

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

### 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)

▶ 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.

OMB No 1545-1150

# 2005

### Open to Public Inspection

**A** For the 2005 calendar year, or tax year beginning **JULY 1**, 2005, and ending **JUNE 30**, 20 **06**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>SOUTH KENDALL SOCCER CLUB, INC.</b>		<b>D</b> Employer identification number <b>65 ; 0761508</b>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>12301 SW 102 AVE</b>		<b>E</b> Telephone number <b>( 305 ) 630-3314</b>
		City or town, state or country, and ZIP + 4 <b>MIAMI, FL 33176</b>		<b>F</b> Group Exemption Number . . . ▶

• **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:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ **WWW.SKSOCCER.ORG**

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

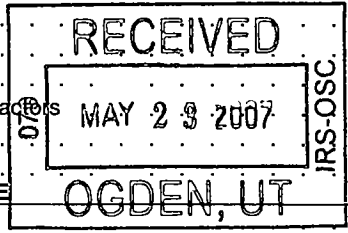
**J** Organization type (check only one)—  501(c) ( **3** ) ◀ (insert no)  4947(a)(1) or  527

**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 chooses to file a return, be sure to file a complete return. **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 . . . ▶ \$ **79,785.**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>4,146.</b>
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	<b>75,577.</b>
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b>	Investment income . . . . .	<b>4</b>	<b>62.</b>
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) . . . . .	<b>5c</b>	
	<b>6</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>6a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	<b>6a</b>	
<b>6b</b>	Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>		
<b>6c</b>	Net income or (loss) from special events and activities (line 6a less line 6b) . . . . .	<b>6c</b>		
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>7b</b>	Less: cost of goods sold . . . . .	<b>7b</b>		
<b>7c</b>	Gross profit or (loss) from sales of inventory (line 7a less line 7b) . . . . .	<b>7c</b>		
<b>8</b>	Other revenue (describe ▶ _____ ) . . . . .	<b>8</b>		
<b>9</b>	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . .	<b>9</b>	<b>79,785.</b>	
Expenses	<b>10</b>	Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<b>36,500.</b>
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>126.</b>
	<b>16</b>	Other expenses (describe ▶ <b>SEE ATTACHED SCHEDULE</b> ) . . . . .	<b>16</b>	<b>37,825.</b>
	<b>17</b>	<b>Total expenses</b> (add lines 10 through 16) . . . . .	<b>17</b>	<b>74,451.</b>
	<b>18</b>	Excess or (deficit) for the year (line 9 less line 17) . . . . .	<b>18</b>	<b>5,334.</b>
Net Assets	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	<b>13,947..</b>
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year (combine lines 18 through 20) . . . . .	<b>21</b>	<b>19,281.</b>



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### 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 41 of the instructions.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	<b>4,997.</b>	<b>11,681.</b>
<b>23</b> Land and buildings . . . . .		
<b>24</b> Other assets (describe ▶ <b>SEE ATTACHED SCHEDULE</b> ) . . . . .	<b>8,950.</b>	<b>7,600.</b>
<b>25</b> <b>Total assets</b> . . . . .	<b>13,947.</b>	<b>19,281.</b>
<b>26</b> <b>Total liabilities</b> (describe ▶ _____ ) . . . . .		
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	<b>13,947.</b>	<b>19,281.</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642)

Form **990-EZ** (2005)

G-10 16

<b>Part III Statement of Program Service Accomplishments</b> (See page 42 of the instructions.)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <b>PROMOTE AND ENHANCE YOUTH SOCCER</b>	
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.	
<b>28 THE ORGANIZATION HELD TWO SUCCESSFUL SEASONS OF SOCCER. PROVIDED ADDITIONAL SOCCER SESSIONS FOR THE YOUNGER AGES IN BETWEEN THE TWO MAIN SEASONS. ALSO PROVIDED TRAINING COURSES FOR THE COACHES AND TRAINER.</b>	
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> <b>67,530.</b>
<b>29</b> _____	
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> _____	
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31 Other program services</b> (attach schedule)	
(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 42 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
<b>ELSA MAROON</b> 12300 SW 99 AVE MIAMI, FL 33176	<b>PRESIDENT (30) HRS</b>	-0-	-0-	-0-
<b>PAUL PICQUET</b> 12301 SW 102 AVE MIAMI, FL 33176	<b>VICE-PRES. (30) HRS</b>	-0-	-0-	-0-
<b>LINDA SOEDER</b> 13825 SW 83 AVE PALMETTO BAY, FL 33158	<b>SECRETARY (10) HRS</b>	-0-	-0-	-0-
<b>LINDA SOEDER</b> 13825 SW 83 AVE PALMETTO BAY, FL 33158	<b>TREASURER (30) HRS</b>	-0-	-0-	-0-

<b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14.)	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>	✓
<b>34</b> 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	<b>34</b>	✓
<b>35</b> 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.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>	✓
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<b>36</b>	✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> N/A		
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>	
<b>38a</b> 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>38a</b>	✓
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>	
<b>39</b> 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b> 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
<b>b</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.	<b>40b</b>	✓
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization		N/A

**Part V Other Information** (Note the attachment requirement in General Instruction V, page 14.) (Continued)

41 List the states with which a copy of this return is filed. ▶ \_\_\_\_\_

42a The books are in care of ▶ **LINDA SOEDER** Telephone no. ▶ **(.305) 586-7646**  
Located at ▶ **13825 SW 83 AVE PALMETTO BAY, FL** ZIP + 4 ▶ **33158-1021**

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)?

	Yes	No
42b		✓
42c		✓

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accr

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, and believe it is true, correct, and complete. Declaration of preparer (other than a CPA)
	<p>▶ <i>Linda Soeder</i> Signature of officer</p> <p>▶ <b>LINDA SOEDER/SEC/TREASURER</b> Type or print name and title</p>
<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____

**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

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information—(See separate instructions.)**

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

Name of the organization <b>SOUTH KENDALL SOCCER CLUB, INC.</b>	Employer identification number <b>65 : 0761508</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of 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
*****NONE*****				

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
*****NONE*****		

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
*****NONE*****		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> 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.) . . . . . 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		✓
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .		✓
<b>b</b> Lending of money or other extension of credit? . . . . .		✓
<b>c</b> Furnishing of goods, services, or facilities? . . . . .		✓
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .		✓
<b>e</b> Transfer of any part of its income or assets? . . . . .		✓
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .		✓
<b>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .		✓
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		✓
<b>4a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		✓

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

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 supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**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	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,146.	2,650.	9,830.	8,070.	24,696.
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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	62.	57.	67.	99.	285.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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 public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		347.	1,556.		1,903.
<b>23</b> Total of lines 15 through 22	4,208.	3,054.	11,453.	8,169.	26,884.
<b>24</b> Line 23 minus line 17	4,208.	3,054.	11,453.	8,169.	26,884.
<b>25</b> Enter 1% of line 23	42.	30.	114.	82.	

**26 Organizations described on lines 10 or 11:**

**a** Enter 2% of amount in column (e), line 24 ▶ **26a**

**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 amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ **26b**

**c** Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶ **26c**

**d** Add: Amounts from column (e) for lines: 18 \_\_\_\_\_ 19 \_\_\_\_\_  
22 \_\_\_\_\_ 26b \_\_\_\_\_ ▶ **26d**

**e** Public support (line 26c minus line 26d total) . . . . . ▶ **26e**

**f** Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶ **26f**  %

**27 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:

(2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

**b** 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.

(2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_

**c** Add: Amounts from column (e) for lines: 15 24,696. 16 \_\_\_\_\_  
17 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_ ▶ **27c**  24,696.

**d** Add: Line 27a total, \_\_\_\_\_ and line 27b total, \_\_\_\_\_ ▶ **27d**

**e** Public support (line 27c total minus line 27d total). . . . . ▶ **27e**  24,696.

**f** Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶ **27f**  26,884.

**g** Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶ **27g**  .91861 %

**h** Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . ▶ **27h**  .01060 %

**28 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.

**Part V 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)

	Yes	No
<b>29</b> 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? . . . . .		
<b>30</b> 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? . . . . .		
<b>31</b> 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? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement ) ..... ..... .....		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		
<b>b</b> Admissions policies? . . . . .		
<b>c</b> Employment of faculty or administrative staff? . . . . .		
<b>d</b> Scholarships or other financial assistance? . . . . .		
<b>e</b> Educational policies? . . . . .		
<b>f</b> Use of facilities? . . . . .		
<b>g</b> Athletic programs? . . . . .		
<b>h</b> Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) ..... .....		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> 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 . . . . .		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

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

Table with columns: Limits on Lobbying Expenditures, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include Total lobbying expenditures, Total exempt purpose expenditures, Lobbying nontaxable amount, and Grassroots nontaxable amount.

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 45 through 50 on page 11 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for years 2005, 2004, 2003, 2002, and Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of 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:

Table with columns: Yes, No, Amount. Rows list various lobbying activities: Volunteers, Paid staff or management, Media advertisements, Mailings to members, Publications, Grants to other organizations, Direct contact with legislators, Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means, and Total lobbying expenditures.

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





Form **4562**

(Rev. January 2006)  
Department of the Treasury  
Internal Revenue Service

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2005**

Attachment  
Sequence No **67**

Name(s) shown on return

**SOUTH KENDALL SOCCER CLUB, INC.**

Business or activity to which this form relates

**YOUTH SOCCER PROGRAM**

Identifying number

**65-0761508**

**Part I Election To Expense Certain Property Under Section 179**

**Note: If you have any listed property, complete Part V before you complete Part I.**

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	\$105,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	\$420,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	
<b>6</b>		<b>(a) Description of property</b>	
<b>7</b>		<b>(b) Cost (business use only)</b>	
<b>8</b>		<b>(c) Elected cost</b>	
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 ▶	13	

**Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005 . . . . .	17	1,707.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .		<input type="checkbox"/>

**Section B—Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property	3,182.	5 YRS	HY	200DB	636.
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	2343.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

**South Kendall Soccer Club, Inc.**  
**Depreciation Schedule by G/L Account Number**  
**For the 12 Months Ended 06/30/06**

Asset No	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 07/01/05	Current Depreciation	Accum Depr 06/30/06
<b>No Account Number</b>									
	8 X 24 GOALS	09/29/04	200% DB	07/00	N	2,280 00	1,302 86	279 18	1,582 04
50	CONTAINER IMPROVMTS	07/01/05	200% DB	05/00	N	3,182 85	0 00	636 57	636.57
	Total for (No Account Number)					5,462 85	1,302 86	915 75	2,218 61
<b>Field Equipment &amp; Storage</b>									
45	CONTAINER	10/01/99	200% DB	05/00	N	1,665 49	1,665 49	0 00	1,665 49
47	ELECTRIC STRIPER	01/24/01	200% DB	07/00	N	989 00	768 33	88 27	856.60
44	8 x 24 GOALS	12/17/01	200% DB	07/00	N	2,075 00	1,640 19	124 23	1,764 42
46	CONTAINER	04/22/02	200% DB	05/00	N	1,600 00	1,370 18	153 21	1,523.39
48	GOALS & STEEL BENCHES	06/19/02	200% DB	07/00	N	2,675 00	2,016 97	188.01	2,204 98
43	6 X 18 GOALS	03/01/03	200% DB	07/00	N	1,494 52	840 94	186 74	1,027 68
49	WATER PUMP STATION	05/09/03	200% DB	10/00	N	2,000 00	848 00	230 40	1,078 40
42	(2) PLAYER BENCHES	12/29/03	200% DB	05/00	N	1,864 00	722 78	456 49	1,179.27
	Total for (Field Equipment & Storage)					14,363 01	9,872 88	1,427 35	11,300.23
	Client Subtotal Before Sales					19,825 86	11,175 74	2,343 10	13,518.84
	Less Assets Sold					0 00			0 00
	Total					19,825 86	11,175 74	2,343 10	13,518 84

**South Kendall Soccer Club, Inc.  
Lead Schedule by G/L Asset Account  
For the 12 Months Ended 06/30/06**

Asset Description	Date Acquired	Cost	Sold?	Tax System	Method	Life	Con-vention	Bus %	Sec 179 Deduction	Spec Depr Allow ance	Depreciable Basis	Prior Depreciation	Current Depreciation	Accumulate Depreciatio
No Account Number														
8 X 24 GOALS	09/29/04	2,280 00	N	MACRS	200% DB	07/00	H/Y	100.00	0 00	1,140 00	1,140 00	162 86	279 18	1,582
CONTAINER IMPROVMTS	07/01/05	3,182 85	N	MACRS	200% DB	05/00	H/Y	100 00	0 00	0 00	3,182 85	0 00	636.57	636
Subtotal for		5,462 85							0 00	1,140.00	4,322 85	162 86	915.75	2,218
Field Equipment & Storage														
(2) PLAYER BENCHES	12/29/03	1,864 00	N	MACRS	200% DB	05/00	H/Y	100 00	0 00	0 00	1,864 00	722 78	456.49	1,179
6 X 18 GOALS	03/01/03	1,494 52	N	MACRS	200% DB	07/00	H/Y	100 00	0.00	0 00	1,494 52	840 94	186 74	1,027
8 x 24 GOALS	12/17/01	2,075 00	N	MACRS	200% DB	07/00	H/Y	100 00	0 00	0 00	2,075.00	1,640 19	124.23	1,764
CONTAINER	10/01/99	1,665 49	N	MACRS	200% DB	05/00	H/Y	100 00	0.00	0 00	1,665 49	1,665.49	0 00	1,665
CONTAINER	04/22/02	1,600 00	N	MACRS	200% DB	05/00	H/Y	100 00	0 00	0 00	1,600 00	1,370 18	153 21	1,523
ELECTRIC STRIPER	01/24/01	989 00	N	MACRS	200% DB	07/00	H/Y	100 00	0 00	0 00	989 00	768 33	88 27	856
GOALS & STEEL BENCHES	06/19/02	2,675.00	N	MACRS	200% DB	07/00	H/Y	100 00	0 00	0 00	2,675 00	2,016.97	188 01	2,204
WATER PUMP STATION	05/09/03	2,000 00	N	MACRS	200% DB	10/00	H/Y	100 00	0.00	0 00	2,000 00	848.00	230 40	1,078
Subtotal for Field Equipment & Storage		14,363 01							0.00	0 00	14,363 01	9,872 88	1,427.35	11,300
Client Subtotal Before Sales		19,825 86							0 00	1,140 00	18,685 86	10,035 74	2,343 10	13,518
Less Assets Sold		0 00							0 00	0 00	0 00	0 00	0 00	0
Total at end of year		19,825 86							0 00	1,140 00	18,685 86	10,035.74	2,343 10	13,518

**SOUTH KENDALL SOCCER CLUB, INC**  
**12301 SW 102 AVE**  
**MIAMI, FL 33176**

**EIN: 65-0761508**

**FISCAL YEAR JUL 1, 2005 - JUN 30, 2006**

**FORM 990-EZ - PART I**

**LINE 16 - OTHER EXPENSES**

<u>Description</u>	<u>Amount</u>
Affiliations	355
Dues & Subscriptions	100
Advertising/Promotions	423
Bank Fees	42
State & League Fees	9,576
Registration Expenses	20
Team Expenses	1,115
Referee Fees	27
Telephone	1,039
Miscellaneous	576
Awards & Trophies	948
Uniforms	15,079
Coaches Expense/Coaches Clinics/Fees	2,655
Website Expenses	197
Meetings/Seminars	715
Field Expenses	98
Field Permits	1,835
Annual Report	61
Contributions	450
Finance Charges	171
Depreciation	2,343
<b>TOTAL</b>	<b><u>37,825</u></b>

**PART II - BALANCE SHEETS:**

**LINE 24-OTHER ASSETS.**

<b>FIXED ASSETS COST</b>	19,825
<b>IMPROVEMENTS-NOT FINISHED-NOT DEPRECIABLE AS OF 6/30/03</b>	(13,518)
<b>ACCUMULATED DEPRECIATION</b>	
<b>NET FIXED ASSETS</b>	<b><u>6,307</u></b>
<b>ASSURANCE BOND</b>	300
<b>RECEIVABLE-OVPD TOURNAMENT FEES</b>	560
<b>PREPAID EXPENSE-TROPHIES</b>	433
<b>TOTAL OTHER ASSETS:</b>	<b><u>7,600</u></b>

## Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>SOUTH KENDALL SOCCER CLUB, INC.</b>	Employer identification number <b>65 : 0761508</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>12301 SW 102 AVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MIAMI, FL 33176</b>	

**Check type of return to be filed** (file a separate application for each return):

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **LINDA SOEDER**

Telephone No. ▶ ( 305 ) 586-7646 FAX No. ▶ (            )

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN)           . If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15**, 20**07**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 ... or

▶  tax year beginning **JULY 1**, 20**05**, and ending **JUNE 30**, 20**06**.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions            \$

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit            \$

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions            \$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>SOUTH KENDALL SOCCER CLUB, INC.</b>	Employer identification number <b>65 ; 0761508</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>12301 SW 102 AVE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MIAMI, FL 33173</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A
- Form 4720
- Form 5227
- Form 6069
- Form 8870

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **LINDA SOEDER**  
Telephone No. **( 305 ) 586-7646** FAX No. **( ) N/A**
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15TH, 20 07.

5 For calendar year \_\_\_\_\_, or other tax year beginning JUL. 1, 20 05, and ending JUNE 30, 20 06.

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension **We have experienced computer problems and lost a portion of information. We are asking for additional time to finish re-creating the books in order to file an accurate and correct tax return.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Linda Soeder Title TREASURER / Director Date 2/14/07

**Notice to Applicant—To Be Completed by the IRS**

- We **have** approved this application. Please attach this form to the organization's return
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** — Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>SOUTH KENDALL SOCCER CLUB, INC. C/O LINDA SOEDER</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>13825 SW 83 AVE</b>
	City or town, province or state, and country (including postal or ZIP code) <b>MIAMI, FL 33158</b>