## VILLAGE OF LOMBARD LOCAL TOURISM GRANT PROGRAM APPLICATION FORM

Organization:	Firebirds Soccer Club		
Name of event:	DuPage Preseason Invitat	ional	
Date of event:	8/14/2020	Event location:	Various Lombard Parks
Contact person:	Carl Goldsmith	Title:	Vice President
Business address:	P.O. Box 1394	City & Zip	Lombard, IL 60148
Telephone:	630-705-9535	Email:	carlgoldsmith@sbcgloba 1.net

## GENERAL INFORMATION

## **PROJECT OVERVIEW**

Total cost of the project:	\$30,000.00
Cost of city services requested in this application (if any):	\$N/A
Total funding requested in this application:	\$10,000.00
Percent of total project cost being requested:	30%
Anticipated attendance:	4,000
Anticipated number of overnight hotel stays:	50

Briefly describe the project for which are funds are being requested:

The Firebird Organization is hosting a U8-U18 soccer tournament in Lombard. Our hope is to expand the enrollment in our organization by inviting towns near and far to visit Lombard and learn more about both our soccer organization and our community. We also hope to expand the services and facilities we offer our travel soccer players in Lombard. We expect this tournament will bring a large number of people to Lombard all weekend long and are applying for a grant to help fund the tournament.

## ORGANIZATION

Number of years that the organization has been in existence:	26
Number of years that the project or event has been in existence:	4
Number of years the project has been supported by Village of Lombard funds:	3
How many years does the organization anticipate it will request grant funding?	Annually

1) Describe the organization (include brief history, mission, and ability to carry out this project):

The Firebirds Soccer Club is a competitive travel soccer club offering programs for the youth of Lombard and the surrounding communities. We have teams for both boys and girls from age U8 (under 8) to U19 as well as an Over 35 Men's team. Established in 1994, the Firebirds motto is: Play Hard, Have Funl

Our mission is to provide a quality environment in a competitive atmosphere for those children and young adults who are willing to dedicate their time and effort to the great game of soccer; we emphasize the integrity of the game, exemplified by the utmost good sportsmanship with the primary purpose to develop all players to the best of their ability. The Firebird organization has the name recognition and reputation that is necessary to attract many teams from near and far to join in. The organization participate in many tournaments and has many years of experience as a participant.

The Firebird Soccer Club is hosting its 4th Annual DuPage Preseason Invitational soccer tournament in Lombard. The event is for boys and girls ages 7-19. The Club continues to see growth in the event and has become a destination for clubs seeking to play a tournament prior to the Fall season starting. We expect this tournament will bring a large number of people to Lombard all weekend long and are applying for a grant to help fund the tournament.

2) Please describe how the program and any proceeds from the event support the goals and objectives of the organization, other local groups or initiatives, and the community at large:

1.Fundraising – By Firebirds hosting a tournament, we can earn extra revenue to pay for the necessary equipment and field space so that teams within the Firebird organization can continue to make the most of their practices. A fundraising tourney can also help Firebird teams save up enough money to travel to another tournament in the future. Proceeds from the tournament will allow the club to fund capital improvements in conjunction with the Lombard Park District. A significant limitation for the Club is a lack of illuminated practice facilities. We are working with the Park District on the conversion of an existing illuminated baseball field located at Four Seasons into a dedicated soccer facility.

2. Recognition – Another great reason for hosting soccer travel tours is that they can help make an organization better known throughout the travel soccer community. Planning a soccer event takes a lot of time, energy and thoughtful organization, and the actual event itself takes many hardworking volunteers and overseers. Other teams greatly appreciate those organizations who host tournaments, and most teams are likely to continue to participate in that organization's future events if the tournament is a success. Hosting a tournament can bring respect and recognition to even the smallest soccer organizations.

3. Development – Putting on a travel tournament not only helps a soccer organization and all of the teams within it, but also benefits the local community. Tourneys that take place over a whole weekend can bring attention to a small city or town, and it can help boost its economy. Teams coming from out of town will need a place to stay for the weekend, as well as meals throughout the weekend. This helps both local hotels and restaurants, and it gives

3) What is the organization's plan to make the project self-sustaining?

The Firebirds SC is a 501c3 and is a self-sustaining organization, with the exception of the DuPage Preseason Invitational.

## **PROJECT DESCRIPTION**

Is the event open to the general public?	🛛 Yes	🗆 No
Do you intend to apply for a liquor license for this project?	□ Yes	🛛 No
Will any revenues from this event be returned to the community?	🛛 Yes	🗆 No
Have you requested grant funding in the past?	🛛 Yes	🗆 No
If yes, provide grant awards for past 5 years:		

Firebirds SC received grants in the amount of \$5,826.17 (2017),\$7,950.00 (2018) and \$7,950.00 in 2019.

## 1) Provide a full detailed description of the proposed project or event.

The event will include 70-80 teams from the ages of U8 - U18 boys and girls. The plan is to have two brackets, a guarantee of three games for each team over the weekend. The games will be two -25 - 35 minute half's - intermission of 5 minutes. We will utilize 11 fields. We can provide a specific listing of each field / timing and an overall template upon request.

2) If your application is accepted, how will the tourism grant funds be used?

The grant funds will be used to support the overall soccer tournament expenses listed in our budget as well as to support the increase visibility of the Lombard area and marketing to enhance the local economy. Additional emphasis will be on the marketing a sponsorship of the event.

3) What modifications to the event or other steps will be taken to increase event attendance over previous years (not applicable to first time events)?

Key to positive tournament experience:

- Market what to do with available leisure time to explore the region when games are not being played.
- Convenient lodging for out of town and early/late games as well as attendees looking to make a weekend of it in Lombard.
- Clear, easy to understand registration processes, check in process and tournament communications
- Easy access to the fields and parking
- Excellent field conditions
- Well trained volunteer and referee staff
- Well spaced games that allow for travel and rest time
- An appropriate level of competitiveness for teams of a given ability level
- Availability of healthful concessions at all times of day during the tournament
- Merchandise for sale throughout the tournament including t-shirts

Working to ensure that these details are addressed will create loyalty to our tournament, encouraging given travel teams to return year after year. We will be improving all of these items based on the

feedback from our 2018 tournament. The only limitation we foresee is limitations on field space.

## LOCATION

Provide the location of the event or project. If a location has not been secured, list the venue(s) being proposed or considered.

Firebird Soccer Club has obtained approval from the Lombard Park District to utilize the available parks such as Sunset Knoll, Southland, Four Seasons, Glenbard East, Madison Meadow & Westmore Woods.

## MILESTONES AND TIMETABLES

Describe the milestones that will mark the progress towards implementing the project and provide a timetable for the completion of each milestone.

December 2019 – Committee Chair Formations January 2020 – Meet with DuPage County Tourism to plan for marketing and sponsors January 2020 - Launch the initial save the date to all Midwest soccer organizations – Discount for early registration February 2020 – Monthly Tournament Committee Chair Meeting March 2020 – Monthly Tournament Committee Chair Meeting April 2020 – Monthly Tournament Committee Chair Meeting May 2020 - Committee meeting to review progress and address any pending tasks June 2020 - Locking down all competitive quotes and securing final contracts June 2020 - Committee meeting to review progress and address any pending tasks July 2020 – Identify attendees – and revenue from fees July 2020 – Committee meeting to review progress and address any pending tasks July 2020 – Develop specific vendor plan – timing/location/resources August 2020 – Committee meeting to review progress and address any pending tasks August 14th Tournament begins

IMPACT

1) Please describe how the event or program will promote overnight stays and/or tourism within the Village of Lombard.

Our plan is to engage the DuPage County Convention & Visitors Bureau for guidance on how to market and engage the following:

- Lodging
- Dining
- Shopping
- Attractions
- Events

Our goal is to bring teams from all over the State of Illinois as well as the surrounding Midwest area to Lombard. With the potential of over 4,000 people attending this tournament from all over we anticipate folks looking for lodging to reduce travel time, accommodate early and late games, allow families to spend more time enjoying their free time rather than driving back and forth. Once we determine all of the items we want to highlight, we will be marketing the benefits of staying in Lombard for the weekend on our website as well as throughout the tournament event.

Estimates ..

Lodging: if 4 teams come from out of the region/state – that's potentially 12 participants on each team, average

family of 4 people - 192 people - average family has 4 people - that's 48 rooms - \$100 a night for two days - \$7,200 revenue

Dining: if 100% of the families eat one meal in Lombard during the three day tournament – 4,000 people - average meal per person \$7.50 = 4,000\*7.5 = \$30,000

We are not event touching on the stops for gas, water, Gatorade, gum, snacks, nick knacks ... this all adds up ...

These are conservative estimates.

2) Please describe the economic benefit to local businesses and the Lombard community. How will your event draw more people from outside the local market (50 miles or more) or attract a new visitor audience?

The Firebird organization has opened up this event on our website to all teams across the Midwest. We will invite teams from all over our state as well as the Midwest area which will exceed 50 mile radius. Many IL teams travel to Wisconsin, Iowa, Minnesota, and Indiana on a regular basis for these types of tournaments. This year we seen our first out of state teams attend from Peoria, IL Assuming we have 75 teams attend, we will be welcoming a potential 4,000+ people to Lombard over the weekend. We will be marketing our businesses, lodging, shops, dining etc. on our website as well banners ... local food vendors ... handing out flyers on where to go and what to do ...

3) Who is the target audience for your event or project? What is your anticipated attendance?

Our target audience is all travel soccer teams in the Midwest area. The ages are U8 to U18 which is a wide range of children.

4) Please identify and detail the estimated cost of any Village of Lombard services anticipated as part of the event (e.g., Police, Public Works, barricades, etc.). For each cost, confirm whether the costs for such services be reimbursed to the Village or are requested to be covered under this grant.

The only potential need from the Village could be related to parking, however we managed the parking with no issue this year utilizing volunteers.

5) Please describe any collaborative arrangements developed or anticipated with other organizations to

Firebirds SC are now members of the Lombard Chamber of Commerce. We hope to form relationships with other organizations in the community. Our goal is to get larger businesses and entrepreneur's interested in supporting our club while at the same time marketing their own business to our community and those of other communities.

fund or otherwise implement the project (including in-kind donations).

6) Please describe your marketing plan. Detail the strategies your organization will use to promote the event or project (e.g., advertising, public relations, marketing, print materials, promotional pieces).

We are already marketing our tournament on Got Soccer, which is an online provider that allows clubs to search for tournaments, register and find out the details on what our tournament offers. Next we will have information on our website, we will have a tournament page that will include all of the tournament details along with lodging, shopping, dining etc. We utilize Ed Morton e-blast to send advertisements to all contacts in IL and surrounding states.

## FINANCES

- Please include a detailed itemized budget for your entire event on the attached budget form (2 years of past actuals and estimates for upcoming event).
- Attach a copy of the most recently completed agency audit and Federal Form 990. If these documents are not available, please explain why they are not available.

## CHECKLIST

- ☑ Completed Local Tourism Grant Program Application Form.
- $\boxtimes$  Completed detailed budget form.
- Promotional materials from past events (not applicable to first time events).
- Post event summary from past event (not applicable to first time events).
- □ Copy of the most recently completed agency audit or explanation of why it is not available.
- □ Copy of the most recent Federal Form 990 for the agency or explanation of why it is not available.

Additional Notes, Comments or Explanations:

Audit and financial information will be provided.

**CERTIFICATION** The undersigned certifies that to the best of his or her knowledge and belief that data in this application are true and correct, the application has been duly authorized by the organization and any funds received under this grant will be used for the purposes described in this application.

Name:	Carl Goldsmith	a subar da antina a subar para parte a subar da da antina da antina da antina da antina da antina da antina da
Title or office held;	Nice President	Date: 12/9/2019
Signature:		

## LOCAL TOURISM GRANT PROGRAM DETAILED BUDGET

Event: DuPage Preseason Invitational Date: 12/9/2019

Organization: Firebirds SC

INCOME: Include an itemized list of all actual (past 2 years) and estimated project revenues (entry fees, gate receipts, food/beverage sales, donations, sponsorships, booth rentals, souvenir sales, other revenues)

ITEMIZED REVENUES	2018 ACTUAL	2019 ACTUAL	2020 ANTICIPATED
Lombard Tourism Grant	\$7,950.00	\$7,950.00	\$10,000.00
Team Registration	\$21,037.50	\$22,709.00	\$30,000.00
Sponsors	\$300.00	\$300.00	\$3,000.00
Food/Merchandise	\$207.10	\$79.00	\$1,000.00
Volunteer Fees	\$2,400.00	\$2,700.00	\$2,700.00
Total Income	\$31,894.60	\$33,738.00	\$46,700.00

**EXPENSES:** Include an itemized list of all actual and estimated project expenses (advertising, supplies, labor, rentals, insurance, materials, entertainment, other expenses)

ITEMIZED EXPENSES	2018 ACTUAL	2019 Actual	2020 ANTICIPATED
Training Expenses	\$2,840.00	\$1,600.00	\$3,200.00
Park District Fees	\$2,700.00	\$890.24	\$2,000.00
Athletic Trainers	\$0	\$780.00	\$1,400.00
Awards/Prizes	\$600.00	\$1,107.20	\$1,300.00
Marketing/Advertising/Signage	\$1,139.00	\$0	\$9,375.00
Tournament Sanctioning Fees	\$300.00	\$400.00	\$400.00
Software	\$1,095.00	\$1,495.00	\$1,600.00
Misc. Supplies/Materials	\$206.44	\$151.71	\$150.00
Referee Fees	\$11,270.00	\$8,175.00	\$13,000.00
Referee Coordinator Fees	\$1,610.00	\$1,500.00	\$1,700.00
		RET Provident (Part and a sec	
Total Expenses	\$21,760.44	\$16,099.15	\$34,125.00

**IN-KIND CONTRIBUTIONS:** Include an itemized list of all actual and estimated in-kind contributions. In-kind contributions are non-cash donations, contributions or gifts which can be given a cash value (include Village of Lombard in-kind services, where applicable)

ACTUAL	ACTUAL	ANTICIPATED
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Estimated value of in-kind	\$	\$ 1999
contributions (explain)		
55 E. Wilson Avenue, Lombard, IL	60148.	

## VILLAGE OF LOMBARD LOCAL TOURISM GRANT - POST EVENT SUMMARY

This post event summary must be completed within 90 days of the event completion. Failure to submit a post-event summary may affect the applicant's ability to receive future grant funds.

Organization:	Firebirds S	С	Name of event:	DuPage Preseason Invitational
Date of event:	8/16-18/201	9	Event location:	Lombard Park District Facilities
Contact person:	Carl Goldsn	oith	Title:	Tournament Director
Business address:	P.O. Box 13	194	City & Zip:	Lombard, IL 60148
Telephone:	630-705-9535		E-mail address:	carlyoldsmith asbcylobal.net
Estimated attendance:	4,000		Estimated hotel s	
Method for estimating attendance: We had and an a staff/cos			ge four family attendee	verage 15 players on each team, s (including player), plus training

## GENERAL INFORMATION

1) Please summarize the advertising and marketing placed to promote the event. Please attach examples of event marketing pieces and advertisements.

We used Facebook, Got Soccer, Mail Chimp and other marketing material to circulate our tournament information. See Attached samples.

2) Provide a general assessment of the event. What were the successes of the event? Are there any concerns or recommendations of changes for future events?

Our goals were to grow the tournament, bring out of the area teams into Lombard and grow our overall income to enhance our club. We achieved all of those goal. Our number of registered teams was equal to the 2018 event; however, we saw growth in the number of teams from outside our region. We had teams from Peoria and Sterling, which increased the number if overnight stays. We are at a point where the number of available fields create a logistical challenge for future tournaments. ament.

3) How did the actual outcomes of the program or event compare to your original expectations? How did the event compare to the proposal and concept as initially presented to the Village?

We continued to see positive results from the event. We are receiving great feedback on the event and the variety of activities available to teams in between games. We joined the chamber of commerce to try and encourage local businesses to participate and sponsor the event. We see this as a huge area of growth for future events.

4) Summarize how the program performed from a budgetary standpoint and describe how the program and any proceeds from the event were supportive of the organization, other local groups, initiatives or the community at large. Please see our multi-year budget estimate/actual attached. We are getting much more accurate at our budgeting. Due to weather cancelling our event on Sunday (8/18/2019) and refunding registration fees, we saw less income for registrations. We did see an offset in the cost to run the event. Fees for referees and athletic training were lower than expected.

The proceeds from our tournament are going toward a capital project Firebirds FC has create to develop a site here in Lombard that includes multiple fields that have lights for night games/training. The fields would have drainage systems that allow for more games played during adverse weather. We are communicating with Lombard Parks to get quotes and a full understanding of what the cost will be.

Firebirds FC mission is to help develop our players to the best of their ability, continuing to grow our overall offerings/facilities will help us continue to enhance our ability to do that in the Lombard community. In addition to all of that, Firebirds FC takes a portion of all of its income and provide scholarships back to members of the community that apply and qualify.

# 5) Describe your organization's long-term plans for funding this project or event.

Our plan to fund the DuPage Preseason Invitational in the future is to continue to keep the entry fees competitive with the other tournaments we are competing against. Highlight the benefits Lombard has to offer that are beyond those of other tournaments and continue to make sure the DuPage Preseason tournament experience is something these clubs enjoy and want to continue to come back to year after year. We had great feedback during the tournament on the quality of our fields, amenities in our Lombard community and level of communication to share all of these great offerings in our community to our participants. One major thing we need to do a better job next year is engaging our local businesses to participate in sponsorship which will result in more activity for the local businesses.

#### SUBMISSION INSTRUCTIONS

Please submit the completed form within 90 days of the event completion to Nicole Aranas, Assistant Village Manger, by e-mailing aranasm@villageoflombard.org or by using the submit button below.

Submit Please note that the applicant must save the completed form and have Microsoft Outlook to use the submit button above. If you do not receive a confirmation receipt of your completed application, please contact Nicole Aranas at 630-620-3085 or aranasn avvillageoflombard.org to confirm.

	DuPag	DuPage Preseason Invitational August 16-18, 2019	len		
	Expenditures	tures			
	2017 BUDGET	2017 ACTUAL	2018 BUDGET	2018 ACTUAL	2019 ACTUAL
Tents (via Park District)	and a second				
Einsurance (roughly 10%)		, 10 1	•	5. ×87	heither
Training Costs \$	3,500.00	1,000.00 \$	1,000.00 \$	2.840.00	\$ 1.600.00
Park District Fees	5 6,000.00	3,045.00 \$		-	
Athletic Trainers				-	
Port a Porties	; 	чл г Ф	ţ		<del>pri d</del> ifit
Awards \$	\$ 600.00	\$ 247.34 \$	600.00 \$	600.00	\$ 1,107.20
Marketing/Advertising/Signage	1,100.00	\$ 700.00 \$	1,500.00 \$	1,139.00	•
Signage - \$1000			40	1,139.00	
Marteting Material - \$500 \$	•	\$ \$	50		:
IrrsA Bond (refundable)	•	\$ 00,00 \$	500.00 \$	8	· · · · · · · · · · · · · · · · · · ·
Prsa Fees (Non Refundable)	\$ 500.00	\$ 250.00 \$	250.00 \$	300.000	400.00
Software Costs - Got Soccer	\$ 1,500.00	\$ 585.00 \$	\$ 00.003	1,095.00	\$ 1,495,00
Safety Materials (Lightening Detection, Safety Vests)	\$ 350.00	~	500.00 \$	206.44	
Food Trucks/Vendors	•	1/1 1/2	500.00 \$	48.08	•
Misceltaneous Supplies		\$ 133.14 \$		alari di ka	\$ 151.71
199 P	\$ 11,550,00	\$ 6,760.48 \$	9,450,000 \$	8,926.52	ý
Referee Fees (est \$80/gome = \$10,480)	\$ 9,000.00	\$ 4,275.00 \$	7,680.00 \$	11,270.00	\$ 8,175.00
	\$ 500.00	\$ 750.00 \$	750.00		
ę		\$ 5,025,00 \$	The state which we have been stated	12,880.00	\$ 9,675.00
TOTAL EXPENDITURES	5 11,550.00	\$ 11,785,48 \$	17,880.00 5		16
		Revenues			
	2017 BUDGET	2017 ACTUAL	2018 BUDGET	2018 ACTUAL	2019 Budget
Team Registration Fees (est 50 teams at 5500/team)		\$ 9,150.00 \$	25,000.00 \$	21,037.50	\$ 23,404,00
Grant (Village of Lombard)		\$ 5,826.17 \$	7,950.00 \$	7,950.00	1,500.00
	\$ 2,400.00	\$ 00:006'T \$	1,500.00 \$	00.00E	300,005
Food/Werchandise Sales			45	01.702	1
Volunteer Fee Vermine				2,400.00	\$ 2,700.00
and and and an and an and an		a service and the service of the ser	NOTIFIC TRANSPORT	A ANALY ANALY ANALY ANALY ANALY	
	2,403.00	2 12.376.17 5		31,854.60	33,904.00
PROFIT/(LOSS)	\$ (9,150.00)	\$ 5,090.69 \$	17.070.00 \$	10.086.03	5 17.804.85

Form	990
Departme	nt of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2018 Open to Public

Inte	emal Revenue Servic		Information.		inspecti	on
A	For the 2018	calendar year, or tax year beginning $07/01/18$ , and ending $06/30/$	19			
B	Check if applicable:	C Name of organization		Employe	r Identification number	
	Address change	FIREBIRDS SOCCER CLUB				
	Name change	Doing business as			970692	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 1394	Room/suite E	Telephon	e number 928-1289	
H	Final return/	City or town, state or province, country, and ZIP or foreign postal code		J 1 2 -	520-1205	_
	terminated	LOMBARD IL 60148		-	404	1 100
	Amended return	F Name and address of principal officer:	[ G	Gross rec	8ipts \$ 494	1,186
	Application pending	JOHN FISHER	H(a) is this a group	return for a	subordinates? 🗌 Yes	X No
		1661 AINSLEY LANE	H(b) Are all subord	linates incl	uded? Yes	
		LOMBARD IL 60148			(see instructions)	
-	Tax-exempt status:	X 501(c)(3)	-		(,	
<u> </u>		WW.FIREBIRDSSC.COM	H(c) Group exemp			
ĸ	Form of organization		Year of tonnation:		M State of legal domicil	
-						
-	1	escribe the organization's mission or most significant activities;				
		SERVE AS A VEHICLE THROUGH WHICH LOCAL AREA YOUTH O	F VARIOUS	GES (	<b></b>	
Governance	GAIN	SOCCER TRAINING AND EXPERIENCE				
E				•••••	• • • • • • • • • • • • • • • • • • • •	******
- No	2 Check th	is box > if the organization discontinued its operations or disposed of more than 2	5% of its net asset	s		••••••
() වේ		of voting members of the governing body (Part VI, line 1a)		4	10	
ý		of independent voting members of the governing body (Part VI, line 1b)	••••		10	
Ę	5 Total nur	nber of individuals employed in calendar year 2018 (Part V, line 2a)		5	0	
Activities	6 Total nur	nber of volunteers (estimate if necessary)	********	6	0	
•	7a Total un	elated business revenue from Part VIII, column (C), line 12		7a		0
	b Net unrel	ated business taxable income from Form 990-T, line 38		7b		Ō
			Prior Year	1 11	Current Year	
	8 Contributi	ions and grants (Part VIII, line 1h)		192	17,	109
Revenue	9 Program	service revenue (Part VIII, line 2g)	397,	670	465,	620
No.	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)				0
	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		112	1,	885
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	406,		484,	614
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)	2,	000	1,	500
	14 Benefits p	paid to or for members (Part IX, column (A), line 4)				0
8	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	27,	058		0
) US	16a Profession	na) fundraising fees (Part IX, column (A), line 11e)				0
Expenses	b Total fund	nal fundraising fees (Part IX, column (A), line 11e) traising expenses (Part IX, column (D), line 25) ▶ 0				
w	17 Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	396,		453,	
		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	425,		455,	
	19 Revenue	less expenses. Subtract line 18 from line 12	-19,		29,	564
ts or	20 Total and	ets (Part X, line 16)	Beginning of Current 97,		End of Year	DOF
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Net Assets or Fund Belances	21 Total liabi	lities (Part X, line 26) s or fund balances. Subtract line 21 from line 20	97,		196	
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		repury, I declare that I have examined this return, including accompanying schedules and stateme implete. Declaration of preparer (other than officer) is based on all information of which preparer t		n my Kno	nviege and belief, it i	15
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Sig		gnature of officer		Date		
Hei		JOHN FISHER PRESI	DENT			
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	Print/Type prepar	ers nam	8		P	reparer's	signature		Date		Check		if	PTIN	
Paid	MARIA KELLY								10/3	0/19	self-empl	oyed	11	P01229778	3
Preparer	Firm's name	•	CATALANO,	CZ	BOOI	R &	co.,	LTD.		Firm's	EIN 🕨		36	-35252	59
Use Only			101 W 22	ND	ST	STE	207								
	Firm's address	•	LOMBARD,	IL	60	148				Phone	no.	63	30	-261-0	550
May the IRS discuss this return with the preparer shown above? (see instructions)															
For Paperw DAA	ork Reduction	Act No	tice, see the sepan	ate insi	tructions	<b>S</b> .								Form 990	0 (2018)

m 990 (20	18) FIREBIRDS S	OCCER CLUB		36-3970692		Page
Part III	Statement of Prog	ram Service Accor				
			se or note to any line in	this Part III		
	describe the organization's					
			WHICH LOCAL AF	REA YOUTH O	VARIOUS AGE	S CAN
GAIN	SOCCER TRAINI	NG AND EXPER	TENCE			
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	(0) de de bes		tere derine the uncertainty of	was not listed on the		
	-		ices during the year which v		Г	Yes X N
	m 990 or 990-EZ?	ee ee Pehadula O			······································	
			changes in how it conducts,	any program		
services					Г	Yes X N
	" describe these changes or	n Schedule O		· · · · · · · · · · · · · · · · · · ·		
			nts for each of its three large	est program services, a	as measured by	
			e required to report the amo			
	I expenses, and revenue, if			•	<b>·</b>	
			•			
a (Code:	) (Expenses \$	454,026	including grants of \$	1,500	) (Revenue \$	
SOCCE	R TRAINING OF	LOCAL AREA	including grants of \$ YOUTH AND COME	PETITION IN	LEAGUE AND	
	AMENT PLAY					
L PROVIDENCE						· · · · · · · · · · · · · · · · · · ·
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b (Code:	) (Expenses \$		including grants of \$		(Revenue \$	
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: (Code:	) (Expenses \$		including grants of \$	)	(Revenue \$	
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		2277 3257 3257		······································		
Other pr	ogram services (Describe ir	1 Schedule O.)				
d Other pr (Expense		n Schedule O.) including grants o 454,	of \$	) (Revenue \$	)	

Form 990 (2018) FIREBIRDS SOCCER CLUB Part IV Checklist of Required Schedules

36-3970692

			Yes	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	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	44	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Pert I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect 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 provide advice on the distribution or Investment of amounts In such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for Investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part VII	11b		X
C	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? // "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	1 1		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
-	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			-
	Schedule D, Perts XI and XII	12a		<u>x</u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If		- 1	
4.5	"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,			
	fundralsing, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	-+	X
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	40		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	-	X
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		- 1	•
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	- 1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	11		<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	-+	A
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		-	_
	domestic poverment on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2018) FIREBIRDS SOCCER CLUB Part IV Checklist of Required Schedules (continued) 36-3970692

Yes         Yes           22         Did the organization needs that \$5,000 of grants or other assistance to or for dormeallo individuals on Pert IX, column (A), line 27 M "Yes," complete Schedule J, Parts 1 and III.         22           23         Did the organization needs "Ves"," complete Schedule J, Parts 1 and III.         23           24         Did the organization needs "Ves", "complete Schedule J, Parts 1 and III.         23           24         Did the organization have a tax-everatel bord issue with an outstanding principal emont of more than \$10,000 ns of the set of set of the use, fait was alseed after Docords \$1,2002 H "Nes," enswer lines 240 through 244 and complete Schedule J. Nes, "go to the 256 of the use of the set of set of the use, fait was alseed fait Docords \$1,2002 H "Nes," enswer lines 240 through 244 and complete Schedule J. Nes, "go to the 256 of the use of the set of set of the organization. The most net and 501(c)(30 organizations. Did the organization request that the set of the organization and the organization explored in a program particle exception?".         246           26         Section SV(c)(3), S01(c)(4), S					_
Part X, column (A), Ine 27 H "Yes," complete Schedule / Parts I and II       22         23       Did the organization news "ref" of Part NI, Section A, Ims 3, 4, or 5 Sobot compensation of the organization have at taxe-amount bord issues with an outstanding principal amount of more than \$10,0000 at of the last day of the year, that was issued after December 31, 2022 H "Yes," enswer lines 240       24a         20       Did the organization news at taxe-amount bord issues with an outstanding principal amount of more than \$10,0000 at of the last day of the year, that was issued after December 31, 2022 H "Yes," enswer lines 240       24a         20       Did the organization news at taxe-amount bord issues with an outstanding principal amount of more than \$10,0000 at of the last day of the year, that was issued after December 31, 2022 H "Yes," enswer lines 240       24a         20       Did the organization news at an eacow account there than a multimating exercer at any time during the year       24a         20       Did the organization at eacom an out the than a multimating sectore at any time during the year       24d         28       Section 501(c)(3), 601(c)(4), and 501(c)(2) organizations. Did the organization engage in an access benefit transaction with a disqualified percent in a provide of any of the organization or payshes to any organizations at the any anot of the percent if "Yes," complete Schedule L, Part I       255         29       Did the organization provide any of the organization or payshes to any constraints and any and the organization provide any of the percent if "Yes," complete Schedule L, Part I       27e         29				Yes	No
23         Did for arguinzation arswer "Ver" to Fart VII, Section A, Im 3, 4, or 5 shout compensation of the organization current enditors, induced, rustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.         23           240         Did to arguinzation have at the seventh bond base with an outsiding principal mount of more than structure proceeds of tax-averant bond base with an outsiding principal mount of more than structure proceeds of tax-averant bond base with an outsiding principal mount of more than structure proceeds of tax-averant bond base with an outsiding principal mount of more than structure proceeds of tax-averant bond base with an outsiding eccew of any time during the year         24a           24         Did the organization metrical and soft(2)?         24a         24a           24         Did the organization metrical and soft(2)?         24a         24a           25         Section St(2)(3), S(1)(4)(4), S(1)(4)(3), S(1)(4)(4), S(1)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	22				
organization's current and former officers, thisebox, tusices, key employees, and highest compressibil employees? If Yes, complete Schedule J.         23           24a         Did the organization have a tax-everent bond laxe with an outsanding principal empound. If Mere, "answer these 240         24a           25         Did the organization haves a tax-everent bond laxe with an outsanding principal empound. If Mere, "answer these 240         24a           25         Did the organization haves an encow accound there than a multicating accound at principal exerces at any tax-exempt bonds?         24a           26         Did the organization haves any proceeds of tax-exempt bonds beyond a temporary policid exception?         24a           26         Did the organization haves any proceeds of tax-exempt bonds?         24d           28         Section 501(c)(3), 601(c)(4), and 501(c)(2)) organizations. Did the organization engage in an excess benefit transaction with a disqualified period in a prior year, and the neighbor and the organization and on any other organization's prior.         25b           29         Did the organization mound on Part X. Kine 5, 6, or 22 to resolvables from or psystels to any current or former officers, diversion, they are complete Schedule L, Part I.         25c           29         Did the organization and any organization and prior year.         26b           210         Did the organization and any or organization and prior year.         25b           220         Did the organization and any any ordination and second any orga			. 22		X
employment if Yos, 'complete Schedule J.       23         240       Did the organization have a tracevement board issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Decomber 31, 2002? If Yos,'' answer fines 24b       24a         240       Did the organization meet any proceeds of fuscessmpt boards beyond a temporary petiod acception?       24b         241       Did the arguinzation meet any proceeds of fuscessmpt boards beyond a temporary petiod acception?       24d         246       Did the arguinzation meet and an 63 50 (260) comparisations. Did the organization access benefit transaction with a disqualified perion during the year?       24d         247       Did the organization access that the transaction than on thom organization. Did the organization access benefit transaction wave that the properties of access benefit transaction wave that the properties of the organization access benefit transaction bar not bear reported on any of the organization's prior Forms 990 or 990-227       27b         28       Did the organization access the comparised benefit on a propriote schedule L Part I       27c         29       Did the organization access the comparise schedule L part III       28a         29       Did the organization access the complet access	23				
24a       Did the organization have a tracewarmy bond issue with an outcharding principal encount of more than       3100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," encound from the year       24a         2       Did the organization ministic any proceeds of tax-axis must be have after December 31, 2002? If "Yes," encound the year       24a         2       Did the organization ministic any proceeds of tax-axis must be honds beyond a temporary petiod exception?       24a         2       Did the organization ministic any proceeds of tax-axis must be honds beyond a temporary petiod exception?       24d         2       Did the organization ministic any on bond of the sum of the organization engage in an excess benefit transaction with a disqualified perron in a proveyear, and that the transaction has not been reported on any of the organization profiles Schedule L, Part I       25a         2       Did the organization mopont any amount on Part X, line 6, 6, or 22 the neokvables from or paybles to any current or from of redores. Tuxteses, key employees, highest componisated on englose there or idequalified persons 11 "Yes," complete Schedule L, Part II       25b         2       Did the organization on order X, lines 6, 6, or 22 the neokvables from or paybles to any current or former offloer, director, tuxtese, very employees, highest other or any anount or Part X, line 6, 6, or 22 the neokvables from or paybles to any current or former offloer, director, tuxtese, or lines and minister and III       27a         2       Did the organization no words and S2,000 in non-cast conthole organization mether or a 28% controlled unity wor					
S100.000 act the back day of the year; that was issued after December 31, 20027 // Yes," answer fives 24b     24a       b Did the organization invest any proceeds of knexewing bonds beyond a temporary petiod exception?     24b       c Did the organization invest any proceeds of knexewing bonds beyond a temporary petiod exception?     24c       c Did the organization invest any proceeds of knexewing bonds beyond a temporary petiod exception?     24d       24d     24d     24d       25a Section 50(16)(3), 501(44), and 501(2)(20) cognitations. Did the organization argoes in an excess benefit transaction with a disqualified periori furing the year?     24d       25a Section 50(16)(3), 501(44), and 501(2)(20) cognitations. Did the organization argoes in an excess benefit transaction with a disqualified periori furing the year?     25b       25b Did the organization neare that R engaged in an excess benefit transaction with a disqualified periori furing the year?     25b       25b Did the organization neare any amount on Pert X, line 5, 6, or 22 for receivables from or payables to any current or former offican, directors, trustees, key employees, or disqualified periori furing the year?     25b       27 Did the organization provide a grant or other assistance to an officar, director, trustee, key employee, and a sum officar, director, trustee, key employee, and a sum and a sum officar, director, trustee, a levy employee?     27c       28 Was the organization provide a grant or other assistance to any employee?     27d       29 Was the organization reader and the direct, trustee, or key employee?     27e       29 A sumity member			23	-	X
through 244 and complete Schedule K. If "No," go to line 25a         24a           b Did the organization meantain an escore account other than a refunding escrew at any time during the year         24b           c Did the organization meantain an escore account other than a refunding escrew at any time during the year         24c           24a         24b         24b           24b         0 bit the organization on the an 'or both of 'f issuer for bonds culstanding at any time during the year         24c           24a         section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization regues in an excess benefit transaction with a disqualified person that "git year" /f 'Yea," complete Schedule L, Part I         25a           24b         the organization access an influence of the organization spice Forms 900 or 900-E22?         25b           24b         the organization access and on Part X, line 5, 6, or 22 for receivables from or payables to any current or form of theors, director, trustees, key employee, statistantial contributor or employee thereof, a grant or other assistance to an officar, director, trustee, key employee, statistantial contributor or employee thereof, a grant selection committe member, or to a 35K controlled         27           24b         organization provide agrant or other assistance to an officar, director, trustee, key employee, statistantial contributor or employee thereof, a grant selection committe member, or to a 35K controlled         27           24b         organization provide agrant or other assitson organin selection committe member, or to a 35K controlled <td>24a</td> <td>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than</td> <td></td> <td></td> <td></td>	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
b       Did the arganization invest any proceeds of tax-exempt bonds beyond a temporary poind exception?       24b         c       Did the arganization maintain an escow account other than a refunding accrow at any time during the year?       24c         d       Did the arganization maintain an escow account other than a refunding accrow at any time during the year?       24d         d       Did the arganization act as an 'on behalf of tasuer for bonds outstanding at any time during the year?       24d         d       Did the arganization saves that it engaged in an excess benefit transaction with a disputation save that it is engaged in an excess benefit transaction has not been reported on any of the arganization's prior Forms 990 or 980-E22?       26b         d       Did the arganization report aff or any amount on Part X, line 5, 6, or 22 for receivables from or payables to any outern or there arbitrashing a grant selection componisated employees, or disqualified person if a grant or other assistance to an officer, director, trustee, key employee, and that the transaction reported and any of these parsaction second of the following parties (see Schedule L, Part II       27         d       Was the organization report of froms officer, director, trustee, key employee, and any of these parsaction are any of these parsaction the organization report of a disputation parties (see Schedule L, Part II       27         d       Was the organization report of froms officer, director, trustee, rely employee (or a family member thereof)       28a         a A carring orbitria diredow runste, or disord, director, trustee, or orbits Schedule L, Pa		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
b       Did the organization invest any proceeds of ita-exempt bonds beyond a temporary period exception?       246         Did the organization miretian an escow account other than a refunding eccrow at any time during the year?       246         d       Did the organization miretian an escow account other than a refunding eccrow at any time during the year?       246         d       Did the organization avera that a Stife(26) organizations. Did the organization argage in an excess banetit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Storedule L. Part I       256         Did the organization avera that Rengaged in an excess banetit the organization's prior Storedule L. Part I       256         Did the organization avera that the transaction with a disqualitied person in a prior year, and that the transaction has not been reported on any of the organization's prior Storedule L. Part II       265         27       Did the organization argument brokes, is grant section committee members, or is a 355 controlled entity or family member of any of these persons? If "rise," complete Schedule L, Part II       27         28       Was the organization any prior to b aubiess transaction with one of the following parties (see Schedule L, Part II       27         28       A arrent or former officer, director, trustee, or key employee? II "rise," complete Schedule L, Part IV       28a         29       A arrent or former officer, director, instee, or key employee? II "rise," complete Schedule L, Part IV       28a <td></td> <td></td> <td></td> <td></td> <td>X</td>					X
to defease any tex-exempt bonds?     24c       25a     Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a dispatible person during the year? // Yea," complete Schedule L, Part I     25a       25a     Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a dispatible person during the year? // Yea," complete Schedule L, Part I     25a       25b     If Yea," complete Schedule L, Part I     25a       25b     Did the organization reports are access benefit transaction with a disqualified person in a prior year, and that the transaction, the organization's prior Forms 990 or 990-E2?     25b       25b     Did the organization proper tary amount on Part X, the 5, 6, or 22 for monkables from or payables to any current or former officer, directors, trustees, key employees, or is a 355 controlled engloyees, or disqualified person if <i>P</i> 'rea," complete Schedule L, Part II     27       27b     Did the organization approxip to a buriness transaction with one of the following parties (see Schedule L, Part II)     27       28b     Was the organization approxip disord, a grant or other assistance or the following parties (see Schedule L, Part IV)     28a       30     A carrent or former officer, director, trustee, or key employee? If 'Yea,' complete Schedule L, Part IV     28a       31     A carrent or former officer, director, trustee, or key employee? If 'Yea,' complete Schedule M.     28a       30     Da ther organization neave more than 520, 001 non-caste complete Sc	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d       Did the operatization act as an 'on behalf of issuer for bonds outsianding 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 transaction with a disqualified person that a disqualified person that a disqualified person that a disqualified person that the transaction has not been reported on any of the organization's pior Forms 600 or 990-E27       25a         25       Did the organization negots any amount on Part X, line 5, 6, or 22 for resolvables from or payables to any correst of forme offloars, directors, trustees, key employees, highest compensated amployees, or disqualified person 7? // *05," complete Schedule L, Part I       28         26       Did the organization provide a grant or other assistance to an offloar, director, trustee, key employee, subtartial contributor or employee thereot, a grant selection committee member, or to a 35% controlled antify or family member of a current or former offloar, director, trustee, key employee, and the organization provide rate of the selection committee member, or to a 35% controlled antify or family member of a current or former offloar, director, trustee, or key employee? If "Yes," complete Schedule L, Part II       28a         27       Was the organization provide rate or tokey employee? If "Yes," complete Schedule L, Part II       28a         28       A current to former offloar, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a         29       Did the organization notion that or the antify member thereofor was an officer, trustee, or key employee? If "Yes," complete Schedule L, Part IV       2	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
d       Did the organization act as an 'on behalf of issuer for bords outstanding at any time during the year?       24d         25e       Section SOI(c)(3), 501(c)(4), and 501(c)(4) organizations. Did the organization erages in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior forms 900 or 990-E22       25a         b       Is the organization part of the prior of the organization's prior forms 900 or 990-E22       25b         d' Yea, 'complete Schedule L, Part I       25a         260       Did the organization provide any anount on Part X, line 5, 6, or 22 for recovables from or psyables to any courrent or former officers, directors, trustees, key employees, highest compensated employees, or desqualified persons? If 'Yea, 'complete Schedule L, Part II       26         270       Did the organization provid or any of these persons? If 'Yea, 'complete Schedule L, Part II       27         283       A current or former officer, director, trustee, or key employees, substansial contributions or applicable filing thresholds, conditions, and exceptions?       28         284       A current or former officer, director, trustee, or key employee? If 'Yea,' complete Schedule L, Part II       27         285       Schedule L, Part I       28a         286       A current or former officer, director, trustee, or key employee? If 'Yea,' complete Schedule L, Part IV       28a         287       A curent or former officer, director, trustee, or key employee? If 'Yea		to defease any tax-exempt bonds?	24c		
25e       Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Did the organization encodes benefit transaction with a discutilited person during the year? If "Yes," complete Schedule L, Part I       25a         b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 980 or 990-C22       25b         260       Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with on the solution's prior Forms 980 or 990-C22       25b         260       Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior organization provide a grant or other sestemato to nor payables to any current or former officer, complete Schedule L, Part II       26         270       Did the organization provide a grant or other assistance to an officer, fuscher, or to a Stronson P Yes," complete Schedule L, Part III       27         280       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a         291       A nerity of which a current or former officer, director, trustee, or key employee (if a family member thereof) was an officer, director, trustee, or key employee (if a family member thereof) was an officer, director, trustee, or key employee (if a family member thereof) was an officer, director, trustee, or key employee (if a family member thereof)       28a         291       Did the organization neole to indifiect owner/I if "Yes," com	d				
tensaction with a disqualified person during the year/ <i>II "Nes" complete Schedule L, Part I</i> 25a         b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 960 or 990-E27       27 <i>II "Yes," complete Schedule L, Part I</i> 25b         26 Did the organization provide schedule L, Part I       26         27 Did the organization provide schedule L, Part II       26         28 Did the organization provide a grant orther assistance to an officer, director, trustee, key employee, audistantial contributor or employee thereot, a grant selection committee member, or to a 35% controlled entity or family member of a unrent or former officer, director, trustee, relate Schedule L, Part II       27         28 Wes the organization provide relations the organization provide in clored, rustee, relate Schedule L, Part II       28a         29 A carrent or former officer, director, trustee, or key employee? II "Yes," complete Schedule L, Part IV       28a         29 A family member of a current of former officer, director, trustee, or key employee? II "Yes," complete Schedule L, Part IV       28a         29 Did the organization rowide more than 25G, colin in on-cash accombitions of H"Yes," complete Schedule L, Part IV       28a         20 Did the organization noice on thore officer, director, trustee, or key employee? II "Yes," complete Schedule M, Part I       28a         20 Did the organization nordive more than 25G, colin in on-cash accombitions of	25a			1	-
b       is the organization aware that it engaged in an excess benefit transaction with a disquilled person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2?       22b         22       22b       22b         28       Did the organization caport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, freedore, they employees, substrated comblow core peripose thereoto, trustees, key employees, substrated comblow core employee thereoto, trustees, key employees, substrated combolic or employee thereoto, trustees, hey employee, substrated combolic or employee thereoto, trustee, new of the following parties (see Schedule L, Part II)       27         28       Was the cognization a part to business transaction with one of the following parties (see Schedule L, Part IV)       28         29       A carrent or former officer, director, trustee, or key employee? (If "Yes," complete Schedule L, Part IV)       28a         29       A carrent or former officer, director, trustee, or key employee? (If "Yes," complete Schedule L, Part IV       28b         20       A carrent or former officer, director, trustee, or key employee? (If "Yes," complete Schedule L, Part IV       28b         20       A carrent or former officer, director, trustee, or key employee? (If "Yes," complete Schedule L, Part IV       28b         21       Did the organization nealtware or former officer, director, trustee, or key employee? (If "Yes," complete Schedule L, Part IV       28b         22       Did the or			25a		x
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?         28b           If the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any outrent or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "res," complete Schedule L, Part II         26           27         Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof: a grant selection committee member, or to a 38% controlled entity or finally member of any of these persons? If "res," complete Schedule L, Part II         27           28         Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV         28a           28         A current or former officer, director, trustee, or key employee? If "res," complete Schedule L, Part IV         28a           29         Did the organization receive more than S25000 in non-cash contributions? If "res," complete Schedule L, Part IV         28a           20         Did the organization receive more than S25000 in non-cash contributions? If "res," complete Schedule M         29           20         Did the organization receive more than S2500 in non-cash contributions? If "res," complete Schedule M, Part I         30           30         Did the organization receive contributions of an historical treasures, or there similar assets, or qualified conservation anellow, director, trastee, or director inanteer to marker more than 25% of the net assets? I	Ь			1	+
If "Yes," complete Schedule L, Part I       25b         28 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26         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 II       27         28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III)       27         29 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV)       28a         30 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a         31 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a         32 Did the organization receive contributions of the fibral member of a current or former officer, director, trustee, or order or analy member thereot)       28a         33 Did the organization receive contributions of the separatorial measures, or order fibral measures, or qualified conservered current or former officer, director indirect oner? If "Yes," complete Schedule I, Part IV       28a         34 Did the organization neceive contributions of the theread corganization receive anore than 525,000 in non-case controlutions?					
26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payselse to any current or former officer, director, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II       26         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereot, a grant estection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III       27         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a         29       A randity member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a         29       A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28e         29       Did the organization receive contributions? If "Yes," complete Schedule L, Part IV       28e         20       Did the organization receive contributions of art, historical treasures, or other almity member thereof)       28e         20       Did the organization receive contributions? If "Yes," complete Schedule M.       20         31       Did the organization receive contributions of art, historical treasures, or other almitar assets, or qualified conservice Schedule N, Part I       31         32       Did the organization related to any			25h		x
current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified person? If "Yes," complete Schedule L, Pert II     28       27     Did the organization provide a grant or other assistance to an officer, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled     27       28     Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV hestructors for applicable filing thresholds, conditions, and exceptions):     28       29     Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV hestructors for applicable filing thresholds, conditions, and exceptions):     28       4     A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV     28a       5     A netily of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M     28b       6     An entily of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M     28c       20     Did the organization receive control than of art, hieldnical treasures, or other similar assets, or qualified     30       31     Did the organization receive control than of an entily diarganded as separate from the organization under Regulations sections 501/701-2 and 30.7701-37 If "Yes," complete Schedule R, Part I     31       33     Did the organization receive for fuzzy (Y1)/Yes," complete Schedule R, Part II, III, or IV, and Part V, Ime 1	20	r = res, Comparison and $r = r = res r$	200	+	
disqualified persons? If "Yes," complete Schedule L, Pert II       28         27 Did the organization provide a grant of other assistance to an officar, 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         28 Wes the organization a party to a business 'transaction with one of the following parties (see Schedule L, Part IV)       26a         29 The Visite complexite Entropy of these persons? If "Yes," complete Schedule L, Part IV       26a         29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       26a         29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b         c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28c         29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified       20         30 Did the organization receive contributions of art, historical treasures, or onplete Schedule N, Part I       31         31 Did the organization will, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31         32 Did the organization receive any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, ine 1       33	20	•			
27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereot, 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         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a         29       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a         29       A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a         29       Did the organization receive on them S25,000 in non-cash contributions? If "Yes," complete Schedule M       29         20       Did the organization receive contributions? If "Yes," complete Schedule M       29         20       Did the organization receive contributions? If "Yes," complete Schedule M       20         21       Did the organization receive contributions? If "Yes," complete Schedule M       30         21       Did the organization liquidate, terminate, or discolve and cease operations? If "Yes," complete Schedule M, Part I       31         22       Did the organization related to any tax-exempt or transfer more than 25% of is net assets? If "Yes," complete Schedule N, Part II, or Part II, Part, complete Schedule R, Part I, Part II, Part, Complete Schedule R, Part II, III, or Part, Part, Part, Part, Part, Part, Part, Part, Part, P					x
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         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):       a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a         b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b         c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28c         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I       31         31       Did the organization selve, contributions of art, historical treasures, or other similar assets, or qualified       33         32       Did the organization with 00% of an entity disregarded as separate from the organization under Regulations sections 301.7701-32 and 301.7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33         33       Bid the organization neave a controlled entity within the meaning of section 512(b)(13)?       35					<b>•</b>
entity or family member of any of these persons? If "Yes," complete Schedule L, Part III       27         28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28a         29       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a         29       A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b         20       A aurent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28c         29       Did the organization receive, or direct or indirect owner? If "Yes," complete Schedule M       29         20       Did the organization receive contributions of art, historical trassues, or other similar assets, or qualified       30         30       10       Did the organization iselies, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31         20       Did the organization additions? If #Yes," complete Schedule R, Part I, III, or IV, and Part V, ine 1       31         31       Did the organization additions, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       31         32       Did the organization addition that a controlled entity within the meaning of section 512(b(13)?       32         33       Did the organization addition that a contre	27				
28       Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV       28         29       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a         29       A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a         29       A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28c         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I       31         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31         32       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, ine 1       33         33       Did the organization nealing of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2       35a         34       Up the organization related to any payment from or or grage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ii					l
Part IV instructions for applicable filing thresholds, conditions, and exceptions):       a       A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a         b       A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b         c       An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28c         28b       Did the organization receive more than S25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV       28c         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30         31       Did the organization functions, of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, ine 1       31         32       Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, ine 4 a controlled entity within the meaning of section 512(b)(13)?       35a         34       Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35b       35b         35       Section 612(b)(13)?       35a       36a       37       36b       37       36b         36			27		X
a A current or former officer, director, frustee, or key employee? If "Yes," complete Schedule L, Part IV       28a         b A femily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28b         c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)       28c         vas an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV       28c         29 Did the organization receive onrthbutions of at, historical treasures, or other similar assets, or qualified       29         30 Did the organization receive contributions of at, historical treasures, or other similar assets, or qualified       30         31 Did the organization receive contributions of at, historical treasures, or other similar assets? If "Yes," complete Schedule N, Part I       31         32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31         33 Did the organization realized to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV: and Part V, ine 1       33         34 Was the organization nealed to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV: and Part V, ine 1       34         35a Did the organization nealed organization nealed organization nealed organization realed organization realed organization realed as a partnership for federal income tax uproses? If "Yes," complete Schedule R, Part I, III, or IV: as Complete Schedule R, Part V, Ine 2	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
b       A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete       28b         c       An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)       28c         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part I/       28c         20       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.       29         30       Did the organization receive contributions of at, historical treasures, or other similar assets, or quilifed       30         31       Did the organization and the contributions of at, historical treasures, or other similar assets, or quilifed       31         32       Did the organization and the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I. III, or IV and Part V, line 1       33         34       Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V. IIII 2       35a         bid the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V. IIII 2       35a         35       Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V		Part IV instructions for applicable filing thresholds, conditions, and exceptions):	-		
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c       An entity of which a current or former officer, director, invistee, or key employee (or a family member thereof)       28c         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV       28c         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified       30         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31         33       Did the organization receive more than 25% of its net assets? If "Yes," complete Schedule N, Part II       32         34       Was the organization realized to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33         35       Did the organization nave a controlled entity within the meaning of section 512(b)(13)?       34         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exampt non-chantable related organization with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       36         37       Did the organization. Sold the organization make any transfers to an exempt non-chantable related organization. Sold the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
c       An entity of which a current or former officer, director, invistee, or key employee (or a family member thereof)       28c         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV       28c         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified       30         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31         33       Did the organization receive more than 25% of its net assets? If "Yes," complete Schedule N, Part II       32         34       Was the organization realized to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33         35       Did the organization nave a controlled entity within the meaning of section 512(b)(13)?       34         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exampt non-chantable related organization with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       36         37       Did the organization. Sold the organization make any transfers to an exempt non-chantable related organization. Sold the organization receive any payment from or engage in any transaction with a controlled entity within the meaning		Schedule L, Part IV	28b		X
29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30         31       Did the organization inductions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31         32       Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31         33       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       33         34       Was the organization neeation for the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a         35a       Did the organization. Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a         36a       FY'res," complete Schedule R, Part V, line 2       36a         37       Did the organization. Did the organization make any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a         36       Section 501(c)(3) organization. Did the organization make any transfers to an exempt non-chattable related organization. Conduct more than 5%	C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If "Yes," complete Schedule R, Part I       33         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34         35a       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part IV, III, and Organization receive any payment from or engage In any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a         b       If "Yes" to line 35a, did the organization receive any payment from or engage In any transaction with a controlled entity within the meaning of section 512(b)(13)?       35b         36       Section 501(c)(3) organizations. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for foderal income tax purposes? If "Yes," complete Schedule R, Part V       37         38       Did the organization complete Schedule Q and prov		was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If "Yes," complete Schedule R, Part I       33         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34         35a       Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part IV, III, and Organization receive any payment from or engage In any transaction with a controlled entity within the meaning of section 512(b)(13)?       35a         b       If "Yes" to line 35a, did the organization receive any payment from or engage In any transaction with a controlled entity within the meaning of section 512(b)(13)?       35b         36       Section 501(c)(3) organizations. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for foderal income tax purposes? If "Yes," complete Schedule R, Part V       37         38       Did the organization complete Schedule Q and prov	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II       32         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a         b       If "Yes," complete Schedule R, Part V, line 2       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chaftable related organization.       36         related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.       37         38       Did the organization complete Schedule O.       38       X         37       Did the organization complete Schedule O.       38       X         38       Did the organization complete Schedule O.       38       X         37       Did the organization complete Schedu	30				
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complete Schedule N, Part II       32         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34         35a       Did the organization new a controlled entity within the meaning of section 512(b)(13)?       35a         b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       35b         35       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       37         38       Did the organization complete Schedule O and provide explanations in Schedule C for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.       38       X         Yes         1a       0         Line 1       0         15 Did the organization complete Schedule O.         37       Did the organization complete Schedule O and provide explanations in Schedule C for Part VI, lines 11b and 19? Note. All F					<u> </u>
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36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable       36         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       37         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and       37         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and       37         38       Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and       38         19? Note. All Form 990 filers are required to complete Schedule O.       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V       Yes         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and       1b       0	D				
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19? Note. All Form 990 filers are required to complete Schedule O.       38 X         Part V       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V       Yes         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and       1b       0			37		X
Part V       Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V       Yes         1a       Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a       0         b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and       Image: Complex in the image:	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
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b       Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1b       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and       1				Yes	No
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c Did the organization comply with backup withholding rules for reportable payments to vendors and					
	-	reportable gaming (gambling) winnings to prize winners?	. 1c		X

Fom	1 990 (2018) FIREBIRDS SOCCER CLUB 36-3970	692		P	age
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	nued)			- 4
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	T T			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	**********			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		x
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, ,	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
c	If it for the line for an first did the experimentian file forms 0000 TO		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th		-		
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x
Ь	If "Yes," did the organization include with every solicitation an express statement that such contribution		-		
-	after your not tay device a contract of the second se		6b		
7	Organizations that may receive deductible contributions under section 170(c).		00	-	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	noods -			
-	Charge and at holiging and at holiging and	-	7a	_	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa			-	
•	required to file Form 8282?		70		
Ы		7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e	1	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		71		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	化化化化化学 化化学学化学学学学学学学学学学学学学	7g	-	
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h	-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine		m	-+	
		•	8		
9	Sponsoring organizations maintaining donor advised funds.		0		
a			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:		ân	-+	_
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1 1		
11	Section 501(c)(12) organizations. Enter:	100	1 1		
	Green income from members or charabalders	11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources		1 1		
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12-		
	If "Yes," enter the amount of tax-exempt Interest received or accrued during the year	12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	In the emeriantian licensed to leave qualified health place in more than one state?		40		
	is the organization licensed to issue qualified health plans in more than one state?		13a	-	
	Enter the amount of reserves the organization is required to maintain by the states in which the empirication is licensed to keep qualified health plans.	126			
	the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44-		v
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				v
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	la se un D			12
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	INCOMEY	16		X
	If "Yes," complete Form 4720, Schedule O.				

Form 990 (2018)

## 36-3970692

Page 6

Pa	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N	lo"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru	ction	s.
	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 body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
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 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?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			X
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?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,		-	
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		-	1
а	The governing body?		x	
b	Each committee with authority to act on behalf of the governing body?	01.	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		-	-
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		-	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	-		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	TIG		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X	-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12.0		
· ·		12c		x
13				X
14	Did the exception have a written descented intention and destruction value $\Delta$		x	dh
15	Did the process for determining compensation of the following persons include a review and approval by	14	-	-
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	15a		x
a		15b		X
þ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		Δ
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
108		100		v
	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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed b IL		••• (20)	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available 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
	financial 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

ZU	State the ha	ime, address,	апо	telephone number	or the berson w	no posse	ASSAR ING OU	ganizauon	S DOOKS 9	and records F	
	CATALANO,	CABOOR,	&	co.	101	22ND	STREET	#207			
	LOMBARD								IL	60148	

|--|

Form 990 (20	18) FIREBIRDS SOCCER CLUB	36-3970692	Page
Part VII	Compensation of Officers, Directors,	Trustees, Key Employees, Highest Compensated Emplo	yees, and
	Independent Contractors		
	Check if Schedule O contains a response	se or note to any line in this Part VII	
	Officers, Directors, Trustees, Key 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for	(di bai off	o not k, unik icer a	Pos check ass pa nd a	C) altion more arson direct	than o is both pr/iruste	ane an ae)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(172) (1354(160))	and retailed organization and retailed organizations
(1) JOHN FISHER										
PRESIDENT	0.00			x				0	0	0
(2) JAMES ROBINETTE	0.00	1		-	-			0		0
•••	0.00									
SECRETARY	0.00			x				0	0	0
(3) AMY DYBOWSKI										
TREASURER	0.00			x				0	0	0
(4) LAURA VANDERGRAM					-					0
• • • • • • • • • • • • • • • • • • •	0.00									
VP OF PLAYER DEVELP	0.00		_	X				0	0	0
(5) JAKE POREMBA	0.00									
VP OF PLAYER DEVELP	0.00			x				0	0	0
(6) CARL GOLDSMITH	0100						-		V	0
PARK DISTRICT LIASON	0.00			x				0	0	0
(7) KRISTI FLOREY										
	0.00									
FUNDRAISING (8)	0.00	-	-	X	-		-	0	0	0
<b>~</b> 7										
			_	_			_			
(9)										
• • • • • • • • • • • • • • • • • • • •										
(10)							1			
(11)		-	+		_	-	+			
· •••§i••••§••••										
DAA			_	_			_			

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Part VII Section A. Officers (A) Name and tite	(B) Average hours per week (list any	bo	x, unk	Pos check ess pe	erson	than ( is both or/trus)	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimate amount other compensa	of tion
	hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	- organization (w-2/1099-MISC)	(W-2/1099-MISC)		from the organizati and relat organizati	ion ied
s - 13 3	en e											
· 6												
1b         Sub-total           c         Total from continuation sheet           d         Total (add lines 1b and 1c)           2         Total number of individuals (increportable compensation from 1)	ts to Part VII, S Juding but not IIr	nitec	on A				bove	e) who received more than	\$100,000 of			
3 Did the organization list any for				housta	-		mol	waa or highest companys	fed	10	Y	es No
<ul> <li>employee on line 1a? If "Yes,"</li> <li>For any individual listed on line organization and related organi</li> </ul>	complete Sched	<i>ule</i> . of re than	<i>i for</i> porta \$15	<i>suct</i> able 0,00	n <i>ina</i> com 0? //	lividu ipens f "Yei	<i>al</i> atio s, " c	n and other compensation omplete Schedule J for suc	from the shares of the shares		3	X
5 Did any person listed on line 1a for services rendered to the org											4 5	x
<b>Section B. Independent Contractor</b> <b>1</b> Complete this table for your five		nsat	ed in	oebr	ende	ent o	ontra	actors that received more t	han \$100.000 of		_	
compensation from the organization	ation. Report cor	nper	nsatio	on fo	or th	e cai	end	ar year ending with or with	in the organization's tax ye	ar.		C) ensation
Name and b	(A) Susiness address					_		Descripti	(B) on of services		Comp	ensation
						_						
2 Total number of independent or	ontractors (includ	ina 1	hut r	not li	mite	d to t	thoe	e listed above) who				

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		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business ravenue	(D) Revenue excluded from tax under sections 512-514
1:	a Federated campaigns 1a				
	b Membership dues 1b				
•	c Fundraising events 1c				
	d Related organizations 1d				
	B Government grants (contributions) 1e				
	f All other contributions, gifts, grants,				
	and similar amounts not included above 1f 17,	109			
¢	g Noncash contributions included in lines 1a-11: \$				
	h Total. Add lines 1a-1f				
(	Busn.				
2a		432,821	432,821		
Ŀ	· · · · · · · · · · · · · · · · · · ·	21,245	21,245		
		11,554	11,554		
d			11,004		
6	f All other program service revenue				
1.00		AGE 620			
- 9	Total. Add lines 2a-2f.	▶ 465,620			
3	Investment income (including dividends, interest,				
	and other similar amounts)				
4	Income from investment of tax-exempt bond proceeds	s 🕨			
5	Royalties	•			
	(i) Real (ii) Personal				
6a	Gross rents				
b	Eess: rental exps.				
C	Rental inc. or (loss)				
d					
78	Gross amount from (i) Securities (ii) Other				
	other than inventory				
b	Less: cost or other				
	basis & sales exps.				
C	Gain or (loss)				
d	Net gain or (loss)				
8a	Gross income from fundraising events				
	(not including \$				
	of contributions reported on line 1c).				
	See Part IV, line 18 a 11,4	157			
Ь	Less: direct expenses b 9,!				
	Net income or (loss) from fundraising events	▶ 1,885			2,01
	Gross income from gaming activities.	27000			2,01
	See Part IV, line 19 a				
h	Less: direct expenses b				
	Net income or (loss) from gaming activities				
		•			
IVa	Gross sales of Inventory, less				
	returns and allowances a				
	Less: cost of goods sold b				
C	Net income or (loss) from sales of inventory	P			
	Miscellaneous Revenue Busn. C	ode			
<b>11a</b>					
b					
C					
d	All other revenue				
е	Total. Add lines 11a-11d				
	Total revenue. See instructions.	▶ 484,614	465,620	0	2,01

Part IX Statement of Functional Expenses

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De i	Check if Schedule O contains a respon-	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	Individuals. See Part IV, line 22	1,500	1,500		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroil taxes				
1	Fees for services (non-employees):				
а	Management				
Ь	Legal				
	Accounting				
d					
-	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other, (if line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list fine 11g expenses on Schedule O.)				
2	Advertising and promotion				
3 4	Office expenses				
2	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	0.0.0			
a	TRAINING	206,974	206,974		
b	COACHING FEES	65,000	65,000		
C	TOURNAMENT AND LEAGUE FEE	60,474	60,474		
d	FACILITIES RENTAL	39,879	39,879		
e	All other expenses	81,223	80,199	1,024	
5	Total functional expenses. Add lines 1 through 24e	455,050	454,026	1,024	
3	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

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Part X Balance Sheet

			(A) Beginning of year		(B) End of year
1	Cash-non-interest bearing		97,421	1	126,98
2	Savings and temporary cash investments	L		2	
3	Pledges and grants receivable, net		3		
4	Accounts receivable, net			4	
5	Loans and other receivables from current and former				
	trustees, key employees, and highest compensated e	mployees.			
	Complete Part II of Schedule L			5	
6	Loans and other receivables from other disqualified p	ersons (as defined under section			
1	4958(f)(1)), persons described in section 4958(c)(3)(B	•			
	sponsoring organizations of section 501(c)(9) voluntar				
	organizations (see instructions). Complete Part II of S		6		
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
	Land, buildings, and equipment: cost or			3	
Iva	other basis. Complete Part VI of Schedule D	10-2			
h .	Less: accumulated depreciation			40.	
				10c	
11	Investments-publicly traded securities	····· //:38		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		68.464	15	
16	Total assets. Add lines 1 through 15 (must equal line		97,421	16	126,98
17	Accounts payable and accrued expenses		17		
18	Grants payable		18		
19	Deferred revenue		19		
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
22	Loans and other payables to current and former office	rs, directors,			
	trustees, key employees, highest compensated employ				
	disqualified persons. Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated this	rd parties		23	
24	Unsecured notes and loans payable to unrelated third	parties		24	
	Other liabilities (including federal income tax, payables				
	parties, and other liabilities not included on lines 17-24	). Complete Part X			
	of Schedule D	L		25	
	Total Ilabilities. Add lines 17 through 25		0	26	
	Organizations that follow SFAS 117 (ASC 958), che	ck here 🕨 🐰 and			
	complete lines 27 through 29, and lines 33 and 34.	_			
27	Unrestricted net assets		97,421	27	126,98
28	Temporarily restricted net assets			28	
	The second state is a state of second s			29	
	Organizations that do not follow SFAS 117 (ASC 95	8), check here 🕨 🚺 and			
	complete lines 30 through 34.				
	Capital stock or trust principal, or current funds		30		
	Paid-in or capital surplus, or land, building, or equipme		31		
151	Retained earnings, endowment, accumulated income,	or other funds		32	
32		WE WHEN'T INTERM		9E	
	Total net assets or fund balances		97,421	33	126,98

Form 990 (2018)

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI.       1         1 Total expenses (must equal Part VII, column (A), line 25)       2         3 Revenue less expenses. Subtract line 2 from line 1       3         4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4         5 Net unrealized gains (bases) on investments       6         6 Donated services and use of facilities       7         7 Investment expenses       7         8 Prior period adjustments       8         9 Other changes in net assets or fund balances (explain in Schedule O)       9         10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10         10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10         11 Accounting method used to prepare the Form 990:       X Cash       Account       Other	Form	990 (2018) FIREBIRDS SOCCER CLUB	36-3970692			Pa	ge 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       484, 614         2       7 total expenses (must equal Part X, column (A), line 25)       2       455, 050         3       229, 564       4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       97, 421         5       Net unrealized gains (asses) on investments       5       6         6       7       Investment expenses       6         7       8       Prior period adjustments       6         9       Other changes in net assets or fund balances (explain in Schedule O)       8         10       Net assets or fund balances (explain in Schedule O)       8         10       Net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances (explain in Schedule O)       9         11       Accountin (B))       10       126, 985         Part XII       Financial Statements and Reporting       10       126, 985         2       Were the organization changed its method of accounting from a prior year or checked 'Other," explain in Schedule O associated basis, orsolicited basis, or boli:       1       2       X         11       Accounting method used to prepare the Form 990:       X       Cash       Accrual       O	_						
2       Total expenses (must equal Part IX, column (A), line 25)       2       455,050         3       29,564         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       97,421         5       Donated services and use of facilities       5       6         7       6       6         8       Prior period adjustments       6         9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       1         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       1         11       Accounting method used to prepare the Form 900:       X       Cash       Accounting         11       Accounting method used to prepare the Form 900:       X       Cash       Accounting       Yea       No         12       Accounting method used to prepare the Form 900:       X       Cash       Accounting       Accounting       2a       X         1       Accounting method used to prepare the Form 900:       X       Cash       Accounting       Check       Yea       No         1       Accounting method used to prepare the financial state		Check if Schedule O contains a response or note to any	line in this Part XI				
2       7 total expenses (must equal Part IX, column (A), line 25)       2       4 55, 0 50         3       29, 5 64       4       9 29, 5 64         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       5         5       Donated services and use of facilities       6         7       6       7         8       7       6         9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at definitin Schedule O)       9         10       Net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances (explain in Schedule O)       9         11       Check if Schedule O contains a response or note to any line in this Part XII       10         126, 985       Yea       No         1       Accounting method used to prepare the Form 900:       X Cash       Accrual       Other         1       Accounting method used to prepare the form 900:       X Cash       Accrual       Other       2a       X         1       Mere the organization changed its method of accounting from a prior year or checked 'Other," explain in Schedule O.	1	Total revenue (must equal Part Vill, column (A), line 12)		1			
3       Revenue less expenses. Subtract line 2 from line 1       3       229, 564         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       977, 421         5       Donated services and use of facilities       5       6       7         7       7       6       6       7         8       Prior period adjustments       8       6       7         9       Other changes in net assets or fund balances (explain in Schedule O)       9       9       10         10       Net assets or fund balances (explain in Schedule O)       9       10       1265, 985         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       1       126, 985         9       A cocunting method used to prepare the Form 900:       X cash       Acount Other       10         1       Accounting method used to prepare the Form 900:       X cash       Acount Other       2a       X         11       the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X       Yea       No         2a       Were the organization's financial statements completed or reviewed by an independent accountant?       2a       X       Yea	2	Total expenses (must equal Part IX, column (A), line 25)		2			
4       Het assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       97, 421         5       Net unrealized gains (losses) on investments       6         6       0       6         7       7       6         8       Prior period adjustments       6         9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       3         33, column (B))       10       126, 985         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XI       1         1       Acccounting method used to prepare the Form 990:       X       Cash       Accrual       Other       Yee       No         1       Acccounting method used to prepare the Form 990:       X       Cash       Accrual       Other       Za       X         1       Acccounting from a prior year or checked "Other," explain in Schedule O.       2a       X       X         18       Were the organization's financial statements complied or reviewed by an independent accountant?       Za       X         16       Yees       No theorealistate measis       Dothorsoniidated basis, or both:	3	Revenue less expenses. Subtract line 2 from line 1		3			
a Not university of a field way of a field it is a set of set of the	4	Net assets or fund balances at beginning of year (must equal Part X, line	33, column (A))	4		97,	421
6       Conated 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         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       3         33. column (B))       10       126, 985         Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis.       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       Consolidated basis.       Both consolidated and separate basis       2b       X         If "Yes," the organization's financial statements and selection of an i	5	Net unrealized gains (losses) on investments					
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net seasts or fund balances (explain in Schedule O)       8         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       3         33, column (B))       10       126, 985         Part XII       Financial Statements and Reporting       10       126, 985         Check if Schedule O contains a response or note to any line in this Part XII       1       126, 985         1       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other         16 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2b       X         16 "Yes," check a box below to indicate whether the financial statements accountant?       2b       X         17 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         17 "Ye	6	Donated services and use of facilities					
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       10         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       10         11       Check if Schedule O contains a response or note to any line in this Part XII       10       126, 985         Part XII       Financial Statements and Reporting	7			7			
9       Other changes in net assets or fund balances (explain in Schedule O)       9         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line       10       1266,985         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       10       1266,985         1       Accounting method used to prepare the Form 980:       X Cash Accrual Other       Other       Yes         1       Accounting method used to prepare the Form 980:       X Cash Accrual Other       Other       2a       X         1       Accounting method used to prepare the Form 980:       X Cash Accrual Other       Other       2a       X         1       the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         16       Trives, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         16       Separate basis       Consolidated basis, or both:       2b       X         17       Yeas to box below to indicate whether the financial statements for the year were compiled or a separate basis, consolidated basis, or both:       2b       X         17       Separate basis       Consolidated basis, or both:       2b       X	8	Prior period adjustments	******	8			
33, column (B)       10       126, 985         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepere the Form 990:       Image: Check if Schedule O contains a response or note to any line in this Part XII       Yes No         1       Accounting method used to prepere the Form 990:       Image: Check I Chec	9	Other changes in net assets or fund balances (explain in Schedule O)		8			
Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       X Cash       Accoual       Other       Yes No         1       Accounting method used to prepare the Form 990:       X Cash       Accoual       Other       Yes No         1       Accounting method used to prepare the Form 990:       X Cash       Accould       Other       Yes No         2a       Ware the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2b       X         Separate basis       Consolidated basis, or both:       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either its oversight proceas or selection p	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (m	ust equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII       Yes         1       Accounting method used to prepare the Form 990:       X Cash Accrual Other_" explain in Schedule O.       Yes         2a       Ware the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       Mere the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         1       Mere the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         1       Mere the organization's financial statements audited basis, or both:       Separate basis       Consolidated basis, or both:       2b       X         1       Separate basis       Consolidated basis, or both:       2b       X       X         1       Mere the organization's financial statements audited by an independent accountant?       2b       X         1       Mere the organization's financial statements audited basis       Both consolidated and separate basis       2b       X         1       Mere the organization's financial statements audited basis       Both consolidated and separate basis       2b       X         1       Mere the organization changed either its oversight process or selection of an independent accountant?       2c       Ze       Ze       <		33, column (B))		10	1	26,	985
1       Accounting method used to prepare the Form 990:       X       Cash       Accrual       Other	Pa						
1       Accounting method used to prepare the Form 990:       X       Cash       Accrual       Other		Check if Schedule O contains a response or note to any	line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in       2a         If "the organization's financial statements compiled or reviewed by an independent accountant?       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or       2b         If "Yes," check a box below to indicate dasis       Both consolidated and separate basis       2b         Vere the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set fo						Yes	No
Schedule O.       2a       Ware the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       2b       X         If "Yes," check a box below to indicate basis, or both:       Both consolidated and separate basis       2b       X         If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, or both:       2b       X         Separate basis       Consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c       2c       2c<	1						
2a       Ware the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       5eparate basis       Consolidated basis, or both:       5eparate basis       Consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         of the audit, review, or compilation have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       3a         b       If "Yes," did the organ			checked "Other," explain in				
Image: Separate bigs in the rest of the intervence of							-
reviewed on a separate basis, consolidated basis, or both:	2a				2a	-	X
Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an Independent accountant?       2b       X         if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         of the audit, review, or compilation have a committee that assumes responsibility for oversight       2c       2c         If the organization changed either its oversight process or selection process during the tax year, explain in       2c       2c         Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in       3a       3a         b       If "Yes," did the orga			r the year were compiled or				
b       Were the organization's financial statements audited by an Independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       1         c       If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b							
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis, or both:       Image: Consolidated basis, or both:         Image: Consolidated basis, or both:	_		•				
separate basis, consolidated basis, or both:       Both consolidated and separate basis       Image: consolidated basis       Consolidated basis       Both consolidated and separate basis         c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b	Ь				20	-	-
Separate basis       Consolidated basis       Both consolidated and separate basis       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b		· · · ·	r the year were audited on a				
c       If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2a         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b			t and an and hada				
of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c         If the organization changed either its oversight process or selection process during the tax year, explain in       1			-			100	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b	C				0-		
Schedule O.         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				•••	20		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in       3a         the Single Audit Act and OMB Circular A-133?       3a         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3b		• •	s during the tax year, explain in				
the Single Audit Act and OMB Circular A-133?       3a         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.       3a		+	- audit as audits as act forth in				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3a	IL OLIVIA MICHAELAND OLIVIA A 4000			20		
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ŀ			· • 651960	<u>Ja</u>		
	D				36		
		required addit or addits, explain why in Schedule C and describe any step	BINGI ID UNUDIGO BUOT BUORD			. 90/	(1018)

SCHEDULE A	Pu	blic Charity Status	s and Pub	olic Support	OMB No. 1545-0047
(Form 990 or 990-EZ)		organization is a section 501(c)(3) organ	lization or a section 49	47(a)(1) nonexempt charitable trust.	2018
Department of the Treasury		Attach to Form	990 or Form 990-	EZ,	Open to Public
Internal Revenue Service	► Go	to www.irs.gov/Form990 for in	nstructions and ti	he latest information.	Inspection
Name of the organization		OCCER CLUB			ntification number
Part I Reas		y Status (All organizations	s must complet	e this part ) See instructi	
		use it is: (For lines 1 through 12,			0110.
1 🔲 A church, o	onvention of churches, or a	ssociation of churches described	in section 170(b	)(1)(A)(i).	
		)(A)(Ii). (Attach Schedule E (For			
terminal in the second s		vice organization described in se ed in conjunction with a hospital			han to the second
city, and sta		ed in conjunction with a mospital	described in seci	ion motol (MA)(III). Enter the	nospitars name,
	· · · · · · · · · · · · · · · · · · ·	of a college or university owned	l or operated by a	governmental unit described in	
	0(b)(1)(A)(iv). (Complete Pa				
		governmental unit described in			
described in	section 170(b)(1)(A)(vi). (		_	al unit or from the general pub	IC
		170(b)(1)(A)(vi). (Complete Parescribed in section 170(b)(1)(A)	-	niunation with a land arout call	
or university	or a non-land-grant college	of agriculture (see instructions).	Enter the name, o	city, and state of the college or	Bge
10 X An organizat receipts from	activities related to its exe	(1) more than 33 1/3% of its sup mpt functions—subject to certain and unrelated business taxable in	exceptions, and (	2) no more than 33 1/3% of its	
		30, 1975. See section 509(a)(2)		•	
	-	exclusively to test for public saf exclusively for the benefit of, to			2690
of one or mo	ore publicly supported organ	izations described in section 50	9(a)(1) or section	509(a)(2). See section 509(a)	(3).
		that describes the type of suppo			•
		perated, supervised, or controlled wer to regularly appoint or elect			ring
		complete Part IV, Sections A a			
		upervised or controlled in conne			
	•	orting organization vested in the a e Part IV, Sections A and C.	same persons that	t control or manage the suppor	ted
c 🔲 Type III	functionally integrated. A	supporting organization operated			vith,
	-	structions). You must complete	•		
		d. A supporting organization open ne organization generally must s			
requirem	ent (see instructions). You	must complete Part IV, Section	ns A and D, and I	Part V.	
e Check th	is box if the organization re-	ceived a written determination fro on-functionally integrated suppor	om the IRS that it i	is a Type I, Type II, Type III	
	mber of supported organiza		ang organization.		
g Provide the f	ollowing information about	the supported organization(s).			
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10	(iv) is the organization listed in your governing		(VI) Amount of
or Service of L		above (see instructions))	document?	instructions)	other support (see instructions)
			Yes No		
(A)					
(B)					
(C)					
(D)					
(E)					
Total For Papawork Reductio	n Ant Notice and the Instance	tions for Form 990 or 990-EZ.		Abott	
VI FAPE WORK REQUCTIO	a Act mouce, see the instruc			Schedule A	(Form 990 or 990-EZ) 2018

Schedule A	Form	990	or 990-EZ	2018

## FIREBIRDS SOCCER CLUB

36-3970692

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 1 or if the organization falled to qualify under
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)
Section A.	Public Support

	RION A. Public Support						
Cale	nder year (or fiscal year beginning in) 🕨 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support					1	
Caler	idar year (or fiscal year beginning in) 🛛 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross Income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (	see instructions)	2			12	
13	First five years. If the Form 990 is for the	-					
Sac	organization, check this box and stop here tion C. Computation of Public Su	nnort Percen	tano				
14	Public support percentage for 2018 (line 6,	And in the second s					%
15	Public support percentage from 2017 Scher	tule A Part II lin	a 14	······		15	%
16a	33 1/3% support test-2018. If the organiz						,,,
	box and stop here. The organization qualifi						▶ [
b	33 1/3% support test-2017. If the organiz						
	this box and stop here. The organization q	ualifies as a publ	idy supported orga	nization			▶ [
17a	10%-facts-and-circumstances test-2018	. If the organizati	on did not check a	•••••••			
	10% or more, and if the organization meets	s the "facts-and-ci	rcumstances" test,	check this box an	d stop here. Expla	ain in	
	Part VI how the organization meets the "fac	cts-and-circumsta	nces" test. The org	anization qualifies	as a publicly supp	ported	
b	organization 10%-facts-and-circumstances test-2017	. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and	d line	▶□
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me						_
18	supported organization Private foundation. If the organization did	not check a box o	on line 13, 16a, 16	o, 17a, or 17b, che	ck this box and se	8	····· ► L
	instructions				£		🕨 🗌
						Schedule A (Form 99	

#### Schedule A (Form 990 or 990-EZ) 2018

## 18 FIREBIRDS SOCCER CLUB

Page 3

## 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.)

_	TION A. PUBLIC SUPPORT						
Cale	ndar year (or fiscal year beginning in) 🛛 🕨 🛛	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	290,902	7,554	4,900	11,192	17,109	331,657
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose	3,287	71,517	282,059	397,660	472, 622	1, 227, 145
3	Gross receipts from activities that are not an unrelated trade or business under section 513			5,254	2,002	4,455	11,711
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	294,189	79,071	292,213	410,854	494,186	1,570,513
7a							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						1,570,513
Sec	tion B. Total Support						
Calen	ndar year (or fiscal year beginning in) 🕨 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	294,189	79,071	292,213	410,854	494,186	1,570,513
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			691			691
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.)	294,189	79,071	292,904	410,854	494,186	1,571,204
14	First five years. If the Form 990 is for the c						_
	organization, check this box and stop here						🕨 🛄
	tion C. Computation of Public Su						
15	Public support percentage for 2018 (line 8, c	column (f), divided	by line 13, column	(f))			99.96 %
16 Carat	Public support percentage from 2017 Sched						99.95 %
	tion D. Computation of Investmen						
17	Investment income percentage for 2018 (line	B 10C, column (f), (	divided by line 13,	column (f))			%
18	Investment income percentage from 2017 S	chedule A, Part III	, linė 17			18	%
	33 1/3% support tests 2018. If the organic						. <b>T</b>
	17 is not more than 33 1/3%, check this box			-			
	33 1/3% support tests-2017. If the organization line 18 is not more than 33 1/3%, check this						<b>س</b> ،
	Private foundation. If the organization did r					-	

Schedule A (Form 990 or 990-EZ) 2018

#### FIREBIRDS SOCCER CLUB

#### Schedule A (Form 990 or 990-EZ) 2018 **Supporting Organizations** Part IV

(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

- Are all of the organization's supported organizations listed by name in the organization's governing 1 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "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 6 anyone other than ()) 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 (as 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 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 disgualified 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 disgualified 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 disgualified 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.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.)

4c 5a 5b 5c 6 7 8 9a **9b** 9c <u>10a</u>

Schedule A (Form 990 or 990-EZ) 2018



Sched	ule A (Form 990 or 990-EZ) 2018 FIREBIRDS SOCCER CLUB	36-3970692		Page
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	115		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part	VI. 11c		
aecu	ion B. Type ! Supporting Organizations		1	1
	Did the directory to stars, or membrankin of any or more suprested exception have the neuron to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	1
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
-	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Secti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
	en en type i oupperang enganizatione		Ver	AL.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			1
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of th			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI ho	W		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3 -	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sectlo	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	ee instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government of	ontity (see instructions).		
		9		
	ctivities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that but for the emergination's involvement, and ar more	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.			
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
AA	on as exploring angemeter in real, describe in rear while fore payed by the organization in this regard.	Schedule A (Form 990	000	C70 0040

Schedule A (Form 990 or 990-EZ) 2018

chedule A (Form 990 or 990-EZ) 2018 FIREBIRDS SOCCER CLUB		36-3970	9 <b>692</b> Pa
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust			
instructions. All other Type III non-functionally integrated supporting organization	s must comple	te Sections A through I	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
			(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			1
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	and the second	
4 Enter greater of line 2 or line 3.	4		
• Annual Annual Section of the se	6		

5 Income tax imposed in prior year
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

5

6

Schedule A (Form 990 or 990-EZ) 2018

DAA

#### FIREBIRDS SOCCER CLUB Schedule A (Form 990 or 990-EZ) 2018 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 8 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Section E - Distribution Allocations (see instructions) **Excess** Distributions Distributable Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 3 a From 2013 b From 2014 c From 2015.... d From 2016 e From 2017..... f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder. Subtract lines 3q, 3h, and 3l from 3f. 4 Distributions for 2018 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 8 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2014 ..... b Excess from 2015 ..... c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

## 36-3970692

Schedule A For	m 990 or 990-EZ 2018	FIREBI	RDS	SOCCER	CLUB			36-3970692	2 Page
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a, and 3b; Par lines 2, 5, and 0	Information. F IV, Section A, I ; Part IV, Section t V, line 1; Part	Provide t lines 1, 2 on C, lin V, Sect	he explana 2, 3b, 3c, 4 e 1; Part IV ion B, line 1	tions requir b, 4c, 5a, 6 /, Section E 1e; Part V,	), 9a, 9b, 9c ), lines 2 an Section D, I	; 11a, 11b d 3; Part I ines 5, 6, ;	, and 11c; Part V, Section E, li and 8; and Part	IV, Section tes 1c, 2a, 2b,
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(Form 990 or 990-EZ)	1	Supplemental I	nformation to F	orm 990 or 990	I-EZ	OMB No. 1545-0047
			nformation for respons )-EZ or to provide any a		IS ON	2018
Department of the Treasury Internal Revenue Service		▶	Attach to Form 990 or irs.gov/Form990 for the	990-EZ.		Open to Public
Name of the organization				e naest anomatori.	Employer identi	fication number
	FIREBIR	DS SOCCER CLI	JB		36-3970	692
FORM 990, I	PART II	I, LINE 4D -	ALL OTHER AC	COMPLISHMENT	S	
SOCCER TRAI	NING OF	LOCAL AREA	YOUTH AND COL	MPETITION IN	LEAGUE AN	D
TOURNAMENT	PLAY					
FORM 990. E	PART VI.	, LINE 11B -	ORGANIZATION	S PROCESS T	O REVIEW R	
,						
RETURN REVI	SWED BY	PRESIDENT A	ND TAX PREPAI	RER		
			• • • • • • • • • • • • • • • • • • • •			
FORM 990, I	ART VI	, LINE 19 - G	OVERNING DOC	UMENTS DISCL	OSURE EXPL	ANATION
NO DOCUMENT	AVAILA	BLE TO THE PU	JBLIC			
a						
	עיד וחכוא	TIME 24E		aa		
	ARI IA,	LINE 24E - (	JINER EXPENSE	<b>50</b>		
DRECTOTION						
DESCRIPTION					01%++**+\$#	
	TOT/PR	OG SERVICE	MGT &	GENERAL	FUN	DRAISING
REGISTRATIO		OG SERVICE	MGT &	GENERAL	FUN	DRAISING
		OG SERVICE 38,730	MGT &	GENERAL 0	FUN \$	DRAISING
REGISTRATIO	n fees			······		
REGISTRATIO	n fees \$	38,730	\$	0	\$	
REGISTRATIO	n fees \$			······	\$	
REGISTRATIO	n Fees \$ Enses \$	38,730 13,290	\$	0	\$	
REGISTRATIO	n fees \$	38,730	\$	0	\$	
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REGISTRATIO	n FEES \$ ENSES \$ \$	38,730 13,290 6,560 6,327	\$ \$ \$ \$	0	\$ \$ \$	0

Schedule O (Form 990 or 9	90-EZ) (20	18)			Enclosed March	Page 2
Name of the organization FIREBIRDS SO		TIJIB			Employer identification 36-397069	
COMPUTER AND	SOFT	VARE	.2			· · · · · · · · · · · · · · · · · · ·
	\$	2,989	\$	0	\$	0
MEMBER APPRE	CIATIO	)N				
	\$	1,628	\$	0	\$	0
LICENSES AND						
LICENSES AND						· · · · · · · · · · · · · · · · · · ·
	\$		\$	954	\$	0
CHARITABLE C	ONTRI	BUTIONS	na n. e			
9	\$	717	\$	0	\$	0
OFFICE EXPEN	SE			31		
1	\$	0	\$	70	Ş	0
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TOTAL				90 300 a	- jo	
	\$	80,199	\$	1,024	\$	0
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					PAGE 1 OI	7 1

Schedule O (Form 990 or 990-EZ) (2018)

Name

## Event Income and Deduction Worksheet Description CANDLELIGHT BOWL

## FIREBIRDS SOCCER CLUB

Taxpayer Identification Number 36-3970692

#### Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

. . . . .

#### Income & Expense Summary:

1.	Gross receipts or sales	1.	4,455
	Advertising income		
	Circulation Income		
4.	Other income	4.	
	Returns and allowances		
6.	Contributions received	6.	
7.	Total revenue. Add lines 1 through 6	7.	4,455
	Cost of Goods Sold		
	Employment Expense		
	Fees for services		
11.	Indirect Expense	11.	
12.	Depreciation Expense	12.	
13.	Exempt Activity Expense	13.	
14.	Fundraising Expense	14.	
15.	Total expenses. Add lines 8 through 1	415.	2,442
16.	Net Income/Loss. Line 7 minus Line 1	5 <b>16</b> .	2,013

#### Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	945
Section 263A costs Other costs	2,442
Ending inventory	
Total Cost of Goods Sold	2,442

### Expense Details - Employment Expense:

Compensation of officers
Other salaries and wages
Pension plan contributions
Other employee benefits
Payroll taxes
Total Employment Expense

### Expense Details - Fees for Services:

Management		
Legal		
Accounting		
Lobbying		
Professional fundraising	·····	
Investment management	·····	
Other		
Total Fees for Services		

Information is indicated for use on Form 990-T schedule:

Schedule E
Schedule F
Schedule G
Schedule I
Schedule J

Advertising and promotion Office Printing/publication/postage Info technology/Maintenance Royalties & License Fees Occupancy/Real Estate Taxes Travel & Repairs Travel/entertainment (officials) Conferences
Conferences/meetings
Total Indirect Expense
Expense Details - Depreciation Expense: On investment property
On non-Investment property
Amortization
Depletion
Depletion
Total Depreciation Expense
Expense Details - Exempt Activity Expense: Repairs/Maintenance/Other
Bad debts
Bad debts Taxes/licenses
Taxes/licenses
Taxes/licensesCharitable contributions
Taxes/licensesCharitable contributions Dividend recd deductions Readership costs
Taxes/licensesCharitable contributions Dividend recd deductions Readership costs
Taxes/licenses Charitable contributions Dividend recd deductions Readership costs Total Exempt Activity Expense
Taxes/licenses Charitable contributions Dividend recd deductions Readership costs Total Exempt Activity Expense Expense Details - Fundraising Expense:
Taxes/licenses Charitable contributions Dividend recd deductions Readership costs Total Exempt Activity Expense Expense Details - Fundralsing Expense: Cash prizes
Taxes/licenses Charitable contributions Dividend recd deductions Readership costs Total Exempt Activity Expense Expense Details - Fundralsing Expense: Cash prizes Nor-cash prizes
Taxes/licenses Charitable contributions Dividend recd deductions Readership costs Total Exempt Activity Expense Expense Details - Fundralsing Expense: Cash prizes Non-cash prizes Rent and facility costs
Taxes/licenses Charitable contributions Dividend recd deductions Readership costs Total Exempt Activity Expense Expense Details - Fundralsing Expense: Cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only)
Taxes/licenses         Charitable contributions         Dividend recd deductions         Readership costs         Total Exempt Activity Expense         Expense Details - Fundralsing Expense:         Cash prizes         Non-cash prizes         Rent and facility costs         Food & beverages (Part II only)         Entertainment (Part II only)
Taxes/licenses         Charitable contributions         Dividend recd deductions         Readership costs         Total Exempt Activity Expense         Expense Details - Fundralsing Expense:         Cash prizes         Non-cash prizes         Rent and facility costs         Food & beverages (Part II only)         Entertainment (Part II only)         Other direct expenses
Taxes/licenses Charitable contributions Dividend recd deductions Readership costs Total Exempt Activity Expense Expense Details - Fundralsing Expense: Cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only)

#### Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	
Name

### Event Income and Deduction Worksheet Description CHICAGO FIRE TICKETS

2018

Taxpayer Identification Number 36-3970692

# FIREBIRDS SOCCER CLUB

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

#### Income & Expense Summary:

	• •		
1.	Gross receipts or sales	. 1.	7,002
2.	Advertising income	2.	
3.	Circulation income	3.	
	Other income		
	Returns and allowances		
6.	Contributions received	6.	
7.	Total revenue. Add lines 1 through 6	7.	7,002
	Cost of Goods Sold		
	Employment Expense		
	Fees for services		
	Indirect Expense		
	Depreciation Expense		
	Exempt Activity Expense		
14.	Fundraising Expense	. 14.	
15.	Total expenses. Add lines 8 through	14 15.	7,130
16.	Net Income/Loss. Line 7 minus Line	15 <b>16</b> .	-128

### Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	7,130
Ending inventory	
Total Cost of Goods Sold	7 120

#### Expense Details - Employment Expense:

_

#### Expense Details - Fees for Services:

Management	_
egal	_
Accounting	
obbying	_
Professional fundraising	_
nvestment management	_
Dther	_
Total Fees for Services	_

Information is indicated for use on Form 990-T schedule:

Schedule	E
Schedule	F
Schedule	G
Schedule	I
Schedule	J

Evening Details Indiant Evenings
Expense Details - Indirect Expense:
Advertising and promotion
Office
Printing/publication/postage
Info technology/Maintenance
Royalties & License Fees
Occupancy/Real Estate Taxes
Travel & Repairs
Travel/entertainment (officials)
Conferences/meetings
Interest
Insurance
Total Indirect Expense
Expense Details - Depreciation Expense:
On investment property
On non-investment property
Amortization
Depletion
Total Depreciation Expense
Expense Details - Exempt Activity Expense:
Repairs/Maintenance/Other
Bad debts
Taxes/licenses
Charitable contributions
Dividend rect deductions
Dividend read deductions
Readership costs
Total Exempt Activity Expense
Expense Details - Fundraising Expense:
Cash prizes
Non-cash prizes
Rent and facility costs
Food & beverages (Part II only)
Entertainment (Part II only)
Other direct expenses
Total Fundraising Expense

#### Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

F	-om <b>990</b>	Two Yea For calendar year 2018, or tax year begin		oarison Report 7/01/18 , endin	g 06/30/19	2017 & 2018
lam	8				Тахрауе	ar Identification Number
_						
F:	IREBIRDS S	SOCCER CLUB				970692
				2017	2018	Differences
	1. Contributions, g	ifts, grants	1.	11,192	17,109	5,91
3	2. Membership du	es and assessments	. 2.			
	3. Government cor	ntributions and grants	. 3.			
2   '	<ol> <li>Program service</li> </ol>	e revenue	. 4.	397,670	465,620	67,95
5	5. Investment inco	me	5.			
	<ol><li>Proceeds from t</li></ol>	ax exempt bonds	6.			
		s) from sale of assets other than inventory				
		loss) from fundraising events		-2,112	1,885	3,99
	9. Net income or (I	loss) from gaming	. 9.			
1	0. Net gain or (loss	s) on sales of inventory	10.			
1	1. Other revenue		11.			
1	2. Total revenue.	Add lines 1 through 11	12.	406,750	484,614	77,86
1:	3. Grants and simil	ar amounts paid	13.	2,000	1,500	- 50
1	4. Benefits paid to	or for members	14.			
1	5. Compensation o	f officers, directors, trustees, etc.	15.			÷
11	6. Salaries, other c	compensation, and employee benefits	16.	27,058		-27,05
1	7. Professional fun	draising fees	17.			
11	8. Other profession	al fees	18.			
h	9. Occupancy, rent	, utilities, and maintenance	19.			
21	D. Depreciation and	Depletion	20.			
2	1. Other expenses		21.	396,819	453,550	56,73
2	2. Total expenses.	. Add lines 13 through 21	22.	425,877	455,050	29,17
		cit). Subtract line 22 from line 12	23.	-19,127	29,564	48,69
		venue	24.	406,750	484,614	77,86
2	5. Total unrelated r	evenue	25.			
202	6. Total excludable	revenue	26.	394,338	467,633	73,29
2	7. Total assets		27.	97,421	126,985	29,56
2	3. Total liabilities		28.			
29	. Retained earning	js	29.	97,421	126,985	29,56
30	. Number of voting	members of governing body	30.	15	10	
		endent voting members of governing body	31.	15	10	
		byees	32.	2	0	
2	. Number of volun	teers	33.			

			lax Return History			2018
	SOCCER CLUB				Employer It 36-39	Employer Identification Number 36-3970692
	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants		7,554	4,900	11,192	17,109	ł
Membership dues						
Program service revenue	228,984	70,140	282,059	397,670	465,620	
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)		1,377	3,784	-2,112	1,885	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	228,984	79,071	290,743	406,750	484,614	
Grants and similar amounts paid		1,000	1,400	2,000	1,500	
Benefits paid to or for members						
Compensation of onicers, etc.						
Other compensation			<b>39,413</b>	27,058		
Professional fees						
Occupancy costs						
Depreciation and depletion						
Other expenses	208, 651	109,121	231,672	396,819	453,550	
Total expenses	208,651	110,121	272,485	425,877	455,050	
Excess or (Deficit)	20,333	-31,050	18,258	-19,127	29,564	
Total exempt revenue	228,984	79,071	290,743	406,750	484,614	
Fotal unrelated revenue						
Total excludable revenue	228,984	72,517	285,247	394,338	467, 633	
Total Assets	72,150	98,290	116,548	97,421	126,985	
Total Liabilities						
Net Fund Balances	72,150	98,290	116,548	97.421	126,985	

	- -	Raising							0
	o promotioned	iviariagerrient o General	<u>ب</u>				954	1 C	\$ 1,024 \$
Statements	e - All Other Expenses	Service	\$ 38,730 13,290	6,327	5,648 4.310	2,989	1,628	717	\$ 80,199
Federal Sta	Form 990. Part IX. Line 24e - All Other Expenses Total Drorem	Expenses	\$ 38,730 13,290	6,327	5,648 4.310	2,989	L, 628 954	717	\$ 81,223
36-3970692		Description	REGISTRATION FEES REFEREE EXPENSES TNSTRAMCE	ADVERTISING	OTHER FEES	COMPUTER AND SOFTWARE MEMBER ADDRETITION	LICENSES AND FEES	CHARITABLE CONTRIBUTIONS OFFICE EXDENSE	TOTAL

	Amount \$ 7,950 9,159 \$ 17,109	Amount           \$         432, 821           11,554         21,245           21,245         7,002           \$         472,622	\$ Amount \$ 4,455 \$ 4,455	
Federal Statements	Schedule A. Part III. Line 1(e) Description	Schedule A. Part III. Line 2(e) Description	Schedule A. Part III. Line 3(e) Description	
36-3970692	VILLAGE OF LOMBARD SPONSORSHIPS TOTAL	MEMBERSHIP DUES TRAINING CAMPS TOURNAMENT FEES CHICAGO FIRE TICKETS TOTAL	CANDLELIGHT BOWL TOTAL	

		nois Ret	urn Summary		
For calendar year 2	018, or tax yea	ar beginning (	7/01/18 , and end	ing 06/30/1	.9
FIREBIRDS	SOCCER	CLUB		36-397069	2
Amount you are paying (IL-990T)					
Apportionment				-	
Total sales everywhere					
Total Illinois sales		0	<b>-</b>		
Apportionment factor	0	.000000	<b>%</b>		
Net income or loss					-
Investment credits			5/2 20		
Net replacement tax					
Income tax credits			-		
Net income tax					
Credit from prior year overpayment					
Total estimated payments					
Form IL-505-B extension payment	-				
Pass-through withholding payments					
Gambling withholding Total payments	-			8	
Overpayment					
Amount to credit forward					
Refund					
Tax due before penalty and interest					
Late payment interest					
Failure to pay penalty			0		
Failure to file penalty Total amount due	3 <b></b>		-		
Next Year's Estimate	8		,	Charitable Regist	ration
1st quarter		- 2	Filing fee		15
2nd quarter			Return / extende	d due date	12/31/19
3rd quarter		-			
4th quarter		-			
Total		=			
Miscellaneous Informa	tion				
Amended return		_			
IL-990T due date /extended date	11/15/19	Ē			

For Office Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUA			Form AG990
PMT #	Attorney General KWAME RAOUL State of I Charitable Trust Bureau, 100 West Rando			Revised 1/
	11th Floor, Chicago, Illinois 60601		27155	
AMT	Report for the Fiscal Period:			items attached:
			Copy of IR	
NIT	Beginning 07/01/2018	Make Chacks X Payable to	Copy of Fo	nancial Statements
	A T. II. AC (20/0010	the illinois Charity		ual Report Filing Fee
	& Ending 06/30/2019	Bureau Fund		te Report Filing Fee
Federal ID # 36-3	570032	ate Organization wa	n amotodi	MO DAY YF 01/01/199
		Year-end		01/01/199
LEGAL		amounts		
	BIRDS SOCCER CLUB	A) ASSETS	A) \$	126,985
MAIL ADDRESS P.O.	BOX 1394			
CITY, STATE LOME		B) LIABILITIES	B) \$	0
ZIP CODE 6014	8	C) NET ASSETS	C) \$	126,985
I. SUMMARY C	F ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
D) PUBLIC SUF	PPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		D) \$	494,186
E) GOVERNME	NT GRANTS & MEMBERSHIP DUES	0 %	E) \$	0
F) OTHER RE	/ENUES	0 %	F) \$	0
-	ENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$	494,186
II. SUMMARY O	F ALL EXPENDITURES DURING THE YEAR:			
H) OPERATING	CHARITABLE PROGRAM EXPENSE	93 %	H) \$	452,526
i) EDUCATION	PROGRAM SERVICE EXPENSE	%	1)\$	
J) TOTAL CHA	RITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	93%	J) \$	452,526
J') JOINT COST	'S ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$			
K) GRANTS TO	OTHER CHARITABLE ORGANIZATIONS	%	K) \$	1,500
L) TOTAL CHA	RITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	93%	L) \$	454,026
M) MANAGEME	NT AND GENERAL EXPENSE	1%	M) \$	1,024
N) FUNDRAISIN	G EXPENSE	6 %	N) \$	30,552
O) TOTAL EXP	ENDITURES THIS PERIOD (ADD L, M, & N)	100%	O)\$	485,602
(Attach Attorney Ge	ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: heral Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
	FUNDRAISERS: UNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P) \$	
,	DRAISERS FEES AND EXPENSES	%	Q) \$	
	ED BY THE CHARITY (P MINUS Q=R)	%	R)\$	
	FUNDRAISING CONSULTANTS;			
S) TOTAL AMO	UNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$	
IV. COMPENSAT	ION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	AR:		
T) NAME, TITLE:			T)\$	
U) NAME, TITLE:			U) \$	
V) NAME, TITLE:			V)\$	
V. CHARITABLE	PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED)	CODE CATEGORIES	List on bar	ck side of instructions CODE
W) DESCRIPTIO	N: Local area youth soccer program		W) #	040
X) DESCRIPTIO	N:		X)#	
Y) DESCRIPTIO	N;		Y)#	

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:       YES, NO         1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?       1.         2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISOPROPRIATION OF FUNDS OR ANY FELONY?       2.         3. DID THE ORGANIZATION MARE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES ONS AN INTEREST, OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEES ONS AN INTEREST, OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEES ONS AN INTEREST, OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEES ONS AN INTEREST, OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEES ONS AN INTEREST, OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEES THE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEES ONS AN INTEREST, OR WAS IT A PARTY TO ANY TRANSACTION?       3.         4. HAS THE ORGANIZATION INSTOLUTS ANDING SHARES?       4.       X         5. SAY       X       X         6. DID THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN FROGRAM SERVICE AND FUNDRASING EXPENSES?       7.       X         7. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICES \$       (10) THE AMOUNT ALLOCATE TO F	F	IREBIRDS	SOCCER	CLUB	36-3970692	Form AG9	90-1L, P	age 2
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELOMY? 2. Z 3. DID THE ORGANIZATION NO FUNDS OR ANY FELOMY? 3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICIES, DIRECTORS OR TRUSTEES OWNS IN A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICIES, DIRECTORS OR TRUSTEES MAYS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICIES, DIRECTORS OR TRUSTEES MAYS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICIES, DIRECTORS OR TRUSTEES MAYS AN ATERNAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? 3. X 4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? 4. X 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? 5. X 5. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7. X 5. JF YES', ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$	IF	THE ANSWER	R TO ANY OF	THE FOLLOW	WING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?       2.         3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTRERST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES WAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEES CANS AN ANTEREST; OR WAS IT A PARTY TO ANY TRANSACTION?       3.         4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?       4.         5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?       5.         6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)       6.         7. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)       6.         7. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISING EXPENSES?       7.         7. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?       7.         7. IF YESY, ENTER (I) THE AGREGATE AMOUNT OF THESE JOINT COSTS \$ 	1.	WAS THE ORC	GANIZATION T	HE SUBJECT O	F ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		x
MISAPPROPRIATION OF FUNDS OR ANY FELONY?       2.       Z         3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICER, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?       3.         4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?       4.         5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?       5.         6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)       6.         7. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?       7.         7. IF YESY, ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ 	2.	HAS THE ORG	ANIZATION O	R A CURRENT	DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF,			
<ol> <li>DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED A COMPENSATION?</li> <li>HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?</li> <li>IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF THE ORGANIZATION HELD ON CROAVLEATION?</li> <li>DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)</li> <li>DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICES AND FUNDRAISING EXPENSES?</li> <li>IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$(II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$(III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ AND (IV) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ AND (IV) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ AND (IV) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$</li></ol>								
ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? 3. X 4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? 4. X 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? 5. X 6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6. X 7. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6. X 7. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7. X 7. J 7. J IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; (III) THE AMOUNT ALLOCATED TO TOMANAGEMENT AND GENERAL \$; (III) THE AMOUNT ALLOCATED TO TOMANAGEMENT AND GENERAL \$; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$ 8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		MISAPPROPRI	ATION OF FU	NDS OR ANY F	ELONY?	2.		X
ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? 3. X 4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? 4. X 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? 5. X 6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6. X 7. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6. X 7. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7. X 7. J 7. J IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; (III) THE AMOUNT ALLOCATED TO TOMANAGEMENT AND GENERAL \$; (III) THE AMOUNT ALLOCATED TO TOMANAGEMENT AND GENERAL \$; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$ 8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	3		ANIZATION MA		WARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH			
IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? 3. 4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? 4. 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? 5. 6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6. 7. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICES AND FUNDRAISING EXPENSES? 7. 7. X 7. IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$(II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$(II) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (W) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (W) THE AMOUNT ALLOCATED TO FUNDRAISING \$ 8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? AND (W) THE AMOUNT ALLOCATED TO FUNDRAISING \$ 9. AX 9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	0.					TION		
ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? 3. X 4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? 4. X 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? 5. X 6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) 6. X 7. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? 7. X 7. X 7. DI IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$						non		
TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?       4.         X       X         5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?       5.         4. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)       6.         7. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)       6.         7. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?       7.         7. JIF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$						3.		X
TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?       4.         X       X         5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?       5.         4. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)       6.         7. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)       6.         7. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?       7.         7. JIF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$	4.	HAS THE ORG	ANIZATION IN	VESTED IN AN	Y CORPORATE STOCK IN WHICH ANY OFFICER. DIRECTOR OR			
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE       5.       X         6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)       6.       X         7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR						4.	1	X
PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?       5.       X         6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)       6.       X         7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?       7.       X         7b. IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$							-	-
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)       6.       X         7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR       7.       X         7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$	5.							
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR       7.         X       ILITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?       7.         X       X         7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$		PROPERTY OF	ANY OTHER	PERSON OR O	RGANIZATION?	5.		X
LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?       7.       X         7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$	6.	DID THE ORGA	ANIZATION US	E THE SERVICI	ES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?       7.       X         7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$	70				OST OF ANY SOLICITATION MAILING ADVERTISEMENT OF			
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$	/a,					7		x
ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ 8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?							<u> </u>	
ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ 8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	7b.	IF "YES", ENTE	R (i) THE AGO	REGATE AMOL	JNT OF THESE JOINT COSTS \$ ;(ii) THE AMOUN	νT		
<ol> <li>DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?         <ol> <li>HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?</li></ol></li></ol>		ALLOCATED TO	O PROGRAM	SERVICES \$	; (iii) THE AMOUNT ALLOCATED TO MANAGEMEN			
PURPOSES?       8.         9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?       9.         10.       WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?       10.         11.       LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: WEST SUBURBAN BANK         11.22       S MAIN ST, LOMBARD, IL 60148         2.       NAME AND TELEPHONE NUMBER OF CONTACT PERSON:         AMY       DYBOWSKI		AND GENERAL	. \$	; A	ND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
PURPOSES?       8.         9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?       9.         10.       WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?       10.         11.       LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: WEST SUBURBAN BANK         11.22       S MAIN ST, LOMBARD, IL 60148         2.       NAME AND TELEPHONE NUMBER OF CONTACT PERSON:         AMY       DYBOWSKI	8.		NIZATION EX	PEND ITS REST	IRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED			
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UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

		JOHIN	FISHER		
BE :	SURE TO INCLUDE ALL FEES DUE:	PRESI	DENT OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
1.)	REPORTS ARE DUE WITHIN SIX				
	MONTHS OF YOUR FISCAL YEAR END.	AMY D	YBOWSKI		
2.)	FOR FEES DUE SEE INSTRUCTIONS.	TREASU	JRER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
3.)	REPORTS THAT ARE LATE OR		,		
	INCOMPLETE ARE SUBJECT TO A				
	\$100.00 PENALTY.	MARIA	KELLY		
			PREPARER (PRINT NAME)	SIGNATURE	DATE

# FIREBIRDS SOCCER CLUB

# AUDIT REPORT

# FOR THE YEAR ENDED

# JUNE 30, 2019

# FIREBIRDS SOCCER CLUB CONTENTS OF FINANCIAL REPORT FOR THE YEAR ENDED JUNE 30, 2019

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CATALANO, CABOOR & CO. CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS 101 West 22nd Street, Suite 207, Lombard. II. 60148

Geraid Catalano, CPA Stephen E. Caboor, CPA P: 630.261.0550 Steven J. Borucki, CPA F: 630.261.1040 Ronald E. Jachim, CPA www.catboor.com Anthony E. Ozzauto, CPA

#### **INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors of Firebirds Soccer Club Lombard, Illinois

We have audited the accompanying financial statements of

Firebirds Soccer Club

(A Not-For-Profit Organization)

which comprise the statement of assets, liabilities, and net assets – cash basis as of June 30, 2019, and the related statements of support, revenue, and expenses – cash basis, and functional expenses – cash basis, and the related notes to the financial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the cash basis of accounting as described in Note 3; this includes determining that the cash basis of accounting is an acceptable basis for the presentation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the assets, liabilities, and net assets of Firebirds Soccer Club as of June 30, 2019, and its support, revenue, and expenses for the year then ended in accordance with the cash basis of accounting described in Note 3.

### **Basis of Accounting**

We draw attention to Note 3 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Catalano, Cabre & Co.

Lombard, IL October 28, 2019

# FIREBIRDS SOCCER CLUB STATEMENT OF ASSETS, LIABILITES, AND NET ASSETS - CASH BASIS JUNE 30, 2019

### ASSETS

CURRENT ASSETS: Cash	\$	126,978
Total Current Assets	transist	126,978
Total Assets	\$	126,978
LIABILITIES AND NET ASSETS		
NET ASSETS		
Net Assets Without Donor Restrictions	\$	126,978
Net Assets With Donor Restrictions		
Total Net Assets	Ingibility.com	126,978
Total Liabilities and Net Assets	\$	126,978

(THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS STATEMENT)

# FIREBIRDS SOCCER CLUB STATEMENT OF SUPPORT, REVENUE AND EXPENSES - CASH BASIS FOR THE YEAR ENDED JUNE 30, 2019

### SUPPORT AND INCREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS:

Contributions:		
Grants	\$	7,950
Sponsorships		9,159
Total Contributions		17,109
Program Service Fees:		
Registration		432,821
DuPage Tournament Fees		21,245
Training Camps		11,554
Total Program Service Fees		465,620
Special Events:		
Special Events		11,457
Less, Direct Expenses		(9,572)
		1,885
Total Revenues and Other Support Without Donor Restrictions		484,614
EXPENSES AND DECREASES IN NET ASSETS WITHOUT		
DONOR RESTRICTIONS		
Program Services		454,026
Management and General		1,024
Fundraising	ytépűsesztatés	
Total Expenses and Other Decreases in Net Assets	The second s	455,050
Total Increase in Net Assets		29,564
Net Assets, Beginning of Year Without Donor Restrictions	. <del>gtatestage</del> ,	97,414
Net Assets, End of Year Without Donor Restrictions		126,978

### (THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS STATEMENT)

# FIREBIRDS SOCCER CLUB STATEMENT OF FUNCTIONAL EXPENSES - CASH BASIS FOR THE YEAR ENDED JUNE 30, 2019

	Program Services	•	Management and General	Fundraising	 Total
Advertising	\$ 6,327	\$	ân r	\$ <b>6</b> 1 ·	\$ 6,327
Apparel	5,648		**	лй.	5,648
Business Licenses and Fees	*		954	. 492	954
Coaching Fees	65,000			<b>a</b> .,	65,000
Computer and Software	2,989				2,989
DuPage Tournament Expense	20,980		(inter-	~	20,980
Facility and Light Rental	39,879		-	- <b>30</b> -1	39,879
Insurance	6,560		موذ	<del>10</del> .	6,560
Member Appreciation	1,628		405	-146	1,628
Office Expenses	-		70		70
Other Fees	4,310			App.	4,310
Other Tournament Fees	39,494				39,494
Referee Fees	13,290			Autor	13,290
Registration Fees	38,730		**	*	38,730
Scholarships and Donations	2,217		eni	μe.	2,217
Training	206,974			**	206,974
	\$ 454,026	\$	1,024	\$ entificanti alla ciali intere ciale en ciale en etc.	\$ 455,050

(THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THIS STATEMENT)

#### NOTE 1 - ORGANIZATION

Firebirds Soccer Club (the Organization), an Illinois not-for-profit corporation, is a competitive travel soccer club offering programs for the youth of Lombard, IL, and the surrounding communities. It was established on July 12, 1994. The Organization's mission is to provide a quality environment in a competitive atmosphere for children and young adults dedicated to the game of soccer, with an emphasis on integrity and sportsmanship. The primary purpose of the organization to develop all players to the best of their ability.

### NOTE 2 - BASIS OF PRESENTATION

In August 2016, the Financial Accounting Standards Board (FASB) issued ASU 2016-14, Presentation of Financial Statements of Not-for-Profit Entities. The ASU is effective for fiscal years beginning after December 15, 2017. The Organization has applied this update to its financial statements for the year ended June, 30, 2019. The main provisions or the standard are as follows:

Net Asset Classes – The ASU replaces the previous presentation of three classes of net assets (unrestricted, temporarily restricted, and permanently restricted) with two classes of net assets ("net assets with donor imposed restrictions" and "net assets without donor restrictions"). The Organization has updated its financial statements to reflect this presentation as of June 30, 2019, and for the year then ended.

Investment Return – The ASU requires investment return to be presented on the face of the statement of activities net of all related external and direct internal expenses and eliminates the requirement to disclose the amount of such netted expenses. This provision does not impact the financial statements of the Organization as of June 30, 2019, and for the year then ended.

Expense Classification by Function and Nature – The ASU requires expenses to be presented by both nature and function in one location in the financial statements. The ASU also requires disclosure of the method used to allocate costs between programs and support functions. The Organization presents both the nature and function of expenses in a statement of functional expenses, as well as discloses the method of allocating costs.

Presentation of Operating Cash Flows – The ASU maintains the option to present the statement of cash flows using either the direct or indirect method of reporting. However, if the direct method is used, the ASU no longer requires the reconciliation of changes in net assets provided by (used in) operating activities. Since the Organization uses the indirect method of reporting for its cash flow statements, this provision does not impact the financial statements of the Organization as of June 30, 2019, and for the year then ended.

Liquidity and Availability of Resources – The ASU requires new disclosures that describe the liquidity and availability of funds. See Note 6 for these additional disclosures.

#### NOTE 2 - BASIS OF PRESENTATION - Continued

Underwater Endowment Funds – For endowments with losses (i.e. underwater endowments), the ASU requires the reporting of the current fair value of the fund, the original gift amount, and amount of the deficiency. Donor funded endowments must be reported as net assets with donor restrictions and the statement of financial position. Quasi-endowment funds, which are designated by the governing board, are required to be reported as net assets without donor restrictions. Since the Organization does not have any endowments, this provision does not impact the financial statements as of June 30, 2019, and for the year then ended.

#### NOTE 3 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### **BASIS OF ACCOUNTING**

The accompanying financial statement has been prepared on the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Under that basis, the only asset recognized is cash, and no liabilities are recognized. All transactions are recognized as either cash receipts or disbursements, and noncash transactions are not recognized. The cash basis differs from generally accepted accounting principles primarily because the effects of outstanding promises to give and obligations for expenses unpaid at the date of the financial statement are not included in the financial statement. Additionally, contributions of securities or other noncash items are not recognized until sold. If the contributed noncash item is used in providing services to beneficiaries of the Organization's programs, there is no recognition of that contribution or its use.

#### **ESTIMATES**

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the recorded amounts of assets and liabilities, the disclosure of the contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

#### **REVENUE RECOGNITION**

All public support and revenue are considered to be available for unrestricted use, unless specifically restricted by the donor. At its discretion, the Board of Directors may designate funds for specific purposes. When a restriction expires, net assets with donor restrictions are reclassified to unrestricted net assets and reported in the Statement of Activities as net assets released from restriction.

#### **EXPENSES**

Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are charged to programs and supporting services on the basis of periodic time and expense studies. Management and general expenses include those expenses that are not directly identifiable with any other specific function.

## NOTE 3 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

#### DONATED SERVICES

Donated services are recognized as contributions in accordance with ASC 958, if the services (a) create or enhance nonfinancial assets or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Organization.

#### CASH AND CASH EQUIVALENTS

For purposes of the statement of cash flows, cash equivalents include time deposits, certificate of deposit and all highly liquid debt instruments with original maturities of three months or less.

The Organization made the following payments for the year ended June 30, 2019:

Interest	\$ 0
Taxes	\$0

#### PROPERTY AND EQUIPMENT

All acquisitions of property and equipment in excess of \$2,500 and all expenditures for repairs, maintenance, renewals, and betterments that materially prolong the useful lives of assets are capitalized. Property and equipment are stated at cost, or if donated, at the approximate fair value at the date of donation. Depreciation is computed using an accelerated depreciation method over the estimated useful lives of the assets.

#### ADVERTISING

Advertising costs are charged to operations when incurred. Advertising expenses were \$6,327 for the year ended June 30, 2019.

#### **INCOME TAX STATUS**

The Organization is a not-for profit corporation that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Organization has also been classified as an entity that is not a private foundation within the meaning of Section 509(a). Accordingly, charitable contributions to Firebirds Soccer Club are tax deductible contributions.

- NOTE 4 <u>CONCENTRATION OF CREDIT RISK</u> The Organization has exposure to credit risk to the extent that its bank balances exceed amounts covered by Federal Deposit Insurance. There were no uninsured balances as of June 30, 2019.
- NOTE 5 <u>RESTRICTIONS ON NET ASSETS</u> There were no restrictions on net assets as of June 30, 2019.

#### NOTE 6 - LIQUIDITY

The Organization had \$126,978 of financial assets available within one year of the balance sheet date as of June 30, 2019. Financial assets consisted of cash as of June 30, 2019. The Organization has a goal to maintain financial assets on hand of 20% or more of the prior year's normal operating expenses. As part of its liquidity management, the Organization maintains its cash in a liquid checking account.

#### NOTE 7 - INCOME TAXES

The Organization began operations in 1994. As of June 30, 2019, The Organization's Forms 990, Return of Organization Exempt from Income Tax, for the years ending June 30, 2016, 2017, and 2018 are subject to examination by the IRS, generally for three years after they were filed.

GAAP requires management to evaluate tax positions taken by the organization and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. As the organization is tax-exempt, management has concluded that as of June 30, 2019, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The organization's policy is to record interest and penalties in the statement of activities in the period incurred. The organization has not incurred interest or penalties for the year ended June 30, 2019.

#### NOTE 8 - <u>SUBSEQUENT EVENTS</u> Subsequent events have been evaluated through October 28, 2019 which is the date the financial statements were available to be issued.