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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)**

2007

**Open to Public
Inspection**

A For the 2007 calendar year, or tax year beginning**, 2007, and ending****, 20****B Check if applicable**

Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization

MADISON FUTBOL CLUB INC

Please use IRS label or print or type. See Specific Instructions.	Number and street (or P O box, if mail is not delivered to street address)	Room/suite
902 W ORANGEWOOD AVE PHOENIX AZ 85021		

D Employer identification number

36-4488302

E Telephone number

(602) 943-8161

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) ►

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

I Website: ►**J Organization type** (check only one) - 501(c) (7) ► (insert no) 4947(a)(1) or 527**K Check** ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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 ► \$ 43,525****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 55 of the instructions)

1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule) 6 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/> a Gross revenue (not including \$ _____ of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities. Subtract line 6b from line 6a 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a 8 Other revenue (describe ►) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	1 2 3 4 5a 5b 5c 6a 6b 6c 7a 7b 7c 8 9	1 2 3 4 5c 6c 7c 8 9 10 11 12 13 14 15 16 17 18 19 20 21
10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► STM130) 17 Total expenses. Add lines 10 through 16 ►	10 11 12 13 14 15 16 17	10 11 12 13 14 15 16 17 18 19 20 21
18 Excess or (deficit) for the year Subtract line 17 from line 9 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 ►	18 19 20 21	18 19,058 20 21

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 60 of the instructions.)

20 Cash, savings, and investments
 21 Land and buildings
 22 Other assets (describe ►)
 23 **Total assets**
 24 Total liabilities (describe ►)
 25 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
19,058	22
23	34,012
24	23
19,058	25
26	34,012
19,058	27
27	34,012

15

Part III Statement of Program Service Accomplishments (See page 60 of the instructions)				Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? COMMUNITY SOCCER				
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 TO CREATE A SOCCER COMMUNITY IN THE CENTRAL PHOENIX AREA AND PROVIDE FOR THE CREATION OF TEAMS OF ALL GENDERS, AGE AND RACE.				
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>				28a
29				
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>				29a
30				
(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>				30a
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>				31a
32 Total program service expenses. Add lines 28a through 31a ►				32
Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions)				
(A) Name and address See 990 OFOV		(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
Part V Other Information (Note the statement requirement in General Instruction V)				
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change				33 X
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				34 X
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?				35a X
b If "Yes," has it filed a tax return on Form 990-T for this year?				35b N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement				36 X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a				
b Did the organization file Form 1120-POL for this year?				37b X
38 a 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				38a X
39 501(c)(7) organizations Enter. a Initiation fees and capital contributions included on line 9				39a 0
b Gross receipts, included on line 9, for public use of club facilities				39b 0

Part V Other Information (Note the statement requirement in General Instruction V) (Continued)

40 a 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 Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____

d Enter amount of tax on line 40c 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?

	Yes	No
40b	N/A	
40e	N/A	

41 List the states with which a copy of this return is filed. ► ARIZONA

42 a The books are in care of ► % JOHN CLARK Telephone no ► 602-943-8161
 Located at ► 902 W ORANGEWOOD AVE PHOENIX AZ ZIP + 4 ► 85021

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
	X
42c	X

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-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		
	Signature of officer	Date	
	7-6-10		
	John CLARK, Current President M.F.C.		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Terrance Campbell EA	Date	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X)
	Firm's name (or yours if self-employed), address, and ZIP + 4	4620 North 16th Street Ste 102A	EIN		
		Phoenix AZ 85016	Phone no	6022406996	

Current Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

Federal Supporting Statements**2007 PG 01**

Name(s) as shown on return

FEIN

MADISON FUTBOL CLUB INC36-4488302**FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2**

Statement #130

<u>Description</u>	<u>Amount</u>
FACILITIES AND EQUIPMENT	15,429
OTHER COSTS	3,143
TOTAL	18,572