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)

2016
Open to Public Inspection Do not enter social security numbers on this form as it may be made public.

→ 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.lrs.gov/form990.

B Coxes   Coxem of organization   D Employer identification number	<u>A</u>	For th	2016 calendar year, or tax year beginning JUL 1, 2016 and	enaing c	JUN 30, 2017	
Denote business as   36-3794354   Number and street (or P.O. box if mail s not delivered to street address)   Room/suite   847-748-1452   Reprehense number   847-748-1452   Reprehense   Room/suite	В	Check of applicab			D Employer identific	cation number
Double Desire Base   Double						
Number and street (pf P.U. but inflants in lot decreased by the control of the		Name	Doing business as		<u>  36-3</u>	794354
City or town, state or province, country, and ZIP or foreign postal code  EVAILED TIL 60.201  Help is the a group return for subcordnates or principal official:  Help is the a group return for subcordnates or principal official:  Help is the a group return for subcordnates requested. Yes XI No Help is the a group return for subcordnates requested. Yes XI No Help is the a group return for subcordnates requested. Yes XI No Help is the a group return for subcordnates. The for subcordnates requested. Yes XI No Help is the a group return for subcordnates. The for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the a group return for subcordnates. Yes XI No Help is the subcordnates. Yes XI No Help is the subcordnate requested. Yes XI No Help is the subcordnate requested. Yes XI No Help is the subcordnates. Yes XI No Help is the organic return. Yes XI No Help is Yes XI		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
City or town, state or prowince, country, and 2/P or foreign postal code   G. decemenques   1, 211, 414.		Final	_2025 Dempster Street		•	
Ryanged   Ryan		termir				
Same as C above   Name and address of principal officer:   No   No   No   No   No   No   No   N					H(a) Is this a group re	
Same as C above   High real authorisation   Vest   No		ition	r Name and address of principal officer.			
J Webste: № WWW - Leame Vaniston. Org  Form of organization. X Corporation. Instit. Association. Other		pend	same as C above		H(b) Are all subordinates in	ncluded? Yes No
J Websites: ▶ Wrww - Learnevaniston.org   For of organization: X Corporation   Trust   Association   Other   Lycar of foragination: 1991 M State of legal domines: TL	1	Tax-ex	empt status: X 501(c)(3)	or 🔲 Ŝ27	If "No," attach a	list. (see instructions)
Briefly describe the organization's mission or most significant activities. To promote youth soccer in Evanistion.   Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets   3   Number of victing members of the governing body (Part VI, line 1b)   3   10   10   10   10   10   10   10	J	Websi	te: ▶ www.teamevanston.org		H(c) Group exemption	n number 🕨
Barelly describe the organization's mission or most significant activities. To promote youth soccer in Evanistion.	K	Form o	organization: X Corporation Trust Association Other	L Year	of formation: 1991 N	A State of legal domicile: IL
Evanston.  Check this box				•		
Solution		1	Briefly describe the organization's mission or most significant activities. To p	romote	youth socc	er in
Solution	္ဦ					
Solution	Ē	2	Check this box I if the organization discontinued its operations or dispositions.	sed of more	e than 25% of its net as	ssets
Solution	<b>S</b>	3	Number of voting members of the governing body (Part VI, line 1a)	- •	' 3	10
Solution	Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	114 B	( corn : 4	10
Solution	S≧	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	WAN 2	/ U ∠618 / 5	0
Solution	**	6	Total number of volunteers (estimate if necessary)		6	0
Solution	_ <del>_</del> =	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7 4 V	7a	0.
Program service revenue (Part VIII, line 2g)  9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)  10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part IVII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Total fundraising sexpenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances. Subtract line 18 from line 20  23 Total assets (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Total assets or fund balances. Subtract line 21 from line 20  27 Total liabilities (Part X, line 26)  28 Total assets or fund balances. Subtract line 21 from line 20  29 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  21 Total liabilities of periury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is funder penalties of periury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is funder penalties of periury. In fact a set employed		b	Net unrelated business taxable income from Form 990-T, line 34		- 7b	
Program service revenue (Part VIII, line 2g)  9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)  10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part IVII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Total fundraising sexpenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Net assets or fund balances. Subtract line 18 from line 20  23 Total assets (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Total assets or fund balances. Subtract line 21 from line 20  27 Total liabilities (Part X, line 26)  28 Total assets or fund balances. Subtract line 21 from line 20  29 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  21 Total liabilities of periury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is funder penalties of periury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is funder penalties of periury. In fact a set employed	3	T			Prior Year	Current Year
9   Program service revenue (Part VIII, line 2g)	<b>ቻ</b>	8	Contributions and grants (Part VIII, line 1h)		7,823.	
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salanes, other compensation, employee benefits (Part IX, column (A), line 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total fundraising expenses (Part IX, column (A), line 25)  19 Total fundraising expenses (Part IX, column (A), line 11e)  10 Total fundraising expenses (Part IX, column (A), line 25)  10 Total expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Total assets (Part X, line 26)  23 Total assets (Part X, line 26)  24 Total sasets (Part X, line 26)  25 Total assets (Part X, line 26)  26 Total assets (Part X, line 26)  27 Total sasets (Part X, line 26)  28 Total liabilities (Part X, line 26)  29 Total assets (Part X, line 26)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Total assets (Part X, line 26)  23 Total assets (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Total liabilities (Part X, line 26)  26 Total liabilities (Part X, line 26)  27 Total liabilities (Part X, line 26)  28 Total liabilities (Part X, line 26)  29 Total liabilities (Part X, line 26)  20 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Total liabilities (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Total liabilities (Part X, line 26)  26 Total assets (Part X, line 26)  27 Total liabilities (Part X, line 26)  28 Total liabilities (Part X, line 26)  29 Total assets (Part X, line 26)  20 Total assets (Part X, line 26)  20 Total assets (Part	<b>∮</b>	9				
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salanes, other compensation, employee benefits (Part IX, column (A), line 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total fundraising expenses (Part IX, column (A), line 25)  19 Total fundraising expenses (Part IX, column (A), line 11e)  10 Total fundraising expenses (Part IX, column (A), line 25)  10 Total expenses (Part IX, column (A), line 11e)  18 Total expenses (Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Total assets (Part X, line 26)  23 Total assets (Part X, line 26)  24 Total sasets (Part X, line 26)  25 Total assets (Part X, line 26)  26 Total assets (Part X, line 26)  27 Total sasets (Part X, line 26)  28 Total liabilities (Part X, line 26)  29 Total assets (Part X, line 26)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Total assets (Part X, line 26)  23 Total assets (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Total liabilities (Part X, line 26)  26 Total liabilities (Part X, line 26)  27 Total liabilities (Part X, line 26)  28 Total liabilities (Part X, line 26)  29 Total liabilities (Part X, line 26)  20 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Total liabilities (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Total liabilities (Part X, line 26)  26 Total assets (Part X, line 26)  27 Total liabilities (Part X, line 26)  28 Total liabilities (Part X, line 26)  29 Total assets (Part X, line 26)  20 Total assets (Part X, line 26)  20 Total assets (Part	د د ک	10				
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ď	11	• • • • • • • • • • • • • • • • • • • •		·	<del></del>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (B), line 25) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Let assets or fund balances. Subtract line 21 from line 20 24 Let assets or fund balances. Subtract line 21 from line 20 25 Signature of officer 26 Signature Block 27 Intrinspance of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and behef, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type or print name and title  Print/Type preparer's name  Preparer  Sign  Print/Type preparer's name  Preparer  Signature of officer  Print/Type preparer's name  Preparer  Firm's address \$ 3729 N. Ravenswood, Ste. 117  Chicago, IL 60613  May the IRS discuss this return with the preparer shown above? (see instructions)  Phone no. 773-525-6171  May the IRS discuss this return with the preparer shown above? (see instructions)						
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets of fund balances. Subtract line 21 from line 20 23 Expensive of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and behef, it is true, correct, and complete Declaration of prepare (other lines) 24 Firm's name		<del></del>				
15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), line 11d, 11f-24e)  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Total liabilities (Part X, line 16)  23 Total liabilities (Part X, line 16)  24 Total liabilities (Part X, line 16)  25 Total liabilities (Part X, line 16)  26 Total liabilities (Part X, line 16)  27 Total liabilities (Part X, line 16)  28 Total liabilities (Part X, line 16)  29 Total liabilities (Part X, line 16)  20 Total liabilities (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Total liabilities (Part X, line 16)  23 Total liabilities (Part X, line 16)  24 Total liabilities (Part X, line 16)  25 Total liabilities (Part X, line 16)  26 Total liabilities (Part X, line 16)  27 Total liabilities (Part X, line 16)  28 Total liabilities (Part X, line 16)  29 Total liabilities (Part X, line 16)  20 Total liabilities (Part X, line 16)  20 Total liabilities (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Total liabilities (Part X, line 16)  23 Total liabilities (Part X, line 16)  24 Total liabilities (Part X, line 16)  25 Total liabilities (Part X, line 16)  26 Total liabilities (Part X, line 16)  27 Total liabilities (Part X, line 16)  27 Total liabilities (Part X, line 16)  28 Beginning of Current Year  End of Year  29 Total liabilities (Part X, line 16)  20 Total liabilities (Part X, line 16)  21 Total liabilities (Part X, line 16)  22 Total liabilities (Part X, line 16)  23				-		
16a Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.   0.   0.   0.   0.   0.   0	s	1	, , , , , , , , , , , , , , , , , , , ,			
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18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepager (other than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name  Barton Eilts  Firm's address  3729 N. Ravenswood, Ste. 117  Chicago, IL 60613  May the IRS discuss this return with the preparer shown above? (see instructions)  1, 269,753. 1,341,034.  -48,785129,620.  Beginning of Current Year  Find of Year  795,186. 609,126.  519,035. 462,595.  276,151. 146,531.  Paid of Year  795,186. 609,126.  519,035. 462,595.  276,151. 146,531.  Paid of Year  795,186. 609,126.  519,035. 462,595.  276,151. 146,531.  Paid of Year  795,186. 609,126.  519,035. 462,595.  276,151. 146,531.  Paid of Year  795,186. 609,126.  519,035. 462,595.  276,151. 146,531.  Paid of Year  795,186. 609,126.  519,035. 462,595.  276,151. 146,531.  Paid of Year  795,186. 609,126.  519,035. 462,595.  276,151. 146,531.  Paid of Year  795,186. 609,126.  519,035. 462,595.  276,151. 146,531.  Paid of Year  795,186. 609,126.  519,035. 462,595.  276,151. 146,531.  Paid of Year  795,186. 609,126.  519,035. 462,595.  276,151. 146,531.  Paid of Year  795,186. 609,126.  796,186. 609,126.  796,186. 609,126.  795,186. 609,126.  796,186. 609,12	Щ	17		<del></del>	1.225.850.	1.278.150.
19   Revenue less expenses Subtract line 18 from line 12   -48,785.   -129,620.   Beginning of Current Year   End of Year		1				
Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Part II   Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and behef, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Type or print name and title  Print/Type preparer's name  Preparer Use Only  Firm's address 3729 N. Ravenswood, Ste. 117  Chicago, IL 60613  May the IRS discuss this return with the preparer shown above? (see instructions)  Beginning of Current Year			·			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Type or print name and title  Print/Type preparer's name  Paid Barton Eilts  Firm's name Eilts & Associates, Inc.  Firm's name Eilts & Associates, Inc.  Firm's address 3729 N. Ravenswood, Ste. 117  Chicago, IL 60613  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No	58		10.01.00.000.000.000.000.000.000.000.00	Re		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Type or print name and title  Print/Type preparer's name  Paid Barton Eilts  Firm's name Eilts & Associates, Inc.  Firm's name Eilts & Associates, Inc.  Firm's address 3729 N. Ravenswood, Ste. 117  Chicago, IL 60613  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No	328	20	Total assets (Part X, line 16)	-		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Type or print name and title  Print/Type preparer's name  Paid Barton Eilts  Firm's name Eilts & Associates, Inc.  Firm's name Eilts & Associates, Inc.  Firm's address 3729 N. Ravenswood, Ste. 117  Chicago, IL 60613  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No	ASS	21				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Type or print name and title  Print/Type preparer's name  Paid Barton Eilts  Firm's name Eilts & Associates, Inc.  Firm's name Eilts & Associates, Inc.  Firm's address 3729 N. Ravenswood, Ste. 117  Chicago, IL 60613  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No	要	22				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here    Signature of officer						
Sign Here    Signature of officer   Date   Signature of officer				s and statem	ents, and to the best of my	knowledge and belief, it is
Sign Here    Signature of officer   Date   Type or print name and title						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Here    Type or print name and title   Print/Type preparer's name   Preparer's signature   3/17/8   Sett-employed   P01327750			Red III		1	
Print/Type or print name and title   Print/Type preparer's name   Preparer's signature   3 17.18   Print/Type preparer's name   Preparer's signature   3 17.18   Print/Type preparer's name   Preparer's signature   3 17.18   Print/Type preparer   Print/Type preparer   Print/Type preparer's name   Preparer's signature   3 17.18   Print/Type preparer   Print/Type preparer's name   Preparer's signature   3 17.18   Print/Type preparer   Print/Type preparer's name   Preparer's signature   Print/Type preparer   Print/Type preparer's name   Preparer's signature   3 17.18   Print/Type preparer   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Prin	Sia	ın	Signature of officer		Date	1 1
Type or print name and title  Print/Type preparer's name  Paid  Barton Eilts  Preparer's signature  Barton Eilts  Associates, Inc.  Firm's name  Eilts & Associates, Inc.  Firm's address  3729 N. Ravenswood, Ste. 117  Chicago, IL 60613  May the IRS discuss this return with the preparer shown above? (see instructions)  Date  PTIN  POIN  Firm's EIN  61-1443699  Phone no.773-525-6171			RITHORA GALLUN		3/	'/9/)ν
Paid Barton Eilts 34.7.8 seff-employed P01327750  Preparer 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.773-525-6171  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No		. •				
Paid Barton Eilts 3.//.8 self-employed P01327750  Preparer 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.773-525-6171  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No			Print/Type preparer's name Preparer's signature		Date Check	PTIN
Preparer 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.773-525-6171  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No	Pai	d		3	17. / 8 If self-employe	P01327750
Use Only Firm's address 3729 N. Ravenswood, Ste. 117 Chicago, IL 60613  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No					<del></del>	
Chicago, IL 60613 Phone no.773-525-6171  May the IRS discuss this return with the preparer shown above? (see instructions)  X Yes No				<del></del>	7.1110 - 111	
May the IRS discuss this return with the preparer shown above? (see instructions)		,			Phone no. 77	3-525-6171
	Ma	v the II			11 110110 110: 7 7	
				ons.		

			<u>Association</u>		36-3794354 Page 2
Pa	rt III Statement of Program Se	ervice Accomp	olishments		
	Chèck if Schedule O contains a r	esponse or note to	any line in this Part III		
1	Briefly describe the organization's miss	sion:			
	To promote youth so	<u>ccer in Ev</u>	anston.		
2	Did the organization undertake any sign	nificant program se	rvices during the year w	hich were not listed on the	
	prior Form 990 or 990-EZ?				Yes X No
	If "Yes," describe these new services o	on Schedule O.		·	. —
3	Did the organization cease conducting,		t changes in how it con	ducts, any program services?	Yes X No
_	If "Yes, " describe these changes on So		· ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4	Describe the organization's program se		ents for each of its three	e largest program services las	measured by expenses
•	Section 501(c)(3) and 501(c)(4) organization				
	revenue, if any, for each program service		to report the amount of	grante and anocations to our	sis, the total expenses, and
4a			including grants of \$	59,753. ) (Reven	ues 1,192,459.)
48	Over 500 Evanston as	7103,710.	narticing grants or s		1,152,455.)
	September through Ju	uno Thia	involved 40	tooma oach wi	th a goodh and
		une. Inis	THAOTAGG 40	ceams, each wi	ch a coach and
	team manager.				
		<del></del>		<del></del>	
				- 1-1-1-1	
4b	(Code) (Expenses \$		including grants of \$	) (Reven	ue \$ )
	, , , , , , , , , , , , , , , , ,			, , ,	,
				Personal State Control of the Contro	
				y-s	
			<del></del>		
		<del></del>	•	<del></del>	<del></del>
4c	(Code ) (Expenses \$		including grants of \$	) (Reveni	ue \$)
			<del></del>		
			·······		
			_ <del></del>	<del></del>	
4 -	Other	- Landa O V		<del></del>	
4d	Other program services (Describe in Sc				,
	(Expenses \$	including grants of \$	716	) (Revenue \$	
<u>4e</u>	Total program service expenses	1,185	,716.		
					Form <b>990</b> (2016)

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	37
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		Х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		7.7
	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	_		3,7
	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,	_		7.
	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	_		3,5
	Schedule D, Part III	8		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		Х
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		Х
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,		7.5	
	Part VI	11a	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			7.5
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		7.7	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	ļ <u></u>
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		3.7	
	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			7,7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,
	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		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			v
	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			v
	foreign organization? 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 other assistance to			37
	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,			v
	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			77
	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,"	4.5		3.7
	complete Schedule G, Part III	19	000	X (004.0)
		Form	990 (	2016)

Form 990 (2016) Evanston Soccer Association
Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals 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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		1
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	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			1
	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	comple te Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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):			
а	A curre int or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	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>X</u> _
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1	ļ	
	contributions? If "Yes," complete Schedule M	30		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	_		**
	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			v
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>X</u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	-+	<u> </u>
34	Part V, fine 1		.	v
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	-	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	056		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	-	
<del></del>	If "Yes," complete Schedule R, Part V, line 2	20		v
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u>X</u> _
J.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u>-</u>
~	Note. All Form 990 filers are required to complete Schedule O	38	$\mathbf{x}$	
	1. Compared to the control of the co	Form		2016)
			(	

632005	11-11-16

13

11h

12b

13b

12a

13a

14a

Х

Form **990** (2016)

amounts due or received from them)

c Enter the amount of reserves on hand

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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

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

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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

a is the organization licensed to issue qualified health plans in more than one state?

Section 501(c)(29) qualified nonprofit health insurance issuers.

organization is licensed to issue qualified health plans

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,

	to wile at, of, of 195 below, december the distances, proceeded, or sharinged in Concedence.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	-		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	If there are material differences in voting rights among members of the governing body, or if the governing	]	•	ļ
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 10			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
_	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 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	5		X
6	, , ,	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7.		Х
_	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
D	persons other than the governing body?	76		х
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8	The governing body?	00	х	
a	Each committee with authority to act on behalf of the governing body?	8a 8b	X	<del></del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
	tion D. 1 divide [1118 dection b requests information about policies not required by the internal nevertae code.]		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes, " did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1.10		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х
ъ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	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_
	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		X
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		
Sec	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	vailab	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	financ	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 - 847-748-1452			
	2025 Dempster Street, Evanston, IL 60201			
		Form	990	(2016)

632006 11-11-18

#### Form 990 (2016) 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.

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

(A)	(B)			_ (0	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot	han	compensation	compensation	amount of
	week				T ecic	17005	iee)	from	from related	other
	(list any hours for	Individual trustee or director		ĺ		_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	50 05	stee			rste		(W-2/1099-MISC)	(***2/1099****130)	organization
	organizations	trust	Institutional trustee		8	ad un		(11 27 1000 111100)		and related
	below	id ua	tat post	ية	Key employee	est co	ᆯ		10	organizations
	line)	횰	in str	Officer	ě	Highest compensated employee	Former			
(1) John Berkley	2.00									
Director		X	_					0.	0.	0
(2) Stephanie Fine	2.00	]				]				
Director		X				L		0.	0.	0
(3) Simon Goldberg	2.00					1				
Director		X	_					0.	0.	0
(4) Jane Pence	2.00									
<u>Director</u>		X						0.	0.	0
(5) Mike Petersen	2.00								ļ	
Director		X					$\sqcup$	0.	0.	0
(6) Tiffany Weiss	2.00							_		_
Director		X		_				0.	0.	0.
(7) Pete McNamara	2.00							_ }	_ }	_
Director in FYE 6/30/18		X					_	0.	0.	0.
(8) Steve Favakeh	2.00									_
President				X				0.	0.	0.
(9) Lander Brown	2.00									
Vice President	2 00			Х				0.	0.	0.
(10) John Cleave	2.00	i								
Secretary			_	X			$\dashv$	0.	0.	0.
(11) Rich Gallun	2.00			₹.				.		•
Treasurer	2.00	-		X				0.	0.	0.
(12) Matt Tobin	2.00			x				_		^
Past President	<del></del>		$\dashv$	<u> </u>				0.	0.	0.
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Form **990** (2016)

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 

0

Form 990 (2016)

Fai	rt VI	Check if Schedule O con-		or note to any lir	ne in this Part VIII			[
	•	oneskii ochedale o com	tams a response	Of viote to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
e a	b	Membership dues	. 1b					
Am (	¢	Fundraising events	1c					
희	d	Related organizations	1d					
iE,	е	Government grants (contribut	tions) 1e					
rior S	f	All other contributions, gifts, gran	nts, and					
호		similar amounts not included abo	ove 1f	18,955.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	s 1a-1f \$	<u> </u>				
<u>8</u> 8	h	Total. Add lines 1a-1f	••	<b>&gt;</b>	18,955.			
				Business Code				
<u>i</u>	2 a				1,105,790.			
e S	b			900099	60,539.			
n S	С	: <u>Indoor facility</u>	<u></u>	900099	26,130.	26,130.	<del></del>	
Re	d	<u> </u>					··	<u> </u>
Program Service Revenue	е							<u> </u>
_	† -	All other program service reve Total. Add lines 2a-2f	enue	<b></b>	1,192,459.			<del> </del>
-	3	Investment income (including	dividende inter		<u> </u>		<del> </del>	1
	·	other similar amounts)	aiviacias, inter	.o., and				
	4	Income from investment of ta	x-exempt bond r	roceeds	·			<del>                                     </del>
	5	Royalties	sk oxompt bond p	), occords				<del>                                     </del>
	•	,	(ı) Real	(II) Personal				-
- 1	6 a	Gross rents		(.,,				
1	b	Less. rental expenses		,				
- [	c	D4-1						
- [	d		<u> </u>	<b>•</b>		į		
	7 a		(i) Securities	(ii) Other			•	
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)	•					
<u>o</u>	8 a	Gross income from fundraisin	g events (not					
Other Revenue		including \$	of					
ě		contributions reported on line	1c). See	1		İ		
ie i		Part IV, line 18	а					
¥	b	Less direct expenses	. , b					
Ŭ	c	Net income or (loss) from fund	draising events	<b>•</b>				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	. а					
	b	Less. direct expenses	. <b>b</b>					
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	retums					
		and allowances	а					
I		Less cost of goods sold	b					
ŀ	<u> </u>	Net income or (loss) from sale					<del> </del>	
- }		Miscellaneous Revenu	ie	Business Code				
	11 a			<del> </del>				
	b							<del> </del>
}	C	All other revenue		<del></del>				<del> </del>
	d	All other revenue  Total, Add lines 11a-11d	••				<del></del>	
	12 12	Total revenue. See instructions.			1,211,414.	1 192 /50	0.	0.
	<del></del> -	. Julia revenue, coe mon denond.	<del></del>		<u>- , ~ ~ + , = + = 0 .</u>	<u>. , ,</u>		·

Form 990 (2016) Evanston Soccer Association

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon 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		охроново	gonoia expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	<del></del>			
~	individuals. See Part IV, line 22	59,753.	59,753.		
3	Grants and other assistance to foreign	037.000			
•	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,				<del></del>
•	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				7544
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,131.		3,131.	
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.)	216,952.	173,562.	43,390.	
12	Advertising and promotion	11,395.		11,395.	
13	Office expenses				
14	Information technology				
15	Royalties .				
16	Occupancy				
17	Travel	3,998.	3,998.		<del></del>
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	22 250	<del></del> _	22 250	
22 ~~	Depreciation, depletion, and amortization	23,259. 8,613.		23,259. 8,613.	
23	Insurance	0,013.		0,013.	
24	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 0.)				
а	Coaches & referees	435,407.	435,407.		
b	Facility management	205,569.	164,455.	41,114.	
c	Indoor expense	129,398.	129,398.		
ď	League & tournament fee	127,702.	127,702.		
	All other expenses	115,857.	91,441.	24,416.	
25	Total functional expenses. Add lines 1 through 24e	1,341,034.	1,185,716.	155,318.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		İ		
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	<del></del>	- <del>-</del>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	580,265.	1	365,935
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	-	3	
Ì	4	Accounts receivable, net		4	1,050
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete	ļ	-	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined un	nder	}	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib	uting		
		employers and sponsoring organizations of section 501(c)(9) voluntary	!	İ	
ts		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
1	9	Prepaid expenses and deferred charges	20,692.	9	71,157
	10a	Land, buildings, and equipment: cost or other		ļ	
		basis. Complete Part VI of Schedule D 10a 213, 0	02.		
	b	Less: accumulated depreciation 10b 74,5	<u>18.</u> <u>157,068.</u>	10c	138,484
	11	Investments - publicly traded secunties		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	37,161.	15	32,500
	16	Total assets. Add lines 1 through 15 (must equal line 34)	795,186.	16	609,126
	17	Accounts payable and accrued expenses .	17,740.	17	11,767
	18	Grants payable		18	
	19	Deferred revenue	496,945.	19	448,205
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
က္က	22	Loans and other payables to current and former officers, directors, trustees	s,		
		key employees, highest compensated employees, and disqualified persons	5.		
Liabilities		Complete Part II of Schedule L		22	
<b>-</b>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		T	-
		parties, and other liabilities not included on lines 17-24). Complete Part X o	f	- 1	
		Schedule D	4,350.	25	2,623.
	26	Total liabilities. Add lines 17 through 25	519,035.	26	462,595
		Organizations that follow SFAS 117 (ASC 958), check here	nd		
စ္က		complete lines 27 through 29, and lines 33 and 34.	ļ		
ဦ	27	Unrestricted net assets	276,151.	27	146,531.
<u>a</u>	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
<u> </u>		and complete lines 30 through 34.	l		
Net Assets of Fund Balances	30	Capital stock or trust principal, or current funds		30	
188	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u> </u>	32	Retained earnings, endowment, accumulated income, or other funds		32	<u> </u>
<b>!</b>	33	Total net assets or fund balances	276,151.	33	146,531.
- 1	34	Total liabilities and net assets/fund balances	795,186.	34	609,126.

Form	990 (2016) Evanston Soccer Association	36-379	4354	Pag	<sub>je</sub> 12
Pai	rt XI 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	1,211		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,341	L,0:	34.
3	Revenue less expenses Subtract line 2 from line 1	3	-129	6.	<u> 20.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	276	5,1	<u>51.</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	146	5,5	<u>31.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			ļ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		İ	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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 separat	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	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			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form \$	<b>990</b> (2	2016)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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.

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

2016

Open to Public Inspection

Name of the organization Employer identification number 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 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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, city, and state. 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). 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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 ) 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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 listed in your governing document? (ii) EIN (iii) Type of organization (i) Name of supported (v) Amount of monetary (vi) Amount of other (described on lines 1-10) support (see instructions) support (see instructions) organization Yes No above (see instructions))

Total

# Schedule A (Form 990 or 990-EZ) 2016 Evanston Soccer Association 36-3794354 Page 2 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.) Section A. Public Support

	Alon At Labita and Port						
ale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	,					,
	membership fees received (Do not					1	/
	include any "unusual grants ")						
2	Tax revenues levied for the organ-	1					/
	ization's benefit and either paid to						
	or expended on its behalf		<u> </u>	<u> </u>			
3	The value of services or facilities				1	,	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	ļ					
5	The portion of total contributions				2.0		
	by each person (other than a				'نر		
	governmental unit or publicly	1			1	Į	
	supported organization) included				N'	Ì	
	on line 1 that exceeds 2% of the	,			·′		
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4 ction B_ Total Support				<u> </u>	L	<u> </u>
		(a) 2012	(b) 2012	.(c) 2014	(4) 2015	(a) 2016	/D Total
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	,(C) 2014	(d) 2015	(e) 2016	(f) Total
_	Gross in come from interest,			<del>/</del>			
0	dividends, payments received on						
	securities loans, rents, royalties						:
	and income from similar sources						
•	Net income from unrelated business						
J	activities, whether or not the						
	business is regularly carried on						
10	Other in come. Do not include gain		<i>f</i>				
10	or loss from the sale of capital						
	assets (Explain in Part VI.)			1			
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	ons)	L		12	<del></del>
	First five years. If the Form 990 is for	,		d. fourth, or fifth ta	ax vear as a sectio	<u> </u>	
	organization, check this box and stor	/	,	,	,		
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2016 (	line 6, column (f) d	ivided by line 11, c	column (f))		14	%
15	Public support percentage from 20/15	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2016. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶□
b	33 1/3% support test - 2015. If the o	organization did no	ot check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	fies as a publicly s	supported organiza	ation			<b>&gt;</b>
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization .		. ▶∟]
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	ın Part VI how the	·
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ind see instruction	s <b>•</b>
	V				Sche	dule A (Form 990	or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	15,959.	17,317.	11,040.	7,823.	18,955.	71,094.
2	Gross receipts from admissions, merchandise sold or services per-		·			-	
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	834,742.	1147214.	1181582.	1213145.	1192459.	5569142.
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						
3	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	850,701.	1164531.	1192622.	1220968.	1211414.	5640236.
	Amounts included on lines 1, 2, and						30102301
	3 received from disqualified persons						0.
t	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.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						5640236.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
_	Amounts from line 6	850,701.	1164531.	1192622.	1220968.	1211414.	5640236.
102	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4.	1.				5.
	Unrelated business taxable income		T •				<u> </u>
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	4.	1.				5.
	Net income from unrelated business activities not included in line 10b,	4.					<u> </u>
	whether or not the business is regularly carned 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)	850,705.	1164532.	1192622.	1220968.	1211414.	5640241.
14	First five years. If the Form 990 is for				x year as a section	1 501(c)(3) organiz	
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2016 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	100.00 %
16	Public support percentage from 2015	Schedule A, Part	III, line 15				100.00 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	16 (line 10c, colum	nn (f) divided by lin	e 13, column (f))		17	.00 %
	Investment income percentage from 2	•	•	. , , , , ,	İ	18	%
	33 1/3% support tests - 2016. If the			on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box at	nd stop here. The	organization quali	fies as a publicly s	upported organiza	ition	$\triangleright \mathbf{x}$
b	b 33 1/3% support tests - 2015. 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%, che	ck this box and st	op here. The orga	nızatıon qualifies a	s a publicly suppo	orted organization	. ▶∐
20	Private foundation. If the organization	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- c 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.
- 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 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- 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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1_	_	
	2		
	3a		
	3b_		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7	_	
	8		
	_9a		
	9b	_	
	9c		
	40		
	10a		
. 0	10b	0-EZ)	2016

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI ) See instructions. A
	<ul> <li>other Type III non-functionally integrated supporting organizations must c</li> </ul>			
Sect	ion A - Adjusted Net Income		(A) Pnor 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	1		
	maintenance of property held for production of income (see instructions)	6		<u> </u>
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	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		
	Average monthly cash balances	1b		
	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	<u> </u>	
2	Enter 85% of line 1	2		
3	Mınımum 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	Illy integrate	d Type III supporting org	janization (see
	instructions)			•

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

and 4c

а

8 Breakdown of line 7:

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 20	16 Evanston	Soccer	<u>Association</u>		<u>36-3794354                                   </u>	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section I Section D, lines 5, 6, an	<b>Drmation.</b> Provide i 1, 2, 3b, 3c, 4b, 4c, D, lines 2 and 3; Part	the explanation 5a, 6, 9a, 9b, 9d IV, Section E, li	is required by Part II, line c, 11a, 11b, and 11c, Part nes 1c, 2a, 2b, 3a, and 3b , and 6 Also complete thi	10, Part II, line 17a or 1 IV, Section B, lines 1 a ; Part V, line 1; Part V, !	7b, Part III, line 12; nd 2; Part IV, Section Section B. line 1e. Pai	C.
	(See instructions)				·- <u>·</u> -		
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632028 09-21-16

### SCHEDULE D

Department of the Treasury

Internal Revenue Service

(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.lrs.gov/form990.

Open to Public

Inspection

Name of the organization Employer identification number Evanston Soccer Association 36-3794354 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

21

632051 08-29-16

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

Schedule D (Form 990) 2016

		n Soccer A				· · · · · · · · ·	36-37	<u> 94354</u>	Page 2
Par									
3	Using the organization's acquisition, accession (check all that apply).	on, and other record	ds, chec	k any of the	following that are a	significa	ant use of its	collection	items
	`		. $\Box$	1					
а	Public exhibition	C			hange programs				
b	Scholarly research	•	•	Other					
C	Preservation for future generations								
4	Provide a description of the organization's co							rt XIII	
5	During the year, did the organization solicit o	r receive donations	of art, hi	istorical trea	sures, or other simi	lar asset	is	_	
	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Yes" o	on Form	990, Part IV,	, line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other assets n	ot includ	led		
	on Form 990, Part X?						L	Yes	└ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:					
								Amount	
С	Beginning balance						c		
ď	Additions during the year					1	d		
е	Distributions during the year						е		
f	Ending balance						lf		
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21. for	escrow or cu	ustodial account lia	<u> </u>		Yes	No
	If "Yes," explain the arrangement in Part XIII.						_		一
Par									<u></u>
	C   D. Completo	(a) Current year	T	nor year	(c) Two years back		ree years back	(e) Four y	eare hack
	Danis and of war halance	(a) Current year	(0)	noi yeai	(c) Two years back	1 (0) 111	ec years back	(e) rour y	cars vack
1a	Beginning of year balance		<del> </del>			<del>                                     </del>	<del></del>	<del> </del> -	
þ	Contributions	<del> </del>	<del> </del>			<del> </del> -		<del> </del> -	
С	Net investment earnings, gains, and losses		<del> </del> -			<del> </del>		ļ	
	Grants or scholarships					<del> </del>		ļ	
е	Other expenditures for facilities								
	and programs		ļ		<del></del>	<u> </u>		ļ	·
f	Administrative expenses		ļ			<del></del>		<u> </u>	
g	End of year balance		<u> </u>		<u>.                                    </u>	<u></u>		<u> </u>	
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	i)) held as <sup>.</sup>				
а	Board designated or quasi-endowment		%						
b	Permanent endowment ▶	%	<del></del>						
	Temporarily restricted endowment ▶	- <u></u>							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
32	Are there endowment funds not in the posse	· ·	ation tha	at are held a	nd administered for	the ora	anization		
Ou	by							[v	es No
	(i) unrelated organizations							3a(i)	<u> </u>
	•								<del></del> -
	(ii) related organizations		0	Salandaria DO				3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza							_3b	
Ba-	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		owment	runas.					
Га			0 0-4 1	/ lmo 11a C	'an Farm 000 Dart	V lime 1	<b>^</b>		
	Complete if the organization answered								
	Description of property	(a) Cost or o		(b) Cost	, ,	Accumu		(d) Book	value
		basis (investi	ment)	Dasis	(other) d	epreciat	lion		
1a	Land								
b	Buildings								
c	Leasehold improvements .								
d	Equipment			<u></u>					
е	Other			21	3,002.	74	518.	138	,484.
	L Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colur	-			<b>—</b>	138	,484.

Schedule D (Form 990) 2016

(8) (9)

2,623.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Evanston Soccer Ass		<u> </u>	3794354 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Finance	ial Statements With Revenue pe	r Return	),
Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statement	ents	1	1,211,414.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities c Recoveries of prior year grants	2b		
OV. (December Ded VIII)	2c   2d	<del> </del>	
e Add lines 2a through 2d	_20	2e	0.
3 Subtract line 2e from line 1	•	3	1,211,414.
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,		5	<u>1,211,414.</u>
Part XII Reconciliation of Expenses per Audited Finance	-	per Retu	rn.
Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a	<del></del>	1 241 224
1 Total expenses and losses per audited financial statements		1	1,341,034.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	0-	:	
a Donated services and use of facilities     b Prior year adjustments	2a   2b	<del> </del>	
c Other losses	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	1,341,034.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII )	4b		
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	I, line 18.)	5	1,341,034.
Part XIII Supplemental Information.	4		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3 and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide the part XII, lines 2d and 4b.		line 4; Part	X, line 2, Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pro-	ovide any additional information.		
Part X, Line 2:			
ESA is exempt from income taxes under	Section 501(c)(3) of	the T	J.S.
		_	_
Internal Revenue Code and comparable	<u>state law, and contri</u>	bution	ns to it
		~ .	202 1
are tax deductible within the limitat	ions prescribed by th	<u>le Code</u>	e. ESA has
been classified as a publicly support	od organization which	ia n	s+ s
been crassified as a publicity support	ed Organization which	. то по	oc a
private foundation under Section 509(	a) of the Code and du	alifia	es for
private foundation ander becefor 505(	a, or the code and qu		28 101
deductible contributions as provided	in Section 170(b)(1)(	A)(vi	). No
provisions for income taxes are require	red <u>for th</u> e years end	.ed <u>Ju</u> r	ne 30, 2017
and 2016 as ESA had no unrelated busin	<u>ness income. ESA has</u>	no ur	ncertain
		_	
tax positions for the year ended June	30, 2017.The federal	incor	ne tax
makuma salah salah salah salah salah		16 04	N1E
return of the Organization for the year	ars ended June 30, 20	16, 20	Jis, and
2014 are subject to examination by the	a Internal Powence Co	rui ce	
632054 08-29-16	e incernar vevenue pe		ule D (Form 990) 2016
		Jonet	1 220/ 20 10

Schedule D	(Form 990) 2016	Evanston Soccer Association	36-3794354 Page 5
Part XIII	Supplemental Info	Evanston Soccer Association rmation (continued)	US OIDED FAGES
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ž Schedule I (Form 990) (2016) **Employer identification number** 36-3794354 Open to Public 2016 OMB No 1545-0047 Inspection (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 noncash assistance Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) 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, (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. 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. Evanston Soccer Association Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part II Part

Page 2 (f) Description of noncash assistance 36-3794354 (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) (2016) 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 0 59,753, 27 (c) Amount of cash grant (b) Number of recipients 50 Scholarships/Financial Assistance to needy (a) Type of grant or assistance Schedule I (Form 990) (2016) familles Part III

Schedule I (Form 990) (2016)

632102 11-01-16

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

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.

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

Inspection

Internal Revenue Service Name of the organization

Evanston Soccer Association

Employer identification number 36-3794354

Evansion Soccer Association 36-3/94354
Form 990, Part VI, Section B, line 11b:
The 990 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's governing documents and applicable policies are
available upon request.
Form 990, Part IX, Line 11g, Other Fees:
Professional fees:
Program service expenses 173,562.
Management and general expenses 43,390.
Fundraising expenses 0.
Total expenses 216,952.
Total Other Fees on Form 990, Part IX, line 11g, Col A 216,952.