

Short Form

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)

2002

Open to Public Inspection

Form 990-EZ

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

Department of the Treasury Internal Revenue Service

A For the 2002 calendar year, or tax year beginning 2002, and ending 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: SATELLITE BEACH SOCCER CLUB, INC. D Employer identification number: 59 3388236. E Telephone number: (321) 779-0638. F Enter 4-digit (GEN):

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: [X] Cash [ ] Accrual. Other (specify):

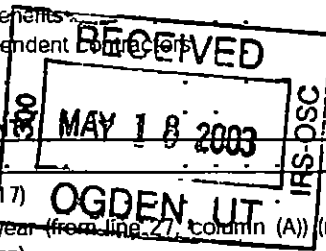
H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ or 990-PF). I Web site. J Organization type (check only one): [X] 501(c) (3) (insert no) [ ] 4947(a)(1) or [ ] 527.

K Check [ ] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 40,143

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 36 of the instructions)

Table with 21 rows and 2 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (210); 2 Program service revenue including government fees and contracts (39,933); 3 Membership dues and assessments; 4 Investment income; 5a-5c Gross amount from sale of assets other than inventory; 6 Special events and activities; 7a-7c Gross sales of inventory less returns and allowances; 8 Other revenue; 9 Total revenue (40,143); 10-17 Expenses; 18 Excess or (deficit) for the year (-4,132); 19-21 Net assets or fund balances.



Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more file Form 990 instead of Form 990-EZ

(See page 39 of the instructions)

Table with 7 rows and 3 columns. Rows include: 22 Cash savings and investments; 23 Land and buildings; 24 Other assets; 25 Total assets; 26 Total liabilities; 27 Net assets or fund balances.

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7

Part III Statement of Program Service Accomplishments (See page 39 of the instructions)		Expenses
What is the organization's primary exempt purpose? <b>PROVIDE CHARACTER TO BOY &amp; GIRLS AGES 5 TO 19</b>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	<b>CREATED CHARACTER TO BOYS &amp; GIRLS AGES 5 TO 19 BY TEACHING THEM TEAMWORK AND SKILLS NECESSARY FOR EXEMPLARY BEHAVIOR</b>	
	(Grants \$ )	28a
29		
	(Grants \$ )	29a
30		
	(Grants \$ )	30a
31	Other program services (attach schedule)	(Grants \$ ) 31a 44,275
32	<b>Total program service expenses (add lines 28a through 31a)</b>	<b>32 44,275</b>

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 40 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
N/A				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes		✓
35	If the organization had income from business activities such as those reported on lines 2, 6, and 7 (among others) but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes" attach a statement)		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		✓
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b	If "Yes" attach the schedule specified in the line 38 instructions and enter the amount involved 38b		
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	501(c)(3) and (4) organizations 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 an explanation		
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		
d	Enter Amount of tax on line 40c, above, reimbursed by the organization ▶		
41	List the states with which a copy of this return is filed ▶ NONE		
42	The books are in care of ▶ PATRICIA FERRARA Telephone no ▶ ( 321 ) 779-0638 Located at ▶ SATELLITE BEACH, FLORIDA		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E and enter the amount of tax-exempt interest received or accrued		

Under penalties of perjury I declare that I have examined this return, including schedules and attachments, and believe that it is true, correct, and complete. Declaration of preparer (other than officer) is based on information furnished by filer.

Please Sign Here

Signature of officer: *Joseph F. Hibbard*

Type or print name and title: Joseph F. Hibbard

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Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed) address and ZIP + 4: CHITTY AND ASSOCIATES, ACCO 1360 S PATRICK DRIVE SATELLITE BEACH, FL 32909



**SATELLITE BEACH SOCCER CLUB, INC.**

**EIN: 59-3388236**

**SUPPLEMENT STATEMENT**

**FORM 990EZ, PAGE 1, LINE 16 - OTHER EXPENSES**

BANK CHARGES	140 00
DONATIONS	800 00
POSTAGE	38 00
MEETINGS	498 00
PROFESSIONAL DUES	10,265 00
OPENNING DAY PROMOTION	1,090 00
UNIFORMS	18,782 00
REFEREE ASSIGNOR FEES	6,076 00
REFUND PLAYER FEES	1,135 00
FOOD / SNACKS	73 00
CONCESSION SUPPLIES	1,534 00
TROPHIES	950 00
<b>TOTAL OTHER EXPENSES</b>	<b><u>41,381.00</u></b>