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	O	O	N	-
Form		J	U	l

N. 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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

AF	or the	2015 calendar year, or tax year beginning JUL 1, 2015 and e	enaing U	UN 30, 2016			
B c	theck if pplicable	C Name of organization		D Employer identifi	cation number		
	Address change Name	Evanston Soccer Association					
<u> </u>	_lchange	Doing business as		36-3	794354		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe			
	Final return/	PO Box 7060		847-	289-7154		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,220,968.		
	Amendo			H(a) Is this a group r	eturn		
	Applica			for subordinates? Yes X No			
	pending			H(b) Are all subordinates i			
	27.070	mpt status	r 527	1 ''	list. (see instructions)		
		www.teamevanston.org	02.	H(c) Group exemption			
		organization: X Corporation Trust Association Other	1 Vear		M State of legal domicile: IL		
		Summary	L 1 Cai	or tormation: 1991	VI Otale of legal dofficie. 11		
		Briefly describe the organization's mission or most significant activities. To pr	comote	youth soco	er in		
ce		· · · · · · · · · · · · · · · · · · ·	Omoce	youth Bott	<u>CI III</u>		
Governance		Evanston.		entition of the net of			
ē	1 -	Check this box If the organization discontinued its operations or dispositive the polygon body (Rart VI, line 1a)	eg of Tool	Julian 25% of its fiet a	ssets.		
် ဗ	l .	dumber of voting members of the governing body (Fart VI, line Ta)			<u> </u>		
9	1	Number of independent voting members of the governing body (Part VI, line 1b)	67.0		11		
es		Fotal number of individuals employed in calendar year 2015 (Part V, line 2a) 🔠 🗓	NOTZ	5	0		
₹	l .	Total number of volunteers (estimate if necessary)		6	0		
Activities &	7a 7	Total unrelated business revenue from Part VIII, column (C), line 12	BOEN	7a	0.		
	ы	Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
			<u> </u>	Prior Year	Current Year		
Revenue	8 (Contributions and grants (Part VIII, line 1h)		11,040.			
	9 F	Program service revenue (Part VIII, line 2g)		1,181,582.	1,213,145.		
ě	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
<u></u>	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	L.	0.	0.		
-	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,192,622.	1,220,968.		
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		36,792.	43,903.		
<u>ب</u> ب	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
so	15 5	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,139.	0.		
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
per	h.	Fotal fundraising expenses (Part IX, column (D), line 25)	0.				
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,177,288.	1,225,850.		
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,223,219.	1,269,753.		
		Revenue less expenses. Subtract line 18 from line 12	• -	-30,597.	-48,785.		
S	13 1	Nevertue 1633 expenses. Contract line 10 from line 12		ginning of Current Year	End of Year		
Net Assets or Fund Balances		Total accepts (Dart V. June 16)	B	841,183.	795,186.		
SSE	20	Total assets (Part X, line 16)	-	516,247.	519,035.		
int,	21	Total liabilities (Part X, line 26)		324,936.	276,151.		
		Net assets or fund balances. Subtract line 21 from line 20 Signature Block		324,330.	270,131.		
	art II						
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			iy knowledge and beller, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparei	nas any knowledge.	15 17		
		Signature of officer		Date Date	/5. <i>1</i> /		
Sig	n		2000				
He	re		(2311)	ENT			
		Type or print name and title	T	Dota la l	PTIN		
r tillotype preparet s tiarite							
Pai		Barton Eilts 24/90		5. /5./7 self-emplo			
	parer	Firm's name Eilts & Associates, Inc.		Firm's EIN	61-1443699		
Use	Only	Firm's address 3729 N. Ravenswood, Ste. 117					
		Chicago, IL 60613		Phone no. 77	3-525-6171		
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2015) Evanston-Soccer Association	-363-7-943-54Page-2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	To promote youth 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-EZ?	Yes X No
	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?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$1, 150, 638. including grants of \$43, 903.) (Revenue	1,213,145.
	Over 500 Evanston area youth participated in our soccer	program from
	September through June. This involved 40 teams, each wit	th a coach and
	team manager.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	e\$ <i></i>
4c	(Code) (Expenses \$	ue\$
	/cose	
4d	Other program services (Describe in Schedule O)	
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,150,638.	
		Form 990 (2015)

_	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	v	
	If "Yes," complete Schedule A		<u> </u>	37
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			,,
	dunng 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			
	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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	L	X.
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide 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			
	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			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			İ
	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	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		Х
ь				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l	}	1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X.
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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		Х
	Stripes Stripes Stripes	<u> </u>	200	(001E)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2015)

X

b Enter the amount of reserves the organization is required to maintain by the states in which the

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

13b

13c

	1990 (2015) Evanston Soccer Association 3.6 = 3.794 of VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a			
	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 or note to any line in this Part VI			X
sec	tion A. Governing Body and Management			F
	5-1		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year 14 11			
	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. Enter the number of voting members included in line 1a, above, who are independent 1b 11			
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 1 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee, or key employee?	_		x
2		2_		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets.	6		X
7a				-22
, 4	more members of the governing body?	7a		х
ь				
_	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	x	
b		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 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 Revenue 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 chapters, 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 body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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 to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		_X_
b	Other officers or key employees of the organization	15b	. 	_X_
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	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-T (Section 501(c)(3)s only) a	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)		_	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	The Organization - 847-289-7154			
	PO Box 7060, Evanston, IL 60204	Eor-	990	(2015)

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Part VII Com	neneation of Officers	Directors Trustoce	Koy Employees	Highest Compo	nantad	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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

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 c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	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) John Berkley Director	5.00	x						0.	0.	0.
(2) Stephanie Fine	5.00				-	\vdash	-	0.		0.
Director	3133	х						0.	0.	0.
(3) Rich Gallun	5.00									<u>~</u>
Director		x						0.	0.	0.
(4) Simon Goldberg	5.00									
Director		X						0.	0.	0.
(5) Jane Pence	5.00									
Director		X						0.	0.	0.
(6) Mike Petersen	5.00									
Director		X						0.	0.	0.
(7) Tiffany Weiss	5.00									
Director		X						0.	0.	0.
(8) Steve Favakeh	5.00									
President				X				0.	0.	0.
(9) Lander Brown	5.00							_		
Vice President				X				0.	0.	0.
(10) John Cleave	5.00									_
Secretary	5 00			X		_		0.	0.	0.
(11) Matt Tobin	5.00									•
President Pro Tem				Х				0.	0.	0.
							-			
532007 12-16-15		1	Щ			Ll				Form 990 (2015)

Form **990** (2015)

15210530 797808 EVA-003

0.

0

d All other revenuee Total, Add lines 11a-11d

Total revenue. See instructions.

220,968.1,213,145

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon				X
	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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	43,903.	43,903.		
3	Grants and other assistance to foreign		•		
	organizations, foreign governments, and foreign				
	individuals 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 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	163,800.	131,040.	32,760.	
12	Advertising and promotion	7,638.		7,638.	
13	Office expenses				
14	Information technology				
15	Royalties .				
16	Occupancy				
17	Travel _	5,548.	5,548.		
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	18,170.	1,023.	17,147.	
23	Insurance	5,420.		5,420.	
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		424,349.	424,349.		
b		222,974.	178,379.	44,595.	
С	League & tournament fee	174,309.	174,309.		
d		64,594.	64,594.		
е	All other expenses See Sch O	139,048.	127,493.	11,555.	
25	Total functional expenses. Add lines 1 through 24e	1,269,753.	1,150,638.	119,115.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2015

795,186. Form 990 (2015)

276,151.

31

32

33

324,936.

841,183.

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

	990 (2015) Evanston Soccer Association	36-379	4354	Pag	īe 12
Pa	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	· · · · · · · · · · · · · · · · · · ·			
	· ·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,220		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,269		
3	Revenue less expenses Subtract line 2 from line 1	3		3,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	324	1,9	<u>36.</u>
5	Net unrealized gains (losses) on investments	5			
 6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	27	5,1	<u>51.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		ľ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		j	
	separate basis, consolidated basis, or both		İ		
	Separate basis Consolidated basis Both consolidated and separate basis]]		ļ
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,	i i		
	consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis			-	l
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		ł	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			ĺ
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			i
	Act and OMB Circular A-133?		3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			l
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 90 ((2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No=1545=0047

2015
Open to Public

Inspection

Employer identification number Name of the organization Evanston Soccer Association 36-3794354 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 X 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 exempt 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). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (IV) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990 EZ) 2015 Evanston Soccer Association 36-3794. Part II Support Schedule for Organizations 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and			1-	, <u>, , , , , , , , , , , , , , , , , , </u>	1	
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						<u></u>
3	The value of services or facilities						
	furnished by a governmental unit to					1	
	the organization without charge			ļ. <u> </u>	<u> </u>		
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,						
	column (f)						
	Public support. Subtract line 5 from line 4		<u> </u>	l	<u> </u>	<u> </u>	
	ction B. Total Support		·	· · · · · · · · · · · · · · · · · · ·		1	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
_	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources			ļ			
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		ļ				
10	Other income Do not include gain			<u> </u>			
	or loss from the sale of capital					}	
	assets (Explain in Part VI)					ļ	.
	Total support. Add lines 7 through 10		l	l		ļ	
	Gross receipts from related activities,	-	•			12	
13	First five years. If the Form 990 is for		s first, second, thu	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3)	. —
Sec	organization, check this box and stop ction C. Computation of Publi	here ic Support Pe	rcentage				
	Public support percentage for 2015 (I			column (fl)		14	
	Public support percentage from 2014			Soldiffit (1))		15	% %
	33 1/3% support test - 2015. If the o	•	•	n line 13, and line	14 is 33 1/3% or r		
	stop here. The organization qualifies				1-10-00 17070 011	nore, eneck and be	» and
b	33 1/3% support test - 2014. If the o		•		l line 15 is 33 1/3%	6 or more check th	nis hox
	and stop here. The organization quali	-		,		o or more, ericen a	▶ □
17a	10% -facts-and-circumstances test		• • • • • • • • • • • • • • • • • • • •		e 13. 16a. or 16b.	and line 14 is 10%	or more.
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"						▶
b	10% -facts-and-circumstances test				_	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						▶
18	Private foundation. If the organization				_		s_ > □
						edule A (Form 990	

Schedule A (Form 990 or 990 EZ) 2015 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

<u></u>	qualify under the tests listed by	elow, please comp	lete Part II)					
	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")	7,368.	15,959.	17,317.	11,040.	7,823.	59,507.	
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	700,494.	834,742.	1147214.	1181582.	1213145.	5077177.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-	,						
	iness under section 513							
4	Tax revenues levied for the organ-							
	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				!			
	Total. Add lines 1 through 5	707,862.	850,701.	1164531.	1192622.	1220968.	5136684.	
	Amounts included on lines 1, 2, and	707,002.	030,701.	1101331.	1132022.	12203001	31300011	
	3 received from disqualified persons						0.	
ь	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.	
С	Add lines 7a and 7b		-			2-32-4	0.	
_	Public support. (Subtract line 7c from line 6)						5136684.	
	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
	Amounts from line 6	707,862.	850,701.	1164531.	1192622.	1220968.	5136684.	
	Gross income from interest,	707,002.	030,701.	11013311	11320221	12203001	32300021	
104	dividends, payments received on securities loans, rents, royalties and income from similar sources	2.	4.	1.			7.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b	2.	4.	1.			7.	
	Net income from unrelated business 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 VI.)							
13	Total support (Add lines 9, 10c, 11, and 12)	707,864.	850,705.	1164532.	1192622.	1220968.	5136691.	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,	
	check this box and stop here							
Sec	tion C. Computation of Publ	ic Support Pe	rcentage	 				
	Public support percentage for 2015 (I			olumn (fl)		15	100.00 %	
	Public support percentage from 2014				• •	16	100.00 %	
	tion D. Computation of Inves					,		
	· · · · · · · · · · · · · · · · · · ·			o 13 column (fl)	···	17	.00_%	
	Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ie 13, coluititi (I))			• 00 % %	
18	Investment income percentage from				16 .c me thr= 0	18		
19a	33 1/3% support tests - 2015. If the						I / IS not ►X	
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2014. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and	
	line 18 is not more than 33 1/3%, che	ck this box and sf	t op here. The orga	inization qualifies	as a publicly supp	orted organization	▶ <u></u>	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Sec	tion A. All Supporting Organizations			
		·	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c_		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b	ļ <u>.</u>	
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		1	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	_5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	<u> </u>	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	ļ	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	ļ	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	<u> </u>	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a_	ļ	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	-		1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<u> </u>	<u> </u>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		1	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	↓	<u> </u>
10a				
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	<u> </u>	<u> </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the emanization had excess husiness holdings \	10h	1	1

	dule A (Form 990 or 990-EZ) 2015 Evanston Soccer Association 36-37	<u>9435</u>	4 P	ige 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	<u> </u>	
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	_11c_	L	l
Sec	tion B. Type I Supporting Organizations		T	·
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			ļ
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			Ì
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	 	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	İ		
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
500	supervised, or controlled the supporting organization.	2	ļ	<u> </u>
Sec	tion C. Type II Supporting Organizations		1	
	Many a second of the assessment of a discrete second secon	ſ	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			}
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sac	the supported organization(s) tion D. All Type III Supporting Organizations	1	L	L
Sec	uon b. Air Type in Supporting Organizations		1	
4	Did the erappization provide to each of its supported erappizations, by the lest day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		}	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		İ	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
' a	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	nictions)	
2	Activities Test Answer (a) and (b) below.	<i>dellons</i>	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	بيد		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990 EZ) 2015 Evanston Soccer Associa			36-3794354 Pa
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	·
ect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supportina ora	anization (see
-	instructions)	,	>FFF9 4/9	··· \- * -

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)
	
	·
	

SCHEDULE D

(Form 990) ·

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Inspection

Department of the Treasury Name of the organization

Employer identification number

	Evanston Soccer As		36-3794354
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		sed only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	rt IV, line 7
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histori	ically important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		rvation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	ne organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	nbes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$ > \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial of	
_	the following amounts required to be reported under SFAS 1		-
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990. Part X		▶ \$

532051 11-02-15

	dule D (Form 990) 2015 Evansto							<u> 36-37</u>			age 2
Pai	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other recor	ds, chec	k any of the	following th	at are a s	significa	nt use of its	collectio	n items	S
	(check all that apply):										
а	Public exhibition	•		Loan or exc							
ь	Scholarly research	•	e []	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co								t XIII		
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	ner sımıla	ır assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		lete if the	e organizatio	n answered	"Yes" or	n Form 9	990, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other a	ssets no	t include	ed			
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table							
		•	•						Amount		
С	Beginning balance						10	;			
d	Additions during the year						10				
е	Distributions during the year						16				
f	Ending balance						11				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or cu	ustodial acc	ount liab			Yes		No
	If "Yes," explain the arrangement in Part XIII										j
Pai											
		(a) Current year		rior year	(c) Two year			e years back	(e) Four	years	back
1a	Beginning of year balance										
ь	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses		1								
g	End of year balance			,							
2	Provide the estimated percentage of the curr	ent vear end baland	ce (line 1	a. column (a)) held as	 .					
а	Board designated or quasi-endowment		%	9,	.,,						
	Permanent endowment	%									
	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	•	ation tha	at are held a	nd administe	ered for t	he orga	nization			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
ь	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par											
·	Complete if the organization answered	d "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990	D. Part X.	line 10				
	Description of property	(a) Cost or o		(b) Cost			ccumul	ated	(d) Book	value	
	, ,	basis (investi		basis (preciation	1	(2, 200.		
1a	Land				· · · ·						
	Buildings	-1									
	Leasehold improvements										
	Equipment						 -				
	Other			20	8,327.		51	259.	157	7,06	58.
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. colun							7,06	

Schedule D (Form 990) 2015

(a) Description of security or category (including name of security)	(b) Book value	e 11b See Form 990, Part X, line 12 (c) Method of valuation Cost	
Financial derivatives	(b) Book value	(c) memor or raidation sees	or end or year market value
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12)		<u> </u>	
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin		
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost	or end-or-year market value
(1)			
(2)			
(3)			,
(5)			
(6)			
(7)		· · · · · · · · · · · · · · · · · · ·	- <u>-</u>
(8)	····		·
(9)			
tal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, lin	e 11d See Form 990, Part X, line 15	5
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	· · · · · · · · · · · · · · · · · · ·		
(7)			
(8)			
(9)			
ntal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		a 11a or 11f Saa Farm 000 Part V	line 25
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of			line 25.
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability		e 11e or 11f. See Form 990, Part X, (b) Book value	line 25.
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes		(b) Book value	line 25.
Atal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (a) Description of liability (b) Federal income taxes (c) Scholarships Payable		(b) Book value 1,890.	line 25.
Atal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) Scholarships Payable (3) Accrued expenses		(b) Book value	line 25.
tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) Scholarships Payable (3) Accrued expenses (4)		(b) Book value 1,890.	line 25.
tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) Scholarships Payable (3) Accrued expenses (4)		(b) Book value 1,890.	line 25.
tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) Scholarships Payable (3) Accrued expenses (4) (5) (6)		(b) Book value 1,890.	line 25.
Atal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) Scholarships Payable (3) Accrued expenses (4) (5) (6) (7)		(b) Book value 1,890.	line 25.
Atal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) Scholarships Payable (3) Accrued expenses (4) (5) (6) (7)		(b) Book value 1,890.	line 25.
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) Scholarships Payable (3) Accrued expenses (4) (5) (6) (7)	on Form 990, Part IV, lin	(b) Book value 1,890.	line 25.

	dule D (Form 990) 2015 Evanston Soccer Associat	ion		794354 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve	enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements		. 1	1,220,968.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
ь	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1	•	3	1,220,968.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	-	5	1,220,968.
	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Exp	enses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•	
1	Total expenses and losses per audited financial statements		1	1,269,753.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		 	
		2a		
a		2b		
b				
C		2c		
d	,	2d		0
е	•		2e	1,269,753.
3	Subtract line 2e from line 1		3	1,209,733.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
а	Invoctment expenses not included on Form QQ() Part VIII line /h	4a		
	•			
b	Other (Describe in Part XIII)	4b		0
b c	Other (Describe in Part XIII) Add lines 4a and 4b		4c	0.
с <u>5</u>	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		4c 5	0. 1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.		5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.
5 Pa	Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2t	5	1,269,753.

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▼ Attach to Form 990. Evanston Soccer Association Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

OMB No 1545-0017

Open to Public Inspection

Schedule I (Form 990) (2015) 2 Employer identification number 36-3794354 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table Part I General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part II

Schedule I (Form 990) (2015) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (Form 990) (2015) Evanston Soccer Association
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance 43,903 26 (c) Amount of cash grant (b) Number of recipients Scholarships/Financial Assistance to needy (a) Type of grant or assistance 532102 10-28-15 families Part III

Page 2

36-3794354

Schedule I (Form 990) (2015)

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.

Department of the Treasury internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection **Employer identification number**

Evanston Soccer Association	36-3794354
Form 990, Part VI, Section B, line 11:	
The 990 is distributed by email to the entire board of di	rectors for review
prior to being filed.	
Form 990, Part VI, Section C, Line 19:	
The organization's governing documents and applicable pol	icies are
available upon request.	
Form 990, Part IX, Line 11g, Other Fees:	
Professional fees:	
Program service expenses	131,040.
Management and general expenses	32,760.
Fundraising expenses	0.
Total expenses	163,800.
Total Other Fees on Form 990, Part IX, line 11g, Col A	163,800.
Form 990, Part IX, Line 24e, All Other Functional Expense	s:
Indoor expense:	
Program service expenses	64,225.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	64,225.
Other program expenses:	
Program service expenses	63,268.
Management and general expenses	0.

532211 09-02-15

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization Evanston Soccer Association	Employer identification number 36-3794354
Fundraising expenses	0.
Total expenses	
Website:	
Program service expenses	0.
Management and general expenses	5,884.
Fundraising expenses	0.
Total expenses	5,884.
Other operating expenses:	
Program service expenses	0.
Management and general expenses	3,337.
Fundraising expenses	0.
Total expenses	3,337.
Bad debt expense:	
Program service expenses	0.
Management and general expenses	1,215.
Fundraising expenses	0.
Total expenses	1,215.
Administrative:	
Program service expenses	0.
Management and general expenses	1,119.
Fundraising expenses	0.
Total expenses	1,119.
Total Other Expenses on Form 990, Part IX, line 24e, Col	A 139,048.