

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2005**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

**A** For the 2005 calendar year, or tax year beginning July 1, 2005, and ending June 30, 2006

- 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  
Matrix Soccer Club, Inc.

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
430 Longworth

City or town, state or country, and ZIP + 4  
Duncanville, TX 75116

**D** Employer identification number  
26: 0087291

**E** Telephone number  
(469) 223-3982

**F** 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.matrixsc.org

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

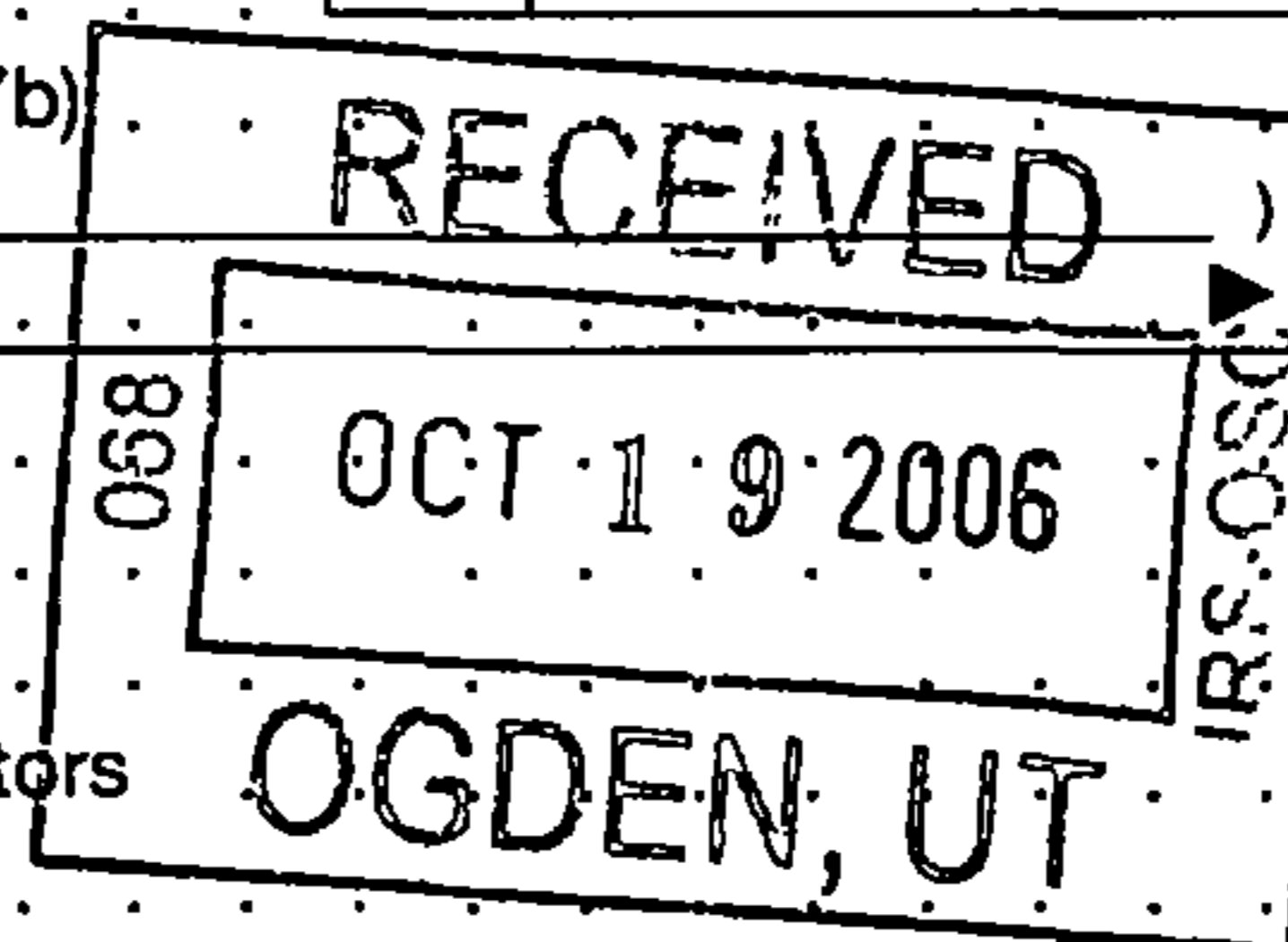
**J** Organization type (check only one)  501(c) (3) (insert no.)  4947(a)(1) or  527

**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 . ▶ \$

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (attach schedule)	18	Excess or (deficit) for the year (line 9 less line 17)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	19	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year (combine lines 18 through 20)
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less: cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	16	Other expenses (describe ▶ <u>league registrations uniforms, camps, training equip.</u> )		
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	17	Total expenses (add lines 10 through 16) <u>tournaments, loan interest</u>		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)				
6b	Less: direct expenses other than fundraising expenses				
6c	Net income or (loss) from special events and activities (line 6a less line 6b)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less: cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)				
8	Other revenue (describe ▶)				
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)				



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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
22 Cash, savings, and investments	1568.72	1838.10
23 Land and buildings	0	0
24 Other assets (describe ▶)	0	0
25 Total assets	1568.72	1838.10
26 Total liabilities (describe ▶ <u>2 loan accounts</u> )	10,876.98	7366.45
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(9308.26)	(5528.35)

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

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**Part III Statement of Program Service Accomplishments** (See page 42 of the instructions.)

What is the organization's primary exempt purpose? *to provide youth soccer activity for Community Kids*

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.

		Expenses
		Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others
28	<i>Matrix Soccer Club carried out its purpose by holding free weekly soccer clinics for communities' young players. Club also provided 4 competitive teams comprised of 64 young players from the community.</i> (Grants \$ <i>none</i> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <i>41,553.91</i>
29	..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a <i>0</i>
30	..... (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a <i>0</i>
31	Other program services (attach schedule) <i>NONE</i> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a <i>0</i>
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	32 <i>41,553.91</i>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (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
<i>Andrew Crichton, 430 Longwood, Duncanville, TX 75116</i>	<i>Club Director, '89 Girls Coach/10-15hr</i>	<i>\$900.00 annual</i>	---	---
<i>Chuck Franklin, 5101 Andalusia, Arlington, TX 76017</i>	<i>Coaching staff 6 hrs/wk</i>	<i>\$4800.00 annual</i>	---	---
<i>Paul Niehoff, 1958 Walnut Grove, Midlothian, TX 76065</i>	<i>Coaching staff</i>	<i>\$2475.00 annual</i>	---	---
<i>Cyndi Moeck, 6002 Kenilwood, Arlington, TX 76001</i>	<i>Club secretary</i>	<i>0</i>	---	---

**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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a		
37b	b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		<i>790.00</i>
39a	39 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		<i>N/A</i>
39b	b Gross receipts, included on line 9, for public use of club facilities		<i>N/A</i>
40a	40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
40b	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.		<input checked="" type="checkbox"/>
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		<i>0</i>
	d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		<i>0</i>



**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. ▶ TEXAS

42a The books are in care of ▶ Andrew Crichton Telephone no. ▶ (409) 223-3982  
 Located at ▶ 430 Longworth, Duncanville, TX 75116 ZIP + 4 ▶ 75116

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)?

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

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

	Yes	No
42b		<input checked="" type="checkbox"/>
42c		<input checked="" type="checkbox"/>

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-EZ in lieu of Form 1041—Check here. . . . . ▶

and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ | 43 |

**Please Sign Here**

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.

▶ Andrew Crichton | Oct. 13, 2006  
 Signature of officer | Date

▶ Andrew Crichton — Club Director  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed ▶  Preparer's SSN or PTIN (See Gen Inst W)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_ EIN ▶ \_\_\_\_\_ Phone no ▶ ( ) \_\_\_\_\_



**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

*Matrix Soccer Club, Inc.*

Employer identification number

*26: 0087291*

**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
<i>NONE</i>				

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
<i>NONE</i>		

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
<i>NONE</i>		

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>2a</b>	✓
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>	✓
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>	✓
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2d</b>	✓
<b>e</b> Transfer of any part of its income or assets? . . . . .	<b>2e</b>	✓
<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>3a</b>	✓
<b>b</b> Do you have a section 403(b) annuity plan for your employees? . . . . .	<b>3b</b>	N/A
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>	✓
<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>4a</b>	✓
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>4b</b>	✓

**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
N/A	

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

m 3-6

Line 38a Statement: Money borrowed.

Borrower: Matrix Soccer Club

Lender : Andrew Crichton, Club Director

Original Amount: \$ 1290.00

Amount Still Owed: \$ 790.00

Date of Borrow: July 1, 2004

Repayment Terms: None specified. Money to be paid back  
as cash flow is positive and yearend  
Cash balance positive.

Interest Rate: None

Security Provided: None

Purpose: To give club start-up money for  
general purpose expenditures.