule)		63	
abi	64a	Tax-exempt bond liabilities (attach schedule)		64a	
7		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►)		65	
	66	Total liabilities. Add lines 60 through 65		66	
		nizations that follow SFAS 117, check here ▶ 🗵 and complete lines			
es		67 through 69 and lines 73 and 74.	140,609.07	67	171,152.21
E S		Unrestricted	1 () () ()	68	1111/12 00.1-01
33		Permanently restricted		69	
9		nizations that do not follow SFAS 117, check here ▶ □ and			
Fund Balances		complete lines 70 through 74.			
9		Capital stock, trust principal, or current funds.		70	
		Paid-in or capital surplus, or land, building, and equipment fund .		71	
SSE		Retained earnings, endowment, accumulated income, or other funds		72	
Net Assets	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		70	
		Total liabilities and net assets/fund balances. Add lines 66 and 73	140,609.07	73	171,152,21

Par	t V-A C	urrent Officers, Directors, Trustees	, and Key Employe	es (continued)		Yes No) æ		
75a	Enter the to meetings	otal number of officers, directors, and tru	ustees permitted to vo		n business at board				
, b	employees	Are 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, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)							
	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 the organization? See the instructions for the definition of "related organization."								
	t V-B Fo	ormer Officers, Directors, Trustees, and ficer, director, trustee, or key employee represent below and enter the amount of comp	Key Employees That I ceived compensation o	Received Comper	sation or Other Bene escribed below) during	the year, list th	er		
		(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances	 er		
	VA								
							_		
							_		
			-, -,						
Day	t VI Oth	er Information (See the instruction	e)			Yes N	_		
76	Did the org	ganization make a change in its activiti			? if "Yes," attach a	76 ×			
77	Were any o	changes made in the organizing or govertach a conformed copy of the changes	erning documents bu		the IRS?	77			
	this return?	ganization have unrelated business gro as it filed a tax return on Form 990-T f				78a X			
79	•	a liquidation, dissolution, termination, o	-			79			
80a	common r	nization related (other than by associanembership, governing bodies, trusten?	ees, officers, etc., to	any other exe	mpt or nonexempt	80a X			
b		nter the name of the organization 🕨	•						
		at and indirect political expenditures. (Spanization file Form 1120-POL for this	ee line 81 instruction	s.) [<mark>81a</mark>	<u> </u>	81b X			

Page	8
· ugo	•

	V Other Information (continued)						es No
92	At any time during the calendar year, did the If "Yes," enter the name of the foreign countr Section 4947(a)(1) nonexempt charitable trust and enter the amount of tax-exempt interest	ry ▶ s filing Form 990	in lieu of Forn	n 1041—Check	here		▶□
	VII Analysis of Income-Producing Ac						
	Enter gross amounts unless otherwise		usiness income		on 512, 513, or 514		(E)
indicat	-	(A)	(B)	(C)	(D)		ited or t function
93	Program service revenue:	Business code	Amount	Exclusion code	Amount		come
	Frogram service revenue.	· · · · · · · · · · · · · · · · · · ·					
a							
b		_					
C							
d		_					
e							
f	Medicare/Medicaid payments	_			· ·		
g	Fees and contracts from government agencie	'S		-		149	055.69
94	Membership dues and assessments	—				1-1-4	<u> </u>
95	Interest on savings and temporary cash investment	is		14	7751.94		
96	Dividends and interest from securities					C. 116 177	200 COEVIE <u>-</u> 1973
97	Net rental income or (loss) from real estate:						
а	debt-financed property		·				
b	not debt-financed property						
98	Net rental income or (loss) from personal property	/					
99	Other investment income	n.			- · · · · · · · · · · · · · · · · · · ·		
100	Gain or (loss) from sales of assets other than inventor	ly		1			
101	Net income or (loss) from special events .					32	53.79
102	Gross profit or (loss) from sales of inventory		 				
103	Other revenue: a		1			1	
b							
C at							
d							
e 104	Subtotal (add columns (B), (D), and (E)) .					160	061.42
104 105	Total (add line 104, columns (B), (D), and (E)))			>	160	061.42
	Line 105 plus line 1e, Part I, should equal the				<u> </u>		
Part				irposes (See th	e instructions.)		
Line							plishment
₹	of the organization's exempt purposes (o	ther than by provid	ding funds for su	ich purposes).	,	_	
94	Membership identifies children	with a desire	to participat	te in a soccer	program.		
102							
				··· /			
Part	IX Information Regarding Taxable Sub		isregarded En	ntities (See the l	nstructions.)	T.	
	Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(0 Nature of	C) f activities	(D) Total income	End- a:	(E) -of-year ssets
		%					
	10/+	%	0.505				
		%				J	
:		%				1	
Part	X Information Regarding Transfers Ass	ociated with Per	sonal Benefit (Contracts (See t	he instructions.)		
(a) (b)	Did the organization, during the year, receive any funds, Did the organization, during the year, pay prese: If "Yes" to (b), file Form 8870 and Form 4	emiums, directly	or indirectly, o	on a personal benefi on a personal be	t contract? nefit contract?		S X No S X No
							000 ,,,,,,,

Form 990 (2006)

Part		Transfers To and From to on as defined in section to		intities. Com	plete only if the o	rganiz	ation
106	Did the reporting organization mathe Code? If "Yes," complete the				tion 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr	(C) iption of insfer	(D Amount of) f transi	fer
а	N A	-					
b							
С							
	Totals						
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				section	Yes	No ×
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descri	(C) iption of nsfer	(D Amount of		ier
а	NA-						
b							
С							
J.	Totals						
108	Did the organization have a binding rents, royalties, and annuities des	ng written contract in effect scribed in question 107 abov	on August 17, /e?	2006, coverin	g the interest,	Yes	No X
Please Sign Here	Under penalties of perjury, I declare that and belief, it is true, correct, and comple Styl. M. Tax. Signature of officer	have examined this return, including	accompanying so	chedules and stater d on all information . Da	of which preparer has a $2/12/08$	my knov	wledge vledge.
Paid Preparer	Preparer's signature		Date	Check if self- employed ▶ □	Preparer's SSN or PTIN (See Gen.	Inst. X)
Use Only	1 Firm's partie for vours k			EIN Phone r	▶		

SCHEDULE A

(Form 990 or 990-EZ)

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

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Supplementary Information—(See separate instructions.) ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Boys and Girls Soccer Assn 1410388 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 2 of the instructions. List each one. If there are none, enter "None.") (a) Name and address of each employee paid more (d) Contributions to (b) Title and average hours (c) Compensation employee benefit plans & than \$50,000 per week devoted to position account and other deferred compensation allowances Total number of other employees paid over \$50,000 . Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of other contractors receiving over \$50,000 for other services

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2006

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

Pa	rt III Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38,		X
	Part VI-A, or line i of Part VI-B.)		
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а			X X
b	Lending of money or other extension of credit?		
Ċ	Furnishing of goods, services, or facilities?		<u>X_</u>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
е	Transfer of any part of its income or assets?		<u>X</u>
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		<u>X</u>
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c	÷	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		<u>×</u>
c	Did the organization make a distribution to a donor, donor advisor, or related person?		<u>X</u> _
d	Enter the total number of donor advised funds owned at the end of the tax year	Ô	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year •	0	
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	O	
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	σ	

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	le supported organizat (c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the s organizati the su organi	d) upported on listed in oporting zation's	(e) Amount of support
/V/+			Yes	No	
					
al					

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Par Note	t IV-A Support Schedule (Complete only You may use the worksheet in the instructions	if you checked a for converting fro	a box on line 10, om the accrual to	11, or 12.) Use c the cash method	ash method of a lof accounting.		
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total	
15	Gifts, grants, and contributions received. (Do					•	
	not include unusual grants. See line 28.).				<u>.</u>	0	
16	Membership fees received	144,421,25	121,060.30	112,729.02	103,028.00	481,238.57	
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.	40,120,50	21,953.25	25,782.35	17,715.41	105,571.51	
18	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 by the organization after June 30, 1975	5233,20	3266.81	5,099.22	5496.66	19,095.89	
19	Net income from unrelated business activities not included in line 18	0	O	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	0	0	
21	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	o	0	0	
	public without charge	0		0			
22	Other income. Attach a schedule. Do not	_	_	0	0	0	
	include gain or (loss) from sale of capital assets	0	0		_	1	
23	Total of lines 15 through 22	189,774.95	+	143,610,59	126,240.07		
24	Line 23 minus line 17	149,654.45		117,828.24	108,524.66		
25	Enter 1% of line 23	1,897.75	1,462.80	1,436.11	1,262.40	10,006.69	
26	Organizations described on lines 10 or 11:		amount in colum		▶ 26a	10/000.01	
b	Prepare a list for your records to show the nar governmental unit or publicly supported organi amount shown in line 26a. Do not file this list w	zation) whose tot rith your return. E	al gifts for 2002 t inter the total of a	nrough 2005 exce Il these excess am	seaea the		
c	Total support for section 509(a)(1) test: Enter I Add: Amounts from column (e) for lines: 18	19 095.89	19				
d	Add: Amounts from column (e) for lines.	0	26b		▶ <u>26d</u>		
	Public support (line 26c minus line 26d total)			, , , , ,	▶ 26e		
f	Public support percentage (line 26e (numer	ator) divided by	line 26c (denom	inator))	► 26f	96.2 %	
27	Organizations described on line 12: a Fe person," prepare a list for your records to show Do not file this list with your return. Enter the	or amounts inclu- the name of, and le sum of such a	ded in lines 15, I total amounts re mounts for each	16, and 17 that v ceived in each yea year:	were received fro ar from, each "dis	squaimou poroorii	
b	(2005) (2004) (2003) (2002) For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records t 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: (2005)						
c	Add: Amounts from column (e) for lines: 15		16		,	1	
	Add: Line 27a total	and line 27b tot	al		. ▶ 270	<u> </u>	
d	Public support (line 27c total minus line 27d t	otal)			. ▶ 27€	the second reports of the second program of the second sec	
e	Total support for section 509(a)(2) test: Enter	amount from line	23, column (e)	. ▶ 27f			
f	Public support percentage (line 27e (numer	ator) divided by	line 27f (denom	inator)) . . .	2/5	9/	
g h		lumn (e) (numera	ator) divided by	line 27f (denomi	nator)). 🕨 27h	9/	
28	Unusual Grants: For an organization describ prepare a list for your records to show, for e description of the nature of the grant. Do not	ed in line 10, 11	, or 12 that rece	ived any unusual utor, the date an	grants during 21 d amount of the	grant, and a one	

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Schedule A (Form 990 or 990-EZ) 2006 Murfres bere Beys and Girls Soccer Assn Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

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	s 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	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	SECTION OF THE PARTY OF THE	
32	Does the organization maintain the following:	32a	
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?	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	
	in you answered the to any of the above, please explain, (if you need more space, attach a separate statement,)	ESTATE OF THE PARTY OF THE PART	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33c	
d		33d	_
е	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	
35	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	35	

Pa	rt VI-A Lobbying Expenditures by Ele (To be completed ONLY by an				e instructions. ∕\∕) -	
Che	ck ▶ a ☐ if the organization belongs to an affilia				nd "limited control"	l	
	Limits on Lobbyii (The term "expenditures" mea	•			(a) Affiliated group totals	(b) To be completed for all electing organizations	
				36		Organizations	
36	Total lobbying expenditures to influence public	37					
37	, , ,	Total lobbying expenditures to influence a legislative body (direct lobbying)					
38	Total lobbying expenditures (add lines 36 and	1 44					
39	Other exempt purpose expenditures Total exempt purpose expenditures (add lines						
40	Lobbying nontaxable amount. Enter the amount						
41							
	Not over \$500,000	ble amount is— line 40			kanajaran masik		
	Over \$500,000 but not over \$1,000,000 . \$100,0						
	Over \$1,000,000 but not over \$1,500,000 . \$175,0						
		000 plus 5% of the		TO CONTRACTOR OF THE PARTY OF T			
	Over \$17,000,000 \$1,000						
42	Grassroots nontaxable amount (enter 25% of li	ine 41),		42			
43	Subtract line 42 from line 36. Enter -0- if line 4			1			
44	Subtract line 41 from line 38. Enter -0- if line 4	1 is more than lir	ne 38				
	Caution: If there is an amount on either line 43	3 or line 44, you r	nust file Form 47	720.			
	4-Year Av	eraging Perio	d Under Sect	ion 501(h)		111	
	(Some organizations that made a section See the instructions for	n 501(h) election	do not have to	complete all of th	e five columns 6 ns.)	ellow!. T	
		Lob	bying Expendite	ures During 4-Ye	ar Averaging Pe	eriod	
	Calendar year (or	(a) (b) (c)		(c)	(d)	(e)	
	fiscal year beginning in) ▶	2006	2005	2004	2003	Total	
45	Lobbying nontaxable amount						
	Loopying tromascano america						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
ΛQ	Grassroots nontaxable amount						
48	drassioots nontaxable amount			A.			
49	Grassroots ceiling amount (150% of line 48(e))			lara et al antique			
			minute of the second of the se				
50	Grassroots lobbying expenditures						
Pa	rt VI-B Lobbying Activity by Nonelec	cting Public C	harities	D 43/LAV (O	M At	. a. imatuu satiama \	
	(For reporting only by organiza					ie instructions. <i>)</i>	
	ng the year, did the organization attempt to influ				any Yes No	Amount	
	mpt to influence public opinion on a legislative n			use of:			
a	Volunteers				• •	7	
b	• • • • • • • • • • • • • • • • • • • •			c through h.) .	· · - 	7	
C					· · 	7	
d					· ·		
e	•						
t	Grants to other organizations for lobbying purp Direct contact with legislators, their staffs, gov						
g h							
i	Total lobbying expenditures (Add lines c through	gh h.) , , , ,				0	
	If "Yes" to any of the above, also attach a stal	tement giving a d	etailed description	on of the lobbying	g activities.	•	

Sche	dule /	A (Form 990 or 990-EZ	2006 MUNG	reesbore Boys and Gir	le Soccer A	tssn	58-PH	10388	×	Page
Ра	rt Vi	<u>II</u> informatio	n Kegarding	Transfers To and Transfers To and Transfers To and Transfers To and Transfers Transfer	neactions and	Relationshi	ps With	Non	chari	tabl
51										
а	Tra	nsfers from the rep	orting organizatio	on to a noncharitable exempt	organization of	y p	garnzanon	3:	Yes	No
						_		51a(i)	1	文
	(ii)	Other assets .						a(ii)		X
b		er transactions:					• •			
	(i)	Sales or exchange	es of assets with	a noncharitable exempt organ	nization			b(i)		X
	(ii)	Purchases of asse	ets from a nonch:	aritable exempt organization			• •	b(ii)		X
	(iii)	(iii) Rental of facilities, equipment, or other assets						b(iii)		7
	(iv)	Reimbursement a	rrangements .					b(iv)		V
	(v)	Loans or loan gua	arantees					b(v)		文
	(vi)	Performance of se	ervices or membe	ership or fundraising solicitatio	ns			b(vi)	L. "	又
 c Sharing of facilities, equipment, mailing lists, or 				lists, other assets, or paid em	ployees			С		X
	trans	saction or sharing ar		," complete the following scheooy the reporting organization, in column (d) the value of the g				market narket v	value alue i	of the
(a Line		(b) Amount involved	Name of nor	(c) ncharitable exempt organization	Description of	(d transfers, transact		aring arra	ngeme	
		- A / A								
		-V+-				-,				
										
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	_									
,	1000	ined in section 50	I(C) OF the Code (affiliated with, or related to, other than section 501(c)(3)) o	one or more tax-er in section 527?		- r	Yes	<u> </u>	No
<u> </u>	1 16	es," complete the fo	ollowing schedule							
Name of organization		(b) Type of organization		(c)						
		. The or organization		Description of relationship						
		A / /			_					
		10/1			-	···				
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