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Department of the Treasury Internal Revenue Service

# **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)

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

Open to Public Inspection

OMB No 1545-0047

<u>A</u> F	A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012											
B c	heck if pplicable	C Name of organization			D Employe	r identific	ation number	<del></del>				
	Address	EVANSTON SOCCER ASSOCIA	ATION									
	Name change	Doing Business As			<u> </u>	36-37	794354					
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephon							
	Termin-	P.O. BOX 7060				847-2	<u> 289-7154</u>					
	Amende return	City or town, state or country, and ZiP + 4			G Gross receip	ots \$	850,	705.				
	Applica	LVANSTON, IL 00204			H(a) Is this a	a group re						
	pending	F Name and address of principal officer: <b>JAM</b>	ES P. PEPA		for affili	ates?	Yes	X No				
		500 DAVIS STREET, SUITE		<u>IL 6</u>	H(b) Are all a	ffiliates incl	luded? Yes	No				
			(insert no.) 4947(a)(1) o	or 527			list. (see instructi	ons)				
		E: ► WWW.TEAMEVANSTON.ORG			H(c) Group							
			ociation Other	L Year	of formation:	<u> 1991∣м</u>	State of legal dom	icile: $\mathbf{IL}$				
Pa		Summary				2000						
ė		Briefly describe the organization's mission or most	significant activities. ${ m {f TO} \ \ PF}$	ROMOTE	YOUTH	SOCCI	ER IN					
Activities & Governance	-	EVANSTON.										
ē	1		tinued its operations or dispos	sed of more	e than 25% of		sets	0				
် ဗိ		Number of voting members of the governing body			•	3		0				
ø	1	Number of independent voting members of the gov	• • •			4		0				
ties	1	Total number of individuals employed in calendar y	ear 2011 (Part V, line 2a)			5		<u>0</u> 50				
Ę		Total number of volunteers (estimate if necessary)	(0) 1 10			6		0.				
Ac		Total unrelated business revenue from Part VIII, co	, ,			7a		0.				
_	ьг	Net unrelated business taxable income from Form	990-1, line 34			7b						
		Dentalmate and another (Dental (III) has the		Prior Yea		Current Ye						
Ţ.		Contributions and grants (Part VIII line 1h)	711/15-16			,368. ,494.		959.				
೭೮ ಓರಿ Revenue		Program service revenue (Part VIII line 2g)		-	700	2.	634,	742.				
Z é		nvestment income (Part VIII, column (A), lines 3, 4,		-		0.		$\frac{4.}{0.}$				
0		Other revenue (Part VIII, column (A) times 5, 6d, 8c			707		0.5.0					
=]		Total revenue - add lines 8 through 4 (must equal				,864. ,200.		705.				
		Grants and similar amounts paid (Part X-column (	· · · · · · · · · · · · · · · · · · ·	-		0.	4/,	,600. 0.				
5		Benefits paid to or for members (Part IX Counn)		-	1	,204.	***************************************					
Expenses	15 8	Salaries, other compensation, em <del>ployee benefits (f</del>		$\vdash$		0.		<u>0.</u>				
	10a i	Professional fundraising fees (Part IX, column (A), I		<u>o.</u> 🗀		- 0.						
	1.0	Total fundraising expenses (Part IX, column (D), line		<del>-                                    </del>	629	,233.	776	786.				
2	1	Other expenses (Part IX, column (A), lines 11a-11d,				$\frac{,233.}{,637.}$		386.				
3	1	Total expenses Add lines 13-17 (must equal Part II		_		,227.		,319.				
- S	19	Revenue less expenses. Subtract line 18 from line	12		eginning of Cur							
anc.		Tatal assets (Dart V. line 16)				,054.	End of Ye	,073.				
ASSE	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		<u> </u>		,355.		,055.				
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from	line 20			,699.		018.				
P	art II	Signature Block	III 10 20		<u> </u>	, 0 ) , 1	, ,	010.				
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	e and etaten	nents and to th	e hest of m	v knowledge and he	elief it is				
	-	t, and complete. Declaration of preparer (other than office					y knowicago ana oc	,noi, it is				
11 00	, 001100	Xulux P Vet	y is based on an information of wi	non proparo	ir rius arry kirow	icago.						
Sig		Signature of officer			Date		/ _ / _					
He		JAMES P. PEPA, TREASUR	ER			05/	4/13					
110		Type or print name and title										
_		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN					
Pai	d	. This type property a name				rf self-employ	ed					
	parer	Firm's name	Firm	n's EIN	<del></del> 1							
	Only	Firm's address										
					Pho	ne no.						
Ma	y the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)				X Yes	☐ No				
	001 01-2			ons.				<b>90</b> (2011)				

Part III   Statement of Program Service Accomplishments Check   Stackuld   Contains a response to any question in this Part III    The Program Service   Contains a response to any question in this Part III   The Program Service   Contains a response to any question in this Part III   The Program Service   Contains a response to any question in the part III   The Program Service   Contains a response to the program service studies on the prior form 900 or 990 EZ?   The State   The Program Service   The State   The St		1990 (2011) EVANSTON SOCCER ASSOCIATION	36-3794354 Page 2
18 Braifly describe the organization's mission: TO PROMOTE YOU'TH SOCCER IN EVANSTON.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2?  If Yes, 1 describe these new services on Schedule 0.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes [X] No If Yes, 2 describe these changes on Schedule 0.  4 Describe the organization of organization services completihments for each of its three largest program services, as measured by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) rusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, it any feeds program service reported.  40 (code	Pai	rt III Statement of Program Service Accomplishments	
TO PROMOTE YOUTH SOCCER IN EVANSTON.    Contempt   Con			
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E27  If "Yes," describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	1		
the prior Form 990 or 990 EZ?  If Yes, 'describe these new services on Schedule O.  Of the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes, 'describe these changes on Schedule O.  If 'Yes,' describe these changes on Schedule O.  Of the Yes,' describe these changes on Schedule O.  Yes,' describe these changes on Schedule O.  Yes,' describe these changes on Schedule O.  Section 501(c/s) and 501(c/k) organizations and section 4947(a)(t) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service expensed  824,386, relating services 47,600.) (**expenses \$824,742.*)  OVER 500 EVANSTON AREA YOUTH PARTICIPATED IN OUR SOCIER PROGRAM FROM SEPTEMBER THROUGH JUNE. THIS INVOLVED 40 TEAMS, EACH WITH A COACH AND TEAM MANAGER.  4b (Code) (*expenses \$		TO PROMOTE YOUTH SOCCER IN EVANSTON.	
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### Total program services (Describe in Schedule O.)    Industrial program services (Describe in Schedule O.)			
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4c (Code) (Expenses \$		TEAM MANAGER.	
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4d Other program services (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses > 824,386.			
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4e Total program service expenses ► 824,386.	4d	Other program services (Describe in Schedule O.)	
			)
- nn	<u>4e</u>	Total program service expenses ► 824,386.	

Form 990 (2011) EVANSTON SOCCER ASSOCIATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			İ
	If "Yes," complete Schedule A	_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			١
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_ '		-
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
^	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	-		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			<del></del>
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	<u> </u>	
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
_	Part VI	11a	ļ	х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		İ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ļ	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	<del> </del>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del> -	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		146		X
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	<u> </u>	<del>  ^</del>
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-13		<del>                                     </del>
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			† <del></del>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	L	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			T
	complete Schedule G, Part III	19		X
20a	The state of the s	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2011)

Form 990 (2011) EVANSTON SOCCER AS
Part IV Checklist of Required Schedules (continued)

		i l	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			$\vdash$
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	**************************************			
_ ,,	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		İ	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			1,,
а		28a	-	X
b		28b	-	X
С		00-		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>├</u> ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	1	x
24	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30	ĺ	+ <u>~</u>
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		+**
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<del> </del>
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	X	⊥
		Form	990	(2011)

	Check if Schedule O contains a response to any question in this Part V				
	, , ,	• • • • • • • • • • • • • • • • • • • •		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 28		res	NO
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	1 1		ĺ
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	10			
Ŭ	(gambling) winnings to prize winners?	-p	1c	i i	İ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	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	<del>-</del>	4a		X
b	If "Yes," enter the name of the foreign country:	, .			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.	1		1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a	igsquare	X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	<u> </u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		ļ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file File	·	7g	├	1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			!	
9	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at Sponsoring organizations maintaining donor advised funds.	any time during the year?	8_		
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•	9b		
10	Section 501(c)(7) organizations. Enter:		55		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:		1		1
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<del> </del>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	ــــــ	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b	4		
С	Enter the amount of reserves on hand	13c	1	₩	<del> </del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	$\vdash$	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ie U	14b	000	(0044)
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132005 01-23-12

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_	Check if Schedule O contains a response to any question in this Part VI			<u>.</u>	X
Sec	tion A. Governing Body and Management			,	
		ı t	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	0		
	If there are material differences in voting rights among members of the governing body, or if the governing			·	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.				
þ	Enter the number of voting members included in line 1a, above, who are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customanly performed by or under the	e direct supervision	_		.,
_	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S		4		X X
5 6	Did the organization become aware during the year of a significant diversion of the organization's ass Did the organization have members or stockholders?	ets r	6		X
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or ap	noint one or	-		
, a	more members of the governing body?	opoliti one oi	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	 tockholders or	, ra		
	persons other than the governing body?	tocki tolders, or	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	· · · · ·	10		
а	The governing body?	ar by the following.	8a	x	
b	Each committee with authority to act on behalf of the governing body?	•	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code )			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ļ		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	•	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," descnbe			
	in Schedule O how this was done		12c	<u> </u>	<b></b>
13	Did the organization have a written whistleblower policy?	•	13	ļ	X
14	Did the organization have a written document retention and destruction policy?	-1 h	14	<u> </u>	X
15	Did the process for determining compensation of the following persons include a review and approve	· ·			
а	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official		150		X
_	Other officers or key employees of the organization		15a 15b	<del> </del>	X
•	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		100	<u> </u>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
_	taxable entity during the year?		16a	1	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	• •		ļ	
	exempt status with respect to such arrangements?		16b		<u> </u>
<u>Sec</u>	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►IL				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	Γ (Section 501(c)(3)s on	ly) avaılal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict of interest policy,	and fina	ncıal	
	statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of the organ	ization:	<b>&gt;</b>	
	JAMES P. PEPA, TREASURER - 847-733-7184	<del></del>			
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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

LX Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box	not cl	ss pe	ntion more rson	than is bot or/trus	han	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MATT TOBIN	8.00	x		х				0.	0.	0.
PRESIDENT	0.00	^		_	_			0.	- 0.	<u>.</u>
(2) JEFF SINGLETON	8.00	x		X				0.	0.	0.
VICE-PRESIDENT (3) JAMES PEPA	0.00	^	$\vdash$	Δ.	-	$\vdash$	<del>                                     </del>	<u> </u>	0.	•
TREASURER	8.00	x		Х				0.	0.	0.
(4) JOHN CLEAVE	0.00	1		<u> </u>		$\vdash$	$\vdash$	•	· ·	•
SECRETARY	8.00	x		X				0.	0.	0.
(5) SCOTT WEYMAN		<b>  **</b>			_					
DIRECTOR	8.00	x						0.	0.	0.
(6) KELLY ROBĒRTS				-						
DIRECTOR	8.00	X					ļ	0.	0.	0.
(7) TRISTA KERR										
DIRECTOR	8.00	X						0.	0.	0.
(8) MARADEE VALENTI										
DIRECTOR	8.00	X						0.	0.	0.
(9) JOHN BERKLEY			1							
DIRECTOR	8.00	X	1					0.	0.	0.
(10) ANJA ROBERTS							ĺ			
DIRECTOR	8.00	X	lacksquare				<u> </u>	0.	0.	0.
(11) PETER DONATI	i				l		İ			
DIRECTOR	8.00	X	<u> </u>					0.	0.	0.
(12) JOHN LYNCH									_	
DIRECTOR	8.00	X	-	ļ	<u> </u>	-		0.	0.	0.
(13) ROB ROOTH						1				
DIRECTOR	8.00	X	-	<u> </u>	⊢	$\vdash$	-	0.	0.	0.
(14) LANDER BROWN			1							
DIRECTOR	8.00	X	├	<u> </u>	┝	$\vdash$	├	0.	0.	0.
(15) SCOTT GWILLIAM		1,7								
DIRECTOR	8.00	<u>*</u>	┢	$\vdash$	<u> </u>	╁	┢	0.	0.	0.
(16) STEVE FAVAKEH	0.00	\ <b>.</b>						0.	0.	_
DIRECTOR	8.00	┸	+	<del> </del>	1	+	$\vdash$		1	0.
(17) GABRIELLE BROOKS	8.00	v		1				0.	0.	0.
DIRECTOR 132007 01-23-12		1 1		ــــــ	ــــــــــــــــــــــــــــــــــــــ	ш-				Form <b>990</b> (2011)

132007 01-23-12

Form 990 (2011)

Part VII Section A. Officers, Directors, Tru	<u>istees, Key Er</u>	nplo	yee	s, a	nd ł	ligh	est	Compensated Employ	ees (continued)				
(A)	(B) (C)							(D)	(E)	į		(F)	
Name and title	Average	(do		Post			one	Reportable	Reportable		Est	tımate	d
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation		am	ount o	of
	week		officer and a director/trus			T	100)	from	from related			other	
	(describe hours for	recto	Į.					the	organizations			oensa	
	related	5	8			碧		organization	(W-2/1099-MISC	ን		om the	
	organizations	uste	ta t		يو			(W-2/1099-MISC)		-		anızatı	
	in Schedule	nal fr	jona		ploy	턀	_			- 1		f relate Inizatio	
	O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormei			ŀ	Uiga	IIIZalik	2115
(18) KATHLEEN O'CONNOR					-								_
DIRECTOR	8.00	X			H	-		0.		0.			0.
			<b>-</b>	-	-					$\dashv$			
				-	-	-	├			-			
		<u> </u>	<u> </u>	<u></u>	<u> </u>	L	_				ļ		
					i								
			-		-	<del> </del>	ļ <u>.</u>			$\dashv$			
		ļ	ļ		<u> </u>		_						
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)						▶		0.		0.			0.
Total number of individuals (including but r compensation from the organization	not limited to th	nose	liste	ed at	bov	e) w	ho r	eceived more than \$100	0,000 of reportable				0
compensation from the organization												Yes	No
3 Did the organization list any former officer.	, director, or tr	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		-		
line 1a? If "Yes," complete Schedule J for s	such individual	1								-	3		_X
4 For any individual listed on line 1a, is the si	um of reportab	le c	omp	ensa	atıoı	n an	d ot	her compensation from	the organization		1		
and related organizations greater than \$15	0,000? If "Yes	, " cc	mpl	ete S	Sch	edul	e J	for such individual			4		_X
5 Did any person listed on line 1a receive or	•					•	rela	ted organization or indiv	idual for services		_		· v
rendered to the organization? If "Yes," con Section B. Independent Contractors	прівте Ѕспеаи	ie J	tor s	<u>ucn</u>	per	son					5		X
1 Complete this table for your five highest co	-								•	ens	ation f	rom	
the organization. Report compensation for (A)	the calendar y	/ear	ena	ing v	<u>witn</u>	or w	vitni	n the organization's tax (B)	year.		(C		-
Name and business	address	N	ON:	E				Description of	services		Comper		n
		-											
2 Total number of independent contractors	including but i	not I	ımıte	ed to	tho	se l	ste	d above) who received r	nore than				
\$100,000 of compensation from the organ	ization >					0				—	<b>-</b> '	000	00111
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Statement of Revenue (D) Revenue (A) (B) (C) Unrelated Total revenue Related or excluded from business exempt function tax under sections 512, 513, or 514 revenue revenue 1a Federated campaigns b Membership dues 1b Fundraising events 10 C Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and <u> 15,959</u>. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 15,959 Total. Add lines 1a-1f Business Code 834,742. 834,742. 900099 2 a PLAYER REGISTRATION FE f All other program service revenue 834,742 Total, Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) . Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue . . . e Total. Add lines 11a-11d 850,705. 834,742 Total revenue. See instructions. 132009 01-23-12

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		7.7.2.7.2.2		
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	47,600.	47,600.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	_			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				-
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management .	22,000.	22,000.		
b	Legal .				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				·
g	Other .				
12	Advertising and promotion				
13	Office expenses				·····
14	Information technology	1,515.	1,515.		
15	Royalties .				
16	Occupancy .				<del></del>
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	205	20-		
23	Insurance	385.	385.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	COACHES & REFEREES	413,444.	413,444.		
b	PLAYING FIELDS FEES	148,340.	148,340.		
C	LEAGUE & TOURNAMENT FEE	105,807.	105,807.		
d	MISCELLANEOUS	31,521.	31,521.		
е	All other expenses	53,774.	53,774.		
25	Total functional expenses. Add lines 1 through 24e	824,386.	824,386.	0.	<u>C</u>
26	Joint costs. Complete this line only if the organization		ļ		
	reported in column (B) joint costs from a combined		-		
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

			(A) Beginning of year		<b>(B)</b> End of year
$\neg$	1	Cash - non-interest-bearing	404,844.	1	621,233.
1	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,702.	4	27,640
	5	Receivables from current and former officers, directors, trustees, key			
- 1	•	employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
- [		employers and sponsoring organizations of section 501(c)(9) voluntary			
-		employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	· · · · · · · · · · · · · · · · · · ·
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	27,508.	9	6,200
		Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
- 1	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	437,054.	16	655,073
$\neg$	17	Accounts payable and accrued expenses	14,915.	17	48,782
- 1	18	Grants payable		18	
ŀ	19	Deferred revenue	369,440.	19	527,273
	20	Tax-exempt bond liabilities		20	
- 1	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees,			
		highest compensated employees, and disqualified persons. Complete Part II			
i		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		-23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	384,355.	26	576,055
		Organizations that follow SFAS 117, check here   and complete			
,		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets		27	· · · · · · · · · · · · · · · · · · ·
	28	Temporarily restricted net assets		28	
3	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117, check here   X and			
Net Assets of Fully Datalices		complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds	0.	30	0
3	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
;	32	Retained earnings, endowment, accumulated income, or other funds	52,699.		79,018
<u> </u>	33	Total net assets or fund balances .	52,699.	33	79,018
- 1			137 051	24	655 073

Form **990** (2011)

Total liabilities and net assets/fund balances

Form **990** (2011)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2011

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

			EVANSTO	N SOCCER ASS	OCIAT:	ION				<u> 36</u>	<u>-3794354</u>		
Part		Reason f	or Public Chari	ty Status (All organiza	ations mus	t complete	e this part	.) See insti	uctions.				
he org	anı	zation is not a	private foundation b	ecause it is: (For lines 1	through 1	1, check o	nly one bo	ox)					
1 [		A church, con	vention of churches	, or association of churc	hes descri	bed in <b>se</b> d	ction 170(	b)(1)(A)(i).					
2		A school desc	cribed in section 170	<b>)(b)(1)(A)(ii).</b> (Attach Sch	nedule E.)								
з 🗆		A hospital or a	a cooperative hospit	al service organization d	lescribed ir	section	170(b)(1)(	A)(iii).					
4		A medical res	earch organization o	perated in conjunction v	with a hosp	otal descri	ibed in <b>se</b> e	ction 170(	b)(1)(A)(iii	). Enter th	e hospital's name,		
		city, and state	9:										
5		An organization	on operated for the b	enefit of a college or un	iversity ow	ned or op	erated by	a governn	nental unit	describe	d in		
		section 170(	<b>b)(1)(A)(iv).</b> (Comple	te Part II.)									
6		A federal, stat	te, or local governme	ent or governmental unit	described	ın sectio	n 170(b)(1	)(A)(v).					
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(l	b)(1)(A)(vi). (Complet	e Part II.)									
8 _		-		ection 170(b)(1)(A)(vi). (									
9 🔀		An organization	on that normally rece	eives: (1) more than 33 1	/3% of its	support fr	om contril	outions, m	embershij	p fees, and	d gross receipts from		
				ctions - subject to certa									
		income and u	ınrelated business ta	xable income (less sect	ion 511 tax	k) from bus	sinesses a	cquired by	y the orga	nization a	fter June 30, 1975.		
_	_		<b>509(a)(2).</b> (Complete										
10 🖳	╛			erated exclusively to tes							_		
11 🖵	┙	-		erated exclusively for th									
				tions described in section				). See <b>sec</b>	tion 509(a	a)(3). Che	ck the box that		
				organization and comple							T O		
	_	a Type I		- ,,		III - Func	-	-			Type III - Other		
e∟				t the organization is not									
			_	nan one or more publicly						a(a)(1) or s	ection 509(a)(z).		
f		-		ten determination from t	ne IHS tha	ititisaiy	ре і, туре	ii, or Type	111				
		., .	rganization, check th		walt or or	ntribi ition	from onv	of the fell	wing nor	cone?			
g				rganization accepted ar irectly controls, either al							Yes No		
		• •	=	ipported organization?	one or logi	50101 11101	persons	icocribca i	() αα (	, 50.011,	11g(i)		
		-		described in (i) above?							11g(ii)		
			•	person described in (i) of		?					11g(iii)		
h			•	about the supported or				•					
			<b>3</b>		•	,							
(i) Na	ma	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	u notify the	(vi) Is	the	(vii) Amount of		
٠,		inization	(11) 2.11	organization (described on lines 1-9		sted in your		ion in col.	organizati (i) organiz	ed in the	support		
	٠			above or IRC section	governing	document?	(i) of you	r support?	U.S	5.?			
		·		(see instructions))	Yes	No	Yes	No	Yes	No			
					1								
					<b> </b>		<u> </u>	ļ ——	<u> </u>	+-+			
									ļ	<del>                                     </del>			
								ļ					
		<del></del>					-	<del> </del>		<del>                                     </del>			
Total													
· Widi					1								

132021 01-24-12 Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Part II	Support Schedule for O	rganizations [	Described in Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and						-	
	membership fees received (Do not							
	ınclude any "unusual grants.")		_					
2	Tax revenues levied for the organ-							
	ızation's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities					'		
	furnished by a governmental unit to							
	the organization without charge						<del></del>	
4	Total. Add lines 1 through 3							
5	The portion of total contributions	,						
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,			1				
	column (f)							
	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support	·····		·	<del></del>	Т	T	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties					i		
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital		†	İ				
	assets (Explain in Part IV.)		ļ	1	1			
	Total support. Add lines 7 through 10	L	<u> </u>	<u> </u>	.1	+		
	Gross receipts from related activities	•	•			12		
13	First five years. If the Form 990 is fo organization, check this box and stop	=	s first, second, th	ira, tourtri, or tittn t	tax year as a secti	on 501(c)(3)	▶□	
Se	ction C. Computation of Publ		rcentage					
	Public support percentage for 2011 (			column (fl)		14	%	
	Public support percentage from 2010	. ,	•	00.2 (.,,	•	15	%	
	33 1/3% support test - 2011. If the			on line 13. and line	14 is 33 1/3% or			
	stop here. The organization qualifies						▶□	
Ŀ	33 1/3% support test - 2010. If the	• •	~	· · · · · · · · · · · · · · · · · · ·	d line 15 is 33 1/3º	% or more, check t	his box	
	and stop here. The organization qua					·	. ▶□	
17a	10% -facts-and-circumstances tes				ne 13, 16a, or 16b,	and line 14 is 10%	or more,	
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"					•	▶□	
t	10% -facts-and-circumstances tes					17a, and line 15 is	10% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the							
	organization meets the "facts-and-cir	cumstances" test	. The organization	qualifies as a pub	licly supported org	ganization	. ▶□	
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1 <u>7</u>	7b, check this box	and see instruction	ns 🕨	
					Sch	nedule A (Form 99	0 or 990-EZ) 2011	

Schedule A (Form 990 or 990-EZ) 2011 EVANSTON SOCCER ASSOCIATION

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	now, please comp	iete Part II j					
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1 Gifts, grants, contributions, and	10, 2001	(2) 2000			1-1	1.7	
membership fees received. (Do not			[				
include any "unusual grants.")	130.	4,201.	8,017.	7,368.	15,959.	35,675.	
2 Gross receipts from admissions,		1,201.	0,702.70	7,000			
merchandise sold or services per-							
formed, or facilities furnished in							
any activity that is related to the organization's tax-exempt purpose	420,637.	504,867.	621,384.	700,494.	834,742.	3082124.	
3 Gross receipts from activities that					•		
are not an unrelated trade or bus-							
iness under section 513							
4 Tax revenues levied for the organ-				-1.			
ization's benefit and either paid to							
or expended on its behalf							
5 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
6 Total. Add lines 1 through 5	420,767.	509,068.	629,401.	707,862.	850,701.	3117799.	
7a Amounts included on lines 1, 2, and					•		
3 received from disqualified persons						0.	
<b>b</b> Amounts included on lines 2 and 3 received							
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		: !					
amount on line 13 for the year						0.	
c Add lines 7a and 7b						0.	
8 Public support (Subtract line 7c from line 6)						<u>3117799.</u>	
Section B. Total Support					<del></del> · · · · · · · · · · · · · · · · · ·		
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
9 Amounts from line 6	420,767.	509,068.	629,401.	707,862.	850,701.	3117799.	
10a Gross income from interest,							
dividends, payments received on securities loans, rents, royalties					_		
and income from similar sources	4,337.	463.	4.	2.	4.	4,810.	
<b>b</b> Unrelated business taxable income							
(less section 511 taxes) from businesses							
acquired after June 30, 1975			<u> </u>				
c Add lines 10a and 10b	4,337.	463.	4.	2.	4.	4,810.	
11 Net income from unrelated business		İ		i e	İ		
activities not included in line 10b, whether or not the business is							
regularly carried on							
12 Other income. Do not include gain or loss from the sale of capital							
assets (Explain in Part IV.)							
13 Total support (Add lines 9, 10c, 11, and 12)	425,104.			<del></del>	850,705.		
14 First five years. If the Form 990 is fo	r the organization's	s first, second, thu	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,	
check this box and stop here .	<del></del>			· <del>-</del>		<b>_</b>	
Section C. Computation of Publ					<del></del>	00.05	
15 Public support percentage for 2011 (			column (f))		15	99.85 %	
16 Public support percentage from 2010					16	99.79 %	
Section D. Computation of Inve					17	.15 %	
	Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))						
8 Investment income percentage from 2010 Schedule A, Part III, line 17							
19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.							
moto trian co movel error tria por and otop here: "The engineering and a present of the engineering and th							
	b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Schedule I (Form 990) (2011) 2 [] **Employer identification number** 36-3794354 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed ame and address of organization

(b) EIN

(c) IRC section or government

or government

or government

(d) Amount of non-cash assistance assistance

cash grant assistance

assistance

other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. EVANSTON SOCCER ASSOCIATION Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part PartII

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance 히 46,000 (c) Amount of cash grant (b) Number of recipients SCHOLARSHIPS/FINANCIAL ASSISTANCE TO NEEDY (a) Type of grant or assistance 132102 01-27-12 FAMILIES

Page 2

36-3794354

EVANSTON SOCCER ASSOCIATION

Schedule I (Form 990) (2011)

Part III

-

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

EVANSTON SOCCER ASSOCIATION	36-3794354
FORM 990, PART VI, SECTION B, LINE 11: THE TREASURER PR	EPARES THE ANNUAL
990 AND IT IS DISTRIBUTED BY EMAIL TO THE ENTIRE BOARD	OF DIRECTORS FOR
REVIEW PRIOR TO BEING FILED.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION	I'S GOVERNING
DOCUMENTS AND APPLICABLE POLICIES ARE AVAILABLE UPON RE	
DOCOMENTS AND AFFIICADDE FOUICIED AND AVAIDABLE OF ON NE	QUEDI:
	· · · · · · · · · · · · · · · · · · ·