

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)

2006

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning Apr 01, 2006, and ending Mar 30, 2007

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization, number and street, city, town, state, and ZIP code: MELBOURNE KAU GAJJJK UNTD SOCCOR
PO BOX 120125
Melbourne FL 32912

D Employer identification number: 59-3103275
E Telephone number
F Acctg. method: [X] Cash [] Accrual [] Other (specify)

G Website:
J Organization type (check only one) [X] 501(c)(3) [] 501(c)(29) [] 527
K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

H and I are not applicable to section 527 organization.
H(a) Is this a group return for affiliates? [] Yes [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [] Yes [X] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No
I Group Exemption Number
M Check [] if the organization is not required to attach Sch. H (Form 990, 990-EZ, or 990-T).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 95,748

Part III Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes a 'RECEIVED' stamp from OGDEN, UT dated JAN 23 2008.

SCANNED FEB 07 2008

Revenue

Expenses

Net Assets

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

Handwritten numbers: 0-15 and 3

Part I **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

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) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a 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-A (attach schedule)	25b			
c 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			
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32	8.	8.	
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35	129.	129.	
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40	805.	805.	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a SEE STATE	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g _____	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	111936.	111936.	

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ... Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____
 (iii) the amount allocated to Management and general \$ _____

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.

What is the organization's primary exempt purpose? SOCCER ASSOCIATION

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number 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.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SOCCER ASSOCIATION

(Grants and allocations) \$ _____) If this amount includes foreign grants, check here | |

b _____

(Grants and allocations) \$ _____) If this amount includes foreign grants, check here | |

c _____

(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).....

Part I Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)	(B)
		Beginning of year	End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments		46
	47a Accounts receivable	47a	47c
	b Less: allowance for doubtful accounts	47b	
	48a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50a 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 schedule)	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54a Investments - publicly-traded securities	> Cost FMV	54a
	b Investments - other securities (attach schedule)	> Cost FMV	54b
	55a Investments - land, buildings, and equipment: basis	55a	55c
	b Less: accumulated depreciation (attach schedule)	55b	
	56 Investments - other (attach schedule)		56
	57a Land, buildings, and equipment: basis	57a	57c
	b Less: accumulated depreciation (attach schedule)	57b	
58 Other assets, including program-related investments (describe >)		58	
59 Total assets (must equal line 74). Add lines 45 through 58		59	
Liabilities	60 Accounts payable and accrued expenses		60
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule)		64b
	65 Other liabilities (describe >)		65
66 Total liabilities. Add lines 60 through 65		66	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here > and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		67
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here > and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
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 71)		73	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		74	

Part VII 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?		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.)	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?		X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 501(c)(4), (5), or (6) organizations: a Were substantially all dues nondeductible by members?		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85j below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
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?		
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities	86b	
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a 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		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911b > ; section 4912 > ; section 4912b >		
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		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4958, and 4958	>	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	>	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a List the states with which a copy of this return is filed >		
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	
91a The books are in care of > Katelyn Bartholomew Located at > 2260 Iowa Street	Telephone no. > > 314 > 32904	
b 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)?		X
If "Yes," enter the name of the foreign country >		
See the instructions for exceptions and filing requirements for Form 990-SS, Report of Foreign Bank and Financial Accounts.		

Part I Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country: _____
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here 92
 and enter the amount of tax-exempt interest received or accrued during the tax year: _____

Part VII Analysis of Income Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Included by section 512, 513, or 514		(i): Related or exempt function income
	(A) Business code	(B) Amount	(C) Inclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments _____					
g Fees and contracts from government agencies _____					
94 Membership dues and assessments ..					
95 Interest on savings and temporary cash investments ..					
96 Dividends and interest from securities ..					
97 Not rental income or (loss) from real estate:					
a debt-financed property ..					
b not debt-financed property ..					
98 Net rental income or (loss) from personal property ..					
99 Other investment income ..					
100 Gain or (loss) from sales of assets other than inventory ..					
101 Net income or (loss) from special events ..					
102 Gross profit or (loss) from sales of inventory ..					
103 Other revenue: a					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), & (i))					
105 Total (add line 104, columns (B), (D), and (i))					

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (i) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
V	

Part IX Information Regarding Taxable Subsidiaries and

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Net
	%	
	%	
	%	
	%	

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the yr., receive any funds, directly or indirectly, from any individual? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, for any life insurance policy? Yes No
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part III Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code?
 If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals:				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code?
 If "Yes," complete the schedule below for each controlled entity.

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals:				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes No

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

Please Sign Here

Evelyn Bartholomeo
 Signature of officer
 Evelyn Bartholomeo, Treasurer
 Type or print name and title

Date
 1-9-08

Paid Preparer's Use Only

Preparer's signature *P. Maellagher* | Date 01/09/2008
 Firm's name (or yours if self-employed), address, and ZIP+4
 MAJRON ENTERPRISES INC
 3990 MILITON ROAD
 W METJOURNAL IA, 52904 0000

Check if self-employed

Preparer's SSN or PTIN (See Gen. Inst. X)
 P00364426

Phone no 321 951 7626

Form 990 (2006)

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(c)(29), 501(c)(28),
501(c)(17), or 501(c)(12) Nonexempt Charitable Trust
Supplementary Information (See separate instructions.)

OMB No. 1545-0047

2006

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

Name of the organization

MELBOURNE RAU GATJJK UN(1700) SOCCER

Employer identification number

59 3103275

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See the instructions. List each one. If there are none, enter "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

Total number of other employees paid over \$50,000

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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 III 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 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

Part VI Statements About Activities (See 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, Part VI-A, or line I of Part VI-B.)

1 X

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.)

a Sale, exchange, or leasing of property? 2a X

b Lending of money or other extension of credit? 2b X

c Furnishing of goods, services, or facilities? 2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d X

e Transfer of any part of its income or assets? 2e X

3a 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.) 3a X

b Did the organization have a section 403(b) annuity plan for its employees? 3b X

c 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. 4a X

b Did the organization make any taxable distributions under section 4966? 4b

c Did the organization make a distribution to a donor, donor advisor, or related person? 4c

d Enter the total number of donor advised funds owned at the end of the tax year. >

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. >

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) whose donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts. >

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. >

Part III Reason for Non-Private Foundation Status (See the instructions.)

I certify that the organization 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's name, city, and state: >
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization.
 - Type I
 - Type II
 - Type III-Functionally Integrated
 - Type IV-Other

Provide the following information about the supported organizations. (See the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes: No:	(e) Amount of support
Total				

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

Part III Lobbying Expenditures by Electing Public Charities (See the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5708)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying).....	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying).....	37		
38 Total lobbying expenditures (add lines 36 and 37).....	38		
39 Other exempt purpose expenditures.....	39		
40 Total exempt purpose expenditures (add lines 38 and 39).....	40		
41 Lobbying nontaxable amount. Enter the amount from the following table			
If the amount on line 40 is: The lobbying nontaxable amount is:			
Not over \$500,000.....	20% of the amount on line 40.....		
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 the excess over \$1,000,000.....	41	
Over \$1,500,000 but not over \$17,000,000.....	\$225,000 plus 5% of the excess over \$1,500,000.....		
Over \$17,000,000.....	\$1,000,000.....		
42 Grassroots nontaxable amount (enter 75% of line 41).....	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.....	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.....	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 4b through 5d.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				(e) Total
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	
45 Lobbying nontaxable amount.....					
46 Lobbying ceiling amount (75% of line 45(a)).....					
47 Total lobbying expenditures.....					
48 Grassroots nontaxable amount.....					
49 Grassroots ceiling amount (75% of line 48(a)).....					
50 Grassroots lobbying expenditures.....					

Part IV Lobbying Activity by Non-electing Public Charities

(For reporting only by organizations that did not complete Part VI A) (See the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers.....	X		
b Paid staff or management (include compensation in expenses reported on lines c through h).....		X	
c Media advertisements.....		X	
d Mailings to members, legislators, or the public.....	X		1,899.
e Publications, or published or broadcast statements.....		X	
f Grants to other organizations for lobbying purposes.....		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body.....		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means.....		X	
i Total lobbying expenditures (Add lines c through h).....			1,899.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

US 990

Other Functional Expenses: Page 2, Line 43

2006

Description of the Asset	Total	Program Services	Management and General	Fundraising
REGISTRATION FEES	141.	141.		
ADVERTISING	1,899.	1,899.		
EVENTS	111.	111.		
CONCESSION	612.	612.		
BANK CHARGES	84.	84.		
ENTERTAINMENT	141.	141.		
UNIFORMS	34,938.	34,938.		
TOURNAMENTS	126.	126.		
GIFTS	1,042.	1,042.		
CAMP	950.	950.		
FYSA	10,981.	10,981.		
BYSL	1,340.	1,340.		
FIELD MAINTENANCE	3,315.	3,315.		
OUTSIDE SERVICES	18,633.	18,633.		
REFEREE FEES	13,446.	13,446.		
CONTRACT LABOR	6,580.	6,580.		
STATE FEES	481.	481.		
SOFTWARE	633.	633.		
DUES	80.	80.		
OFFICE SUPPLIES	664.	664.		
INTERNET	112.	112.		
EQUIPMENT	14,685.	14,685.		
	110,994.	110,994.		