

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2015
Open to Public Inspection

A For the **2015** calendar year, or tax year beginning _____, and ending _____

| | | |
|--|---|---|
| <p>B Check if applicable:</p> <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 | <p>C Name of organization Sporting Indiana FC</p> <p>Doing business as _____</p> <p>Number and street (or P O box if mail is not delivered to street address) Room/suite 4580 North 300 West</p> <p>City or town, state or province, country, and ZIP or foreign postal code McCordsville IN 46055</p> <p>F Name and address of principal officer: STEVE WILLIAMS</p> | <p>D Employer identification number 20-3633508</p> <p>E Telephone number _____</p> <p>G Gross receipts \$ 242,583</p> <p>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)</p> <p>H(c) Group exemption number ▶ _____</p> |
|--|---|---|

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.SportingIndianaFC.com**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: _____ **M** State of legal domicile: **IN**

| Part I Summary | | | |
|--|---|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: PROVIDE SOCCER COMPETITION FOR AREA YOUTH. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 5 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 5 |
| | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 0 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 0 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 231,566 | 242,583 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 0 |
| | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 231,566 | 242,583 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 0 | 0 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | 0 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | 0 | 0 |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 174,833 | 212,124 |
| | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 174,833 | 212,124 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 56,733 | 30,459 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 157,595 | 188,815 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 0 | 761 |
| | | 157,595 | 188,054 |

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 ANGIE BRANDON | Date |
| | Type or print name and title TREASURER | |

| | | | | |
|------------------------|---|---|-------------------------|--|
| Paid Preparer Use Only | Print/Type preparer's name John S. Leemhuis | Preparer's signature <i>John S. Leemhuis CPA</i> | Date 05/12/16 | Check <input type="checkbox"/> if self-employed PTIN P01350814 |
| | Firm's name ▶ Petrow Leemhuis Vincent & Kane, PC | Firm's EIN ▶ 26-3503647 | | |
| | Firm's address ▶ 8440 Woodfield Crossing #345 Indianapolis, IN 46240 | Phone no 317-452-4700 | | |