

**VILLAGE OF LOMBARD
LOCAL TOURISM GRANT PROGRAM APPLICATION FORM**

GENERAL INFORMATION

Organization:	Firebirds Soccer Club		
Name of event:	Dupage County Preseason Invitational		
Date of event:	August 18 th – 20th	Event location:	Lombard
Contact person:	Carmel MacNamara-Ludwig	Title:	Committee Member
Business address:	PO Box 1394	City & Zip	Lombard IL 60148
Telephone:	630-235-0150	Email:	michaelweltin@ymail.com

PROJECT OVERVIEW

Total cost of the project:	\$77,000
Cost of city services requested in this application (if any):	No sure at this time
Total funding requested in this application:	\$10,440
Percent of total project cost being requested:	13.55%
Anticipated attendance:	5,000
Anticipated number of overnight hotel stays:	250

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

The Firebird Organization is hosting a U8-U15 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 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:	Established in 1994
Number of years that the project or event has been in existence:	New Event
Number of years the project has been supported by Village of Lombard funds:	0
How many years does the organization anticipate it will request grant funding?	The grant will fund this year, and some of the items will be reused in years to come.

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 Fun!

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.

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.
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 the community hosting the event a chance to show off all of their great attributes.

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

The Firebirds are a self-sustaining program, which receives monies through participation fees, concessions, and T-shirt sales.

PROJECT DESCRIPTION

- Have you requested grant funding in the past? Yes No
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

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

The event will include 100-128 teams from the ages of U8 – U15 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 14 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 grants 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.

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)?

This is a first time event, however our focus is on the following items to develop repeat attendees and build a reputation that attracts more attendees for the future:

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.

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.

May 1-15 - Launch the initial save the date to all Midwest soccer organizations

May - (TBD) Committee meeting to review progress and address any pending tasks

May 15 – 31st – enable registration on the Firebirds website

June 1 – 15 - Locking down all competitive quotes and securing final contracts

June - (TBD) Committee meeting to review progress and address any pending tasks

July – Identify attendees – and revenue from fees

July – (TBD) Committee meeting to review progress and address any pending tasks

July – Develop specific vendor plan – timing/location/resources

August – (TBD) Committee meeting to review progress and address any pending tasks

August 17th – Registration begins -

August 18th 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 5,000 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 5% of the attendees lodge – that's 250 people – average family has 4 people – that's 65 rooms - \$100 a night for two days - \$13,000 revenue

Dinings: if 100% of the families eat one meal a day in Lombard during the three day tournament – 5000 people - average meal per person \$7.50 – $5000 * 7.5 \times 3 \text{ days} = \$112,500$

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 will be opening up this event on our website to all teams across the Midwest. We will have teams coming from all over the 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. Assuming we have 100-120 teams attend, we will be welcoming a potential 5,000 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 U15 which is a wide range of children.

4) Please identify and detail the cost of any Village of Lombard services anticipated as part of the event (e.g., Police, Public Works, etc.) and whether such costs will be reimbursed or funded under this grant. Please describe any collaborative arrangements developed or anticipated with other organizations to fund or otherwise implement the project (including in-kind donations).

New event, unsure of what is required by the Village of Lombard and what we can utilize volunteers.

5) 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).

Our initial marketing of the program will be our website, we will have a tournament page that will include all of the tournament details along with lodging, shopping, dining etc. We will have our local sponsors which will be on banners as well as flyers will be printed with the local information so it is at the fingertips of the attendees. Working with the DuPage County Visitor Bureau will give us the tools we need to market all of the great things our community has to offer!

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. ***We're not required to have an audit so that's why one is not available.***

CHECKLIST

- Completed Local Tourism Grant Program Application Form.
- Completed detailed budget form.
- Promotional materials from past events (not applicable to first time events). ***First time event***
- Post event summary from past event (not applicable to first time events). ***First time event***
- Copy of the most recently completed agency audit or explanation of why it is not available. ***We're not required to have an audit so that's why one is not available.***
- Copy of the most recent Federal Form 990 for the agency or explanation of why it is not available. ***We're not required to have an audit so that's why one is not available.***

Additional Notes, Comments or Explanations:

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:	Carmel MacNamara - Ludwig		
Title or office held:	Firebird Soccer Club Committee Member	Date:	4/25/2017

Signature:  _____

**LOCAL TOURISM GRANT PROGRAM
DETAILED BUDGET**

Event: Dupage County Preseason Invitational Date: _____

Organization: Firebird Soccer Club

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	ACTUAL	ACTUAL	ANTICIPATED
Lombard Tourism Grant	\$	\$	\$10440
Sponsors			\$2500
Entry Fees			\$65000
Food/Beverage Sales			\$5000
Spiritwear			\$1000
Total Income	\$	\$	\$83,940

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

ITEMIZED EXPENSES	ACTUAL	ACTUAL	ANTICIPATED
Trainers	\$	\$	\$3500
Signage			\$1000
Park District			\$5000
Insurance Cost			\$3000
Porta potty			\$3000
Metals/Trophys			\$6000
Software to log game results			\$1000
Tents			\$3000
Dining Vendors			\$13500
Safety			\$1000
Referees			\$37,000
Total Expenses	\$	\$	\$77,000

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
Estimated value of in-kind	\$	\$	

Contributions (explain)

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01/01/16, and ending 06/30/16

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FIREBIRDS SOCCER CLUB		D Employer identification number 36-3970692	
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 1394		E Telephone number 312-715-5895	
	City or town, state or province, country, and ZIP or foreign postal code LOMBARD IL 60148		G Gross receipts \$ 81,522	
	F Name and address of principal officer: MICHAEL WELTIN 301 N. CHARLOTTE LOMBARD IL 60148		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: WWW.FIREBIRDSSC.COM			L Year of formation:	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other			M State of legal domicile:	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SERVE AS A VEHICLE THROUGH WHICH LOCAL AREA YOUTH OF VARIOUS AGES CAN GAIN SOCCER TRAINING AND EXPERIENCE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	8	
	4	5	
	5	0	
	6	0	
	7a	0	
7b	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 7,600	Current Year 7,554
	9 Program service revenue (Part VIII, line 2g)	290,902	70,140
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	372	1,377
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	298,874	79,071
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,000	1,000
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	240,688	109,121
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	241,688	110,121
19 Revenue less expenses. Subtract line 18 from line 12	57,186	-31,050	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 129,340	End of Year 98,290
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	129,340	98,290

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	MICHAEL WELTIN Type or print name and title	PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARIA KELLY		10/07/16		P01229778
Paid Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	CATALANO, CABOOR & CO., LTD. 101 W 22 ND ST STE 207 LOMBARD, IL 60148	36-3525259	630-261-0550		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO SERVE AS A VEHICLE THROUGH WHICH LOCAL AREA YOUTH OF VARIOUS AGES CAN GAIN SOCCER TRAINING AND EXPERIENCE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 108,609 including grants of \$ 1,000) (Revenue \$ 77,694) SOCCER TRAINING OF LOCAL AREA YOUTH AND COMPETITION IN LEAGUE AND TOURNAMENT PLAY

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 108,609

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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		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		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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		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 10? If "Yes," complete Schedule D, Part VI		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		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? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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 during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	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

Table with columns for question number, sub-question, response box, Yes, and No. Includes questions 1a-13b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

Section 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 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.		
	1a 8		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 5		
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?		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?		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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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," describe in Schedule O how this was done		X
	12c		X
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 ►
CATALANO, CABOOR, & CO. 101 22ND STREET #207
LOMBARD IL 60148 630-261-0550

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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 related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL WELTIN	0.00									
PRESIDENT	0.00			X			0	0	0	
(2) KRISTI FLOREY	0.00									
VICE PRESIDENT	0.00			X			0	0	0	
(3) TIM STANTON	0.00									
VICE PRESIDENT	0.00			X			0	0	0	
(4) CHRISTINE POIRIER	0.00									
SECRETARY	0.00			X			0	0	0	
(5) AMY DYBOWSKI	0.00									
TREASURER	0.00			X			0	0	0	
(6) JOHN FISCHER	0.00									
VICE PRESIDENT	0.00			X			0	0	0	
(7) JAKE POREMBA	0.00									
DIRECTOR	0.00			X			0	0	0	
(8) PARIS KOULOGEORGES	0.00									
DIRECTOR	0.00			X			0	0	0	
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants and similar amounts not included above	1f	7,554				
	g Noncash contributions included in lines 1a-1f	\$					
	h Total. Add lines 1a-1f			7,554			
Program Service Revenue	2a MEMBERSHIP DUES	Busn. Code	70,140	70,140			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			70,140			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	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	3,828				
b Less: direct expenses	b	2,451					
c Net income or (loss) from fundraising events			1,377			2,377	
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions.			79,071	70,140	0	2,377	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,000	1,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRAINING EXPENSE	74,137	74,137		
b TOURNAMENT AND LEAGUE FEE	16,322	16,322		
c FACILITIES RENTAL	9,720	9,720		
d REFEREE EXPENSES	5,340	5,340		
e All other expenses	3,602	2,090	1,512	
25 Total functional expenses. Add lines 1 through 24e	110,121	108,609	1,512	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest bearing	129,340	1	98,290	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D	10a			
	b Less: accumulated depreciation	10b	10c		
	11 Investments—publicly traded securities		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		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		129,340	16	98,290	
Liabilities	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 officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25			
26 Total liabilities. Add lines 17 through 25		0	26	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets		129,340	27	98,290
	28 Temporarily restricted net assets			28	
	29 Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds			30	
	31 Paid-in or capital surplus, or land, building, or equipment fund			31	
	32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		129,340	33	98,290	
34 Total liabilities and net assets/fund balances		129,340	34	98,290	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	79,071
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,121
3	Revenue less expenses. Subtract line 2 from line 1	3	-31,050
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	129,340
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	98,290

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: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No
 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:
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? Yes No
 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:
 Separate 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? Yes No
 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? Yes No

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.

	Yes	No
1		
2a		X
2b		X
2c		
3a		X
3b		