

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 **04/01, 2015**, and ending **03/31, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED STATES SOCCER FEDERATION			D Employer identification number 13-5591991
	Doing Business As			E Telephone number (312) 808-1300
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 126,747,525.
	1801 S. PRAIRIE AVENUE.			
City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60616			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: DANIEL T. FLYNN 1801 S. PRAIRIE AVENUE. CHICAGO, IL 60616			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	J Website: ▶ WWW.USSOCCER.COM			If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1914		M State of legal domicile: NY	
H(c) Group exemption number ▶				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE AND GOVERN SOCCER IN THE UNITED STATES IN ORDER TO MAKE IT THE PREEMINENT SPORT.		
	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	14.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14.
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,184.
	6 Total number of volunteers (estimate if necessary)	6	80.
	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)	5,698,426.	2,694,279.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	94,870,799.	122,655,465.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,557,971.	1,335,346.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
		102,127,196.	126,685,090.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	113,679.	75,736.
	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)	31,851,935.	32,918,850.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	61,565,650.	77,016,790.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	93,531,264.	110,011,376.
19 Revenue less expenses. Subtract line 18 from line 12	8,595,932.	16,673,714.	
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)	104,124,735.	121,939,719.
	22 Net assets or fund balances. Subtract line 21 from line 20.	21,041,971.	23,935,317.
	83,082,764.	98,004,402.	

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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			
	DANIEL T. FLYNN Type or print name and title	CEO			
Paid Preparer Use Only	Print/Type preparer's name REBEKUH ELEY	Preparer's signature <i>Rebekah Eley</i>	Date 2/13/2017	Check <input type="checkbox"/> if self-employed	PTIN P01247672
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590		Phone no. 312-856-9100	
	Firm's address ▶ 330 N. WABASH, SUITE 3200 CHICAGO, IL 60611				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROMOTE AND GOVERN SOCCER IN THE UNITED STATES IN ORDER TO MAKE IT THE PREEMINENT SPORT RECOGNIZED FOR EXCELLENCE IN PARTICIPATION, SPECTATOR APPEAL, INTERNATIONAL COMPETITIONS AND GENDER EQUALITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 80,849,218. including grants of \$) (Revenue \$ 49,911,967.)

YOUTH NATIONAL AND MEN'S AND WOMEN'S NATIONAL TEAM PROGRAMS-THE 21 NATIONAL TEAMS MANAGED BY THE FEDERATION RANGE FROM THE UNDER-14 BOY'S AND GIRL'S TEAMS TO THE UNDER-23 MEN'S AND WOMEN'S TEAMS AND THE MEN'S AND WOMEN'S SENIOR NATIONAL TEAMS. ALL TEAMS PARTICIPATE IN DOMESTIC AND INTERNATIONAL MATCHES. INCLUDED IN THIS AMOUNT ARE ALL EXPENSES RELATED TO PLAYER DEVELOPMENT.

4b (Code:) (Expenses \$ 2,736,266. including grants of \$) (Revenue \$ 3,082,803.)

REFEREE PROGRAM-TRAINS EXPERIENCED AND NEW REFEREES IN THE LATEST TECHNIQUES AND RULES OF SOCCER. DEPENDING ON THE CLASSIFICATIONS, REFEREES OFFICIATE AT ALL LEVELS OF SOCCER MATCHES RANGING FROM YOUTH TO PROFESSIONAL INTERNATIONAL SOCCER.

4c (Code:) (Expenses \$ 3,489,835. including grants of \$) (Revenue \$ 2,261,196.)

COACHING PROGRAM-TRAINS COACHES IN THE LATEST TECHNIQUES. INTERESTED INDIVIDUALS MAY GAIN CERTIFICATION IN THE SIX PROGRESSIVE LEVELS OF COACHING. THE CURRICULUM FOR THE SIX LEVELS IS AUTHORIZED BY THE FEDERATION. THE FEDERATION RUNS SCHOOLS THROUGHOUT THE COUNTRY FOR A AND B LICENSE CERTIFICATION. STATE ASSOCIATIONS RUN SCHOOLS FOR C, D AND E CERTIFICATION. F LICENSE CERTIFICATION IS DONE ONLINE.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 4,514,702. including grants of \$ 75,736.) (Revenue \$ 67,367,470.)

4e Total program service expenses 91,590,021.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I.</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? <i>If "Yes," complete Schedule C, Part II.</i>		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? <i>If "Yes," complete Schedule C, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		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? <i>If "Yes," complete Schedule D, Part VI.</i>	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? <i>If "Yes," complete Schedule D, Part VII.</i>		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? <i>If "Yes," complete Schedule D, Part VIII.</i>		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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	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)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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 line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (14), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, 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.
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: ERIC GLEASON, CFO 1801 S. PRAIRIE AVENUE CHICAGO, IL 60616 312-528-1236

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. X

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) SUNIL GULATI PRESIDENT	5.00 0.	X		X				0.	0.	0.
(2) S. ROBERT CONTIGUGLIA PAST PRESIDENT	5.00 0.	X						0.	0.	0.
(3) JEFF AGOOS ATHLETE REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(4) DON GARBER PRO COUNCIL REP	5.00 0.	X						0.	0.	0.
(5) JOHN MOTTA ADULT COUNCIL REP	5.00 0.	X						0.	0.	0.
(6) EVELYN GILL YOUTH COUNCIL REP	5.00 0.	X						0.	0.	0.
(7) CARLOS CORDEIRO EXECUTIVE VICE PRESIDENT	5.00 0.	X		X				0.	0.	0.
(8) FABIAN NUNEZ INDEPENDENT DIRECTOR	5.00 0.	X						0.	0.	0.
(9) DONNA SHALALA INDEPENDENT DIRECTOR	5.00 0.	X						0.	0.	0.
(10) ARTHUR MATTSON ADULT COUNCIL REP	5.00 0.	X						0.	0.	0.
(11) CINDY CONE ATHLETE REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(12) CHRIS AHRENS ATHLETE REPRESENTATIVE	5.00 0.	X						0.	0.	0.
(13) ALEC PAPADAKIS PRO COUNCIL	5.00 0.	X						0.	0.	0.
(14) JOHN COLLINS AT LARGE REP	5.00 0.	X						0.	0.	0.

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			
(15) JAMES HARRELL ----- YOUTH COUNCIL REP	5.00 ----- 0.	X						0.	0.	0.
(16) JOHN SUTTER-06/2015 ----- YOUTH COUNCIL REP	5.00 ----- 0.	X						0.	0.	0.
(17) DAN FLYNN ----- CEO	40.00 ----- 0.			X				694,745.	0.	14,809.
(18) BRIAN REMEDI ----- CAO	40.00 ----- 0.			X				287,329.	0.	20,099.
(19) ERIC GLEASON ----- CFO	40.00 ----- 0.			X				188,086.	0.	14,252.
(20) LISA LEVINE ----- LEGAL COUNSEL	40.00 ----- 0.			X				208,095.	0.	5,529.
(21) TOM KING ----- MANAGING DIRECTOR ADMIN	40.00 ----- 0.			X				300,101.	0.	19,819.
(22) JAY BERHALTER ----- CCO	40.00 ----- 0.			X				531,601.	0.	22,039.
(23) JUERGEN KLINSMANN ----- MNT HEAD COACH	40.00 ----- 0.				X			3,050,813.	0.	17,981.
(24) JILLIAN ELLIS ----- WNT HEAD COACH	40.00 ----- 0.				X			306,407.	0.	13,125.
(25) ANDREAS HERZOG ----- ASSISTANT MNT HEAD COACH	40.00 ----- 0.					X		398,993.	0.	19,620.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								6,867,970.	0.	147,273.
d Total (add lines 1b and 1c)								6,867,970.	0.	147,273.

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 ▶ 65

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 3

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (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. Rows include LAUREN HOLIDAY, MEGHAN KLINGENBERG, ALEXANDRIA KRIEGER, and TOBIN HEATH.

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 65

Table with 3 columns: Question number, Question text, Yes, No. Rows 3, 4, 5 regarding compensation reporting.

Section B. Independent Contractors

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1: Complete this table for your five highest compensated independent contractors...

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

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	5,685.					
	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	2,688,594.					
	g Noncash contributions included in lines 1a-1f: \$		80,186.					
	h Total. Add lines 1a-1f ▶			2,694,279.				
Program Service Revenue			Business Code					
	2a SPONSORSHIP & ROYALTIES		711300	49,698,623.	49,698,623.			
	b NATIONAL TEAM INT GAMES OPEN CUP		711210	61,133,320.	61,133,320.			
	c MEMBERSHIP DUES		900099	10,193,538.	10,193,538.			
	d COACHING SCHOOLS		711300	1,169,968.	1,169,968.			
	e OTHER REVENUE		900099	460,016.	460,016.			
	f All other program service revenue							
g Total. Add lines 2a-2f ▶			122,655,465.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			1,335,346.			1,335,346.	
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			0.				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss) ▶			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		62,435.						
		b Less: cost or other basis and sales expenses						
		62,435.						
	c Gain or (loss)							
	d Net gain or (loss) ▶			0.				
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a							
		b Less: direct expenses b						
c Net income or (loss) from fundraising events. ▶				0.				
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. ▶			0.				
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. ▶			0.				
Miscellaneous Revenue		Business Code						
11a _____								
b _____								
c _____								
d All other revenue								
e Total. Add lines 11a-11d ▶			0.					
12 Total revenue. See instructions. ▶			126,685,090.	122,655,465.		1,335,346.		

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	61,736.	61,736.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	14,000.	14,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	6,179,927.	3,830,339.	2,349,588.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	23,297,912.	21,166,903.	2,131,009.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	230,627.	208,534.	22,093.	
9 Other employee benefits	1,709,237.	1,304,627.	404,610.	
10 Payroll taxes	1,501,147.	1,260,491.	240,656.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	3,592,505.		3,592,505.	
c Accounting	61,093.		61,093.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	153,859.		153,859.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,521,475.	7,656,443.	1,865,032.	
12 Advertising and promotion	2,155,330.	2,101,292.	54,038.	
13 Office expenses	179,667.	108,908.	70,759.	
14 Information technology	1,890,566.	221,229.	1,669,337.	
15 Royalties	0.			
16 Occupancy	1,555,108.	1,535,280.	19,828.	
17 Travel	27,906,367.	26,314,969.	1,591,398.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	5,083,711.	4,720,364.	363,347.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	627,618.	264,177.	363,441.	
23 Insurance	874,142.	622,360.	251,782.	
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 <u>EQUIPMENT RENTAL & MAINTENAN</u>	6,107,237.	5,737,698.	369,539.	
b <u>APPEARANCE FEES</u>	4,560,025.	4,560,025.		
c <u>TICKET EXPENSE</u>	1,236,851.	1,227,433.	9,418.	
d <u>PROFESSIONAL REF ORGANIZATIO</u>	1,175,753.	1,175,753.		
e All other expenses	10,335,483.	7,497,460.	2,838,023.	
25 Total functional expenses. Add lines 1 through 24e	110,011,376.	91,590,021.	18,421,355.	
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)	0.			

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	13,192,602.	1	2,520,211.
	2 Savings and temporary cash investments	2,203,146.	2	1,485,520.
	3 Pledges and grants receivable, net	500,000.	3	250,000.
	4 Accounts receivable, net	16,219,931.	4	15,288,995.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	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	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	2,305,143.	9	1,636,930.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,337,836.		
	b Less: accumulated depreciation	10b 5,996,394.	3,520,011.	10c 3,341,442.
	11 Investments - publicly traded securities	63,271,352.	11	94,950,763.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	234,606.	14	62,575.
	15 Other assets. See Part IV, line 11	2,677,944.	15	2,403,283.
16 Total assets. Add lines 1 through 15 (must equal line 34)	104,124,735.	16	121,939,719.	
Liabilities	17 Accounts payable and accrued expenses	9,699,832.	17	11,367,636.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	9,517,435.	19	10,841,184.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	1,824,704.	25	1,726,497.
	26 Total liabilities. Add lines 17 through 25	21,041,971.	26	23,935,317.
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	82,042,764.	27	96,964,402.
	28 Temporarily restricted net assets	1,040,000.	28	1,040,000.
	29 Permanently restricted net assets	0.	29	0.
	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	83,082,764.	33	98,004,402.	
34 Total liabilities and net assets/fund balances	104,124,735.	34	121,939,719.	

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	126,685,090.
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,011,376.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,673,714.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	83,082,764.
5	Net unrealized gains (losses) on investments	5	-1,752,076.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	98,004,402.

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?
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?
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? 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.

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

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization UNITED STATES SOCCER FEDERATION	Employer identification number 13-5591991
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015; 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,424,760.	1,275,703.	2,079,698.	5,698,426.	2,726,308.	13,204,895.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	54,722,112.	63,876,013.	74,514,430.	94,870,799.	122,623,436.	410,606,790.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	56,146,872.	65,151,716.	76,594,128.	100,569,225.	125,349,744.	423,811,685.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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	20,011,697.	22,756,083.	27,505,424.	36,643,612.	40,931,777.	147,848,593.
c Add lines 7a and 7b.	20,011,697.	22,756,083.	27,505,424.	36,643,612.	40,931,777.	147,848,593.
8 Public support. (Subtract line 7c from line 6.)						275,963,092.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.	56,146,872.	65,151,716.	76,594,128.	100,569,225.	125,349,744.	423,811,685.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	58,306.	52,657.	162,968.	290,164.	1,335,346.	1,899,441.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	58,306.	52,657.	162,968.	290,164.	1,335,346.	1,899,441.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
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.)	56,205,178.	65,204,373.	76,757,096.	100,859,389.	126,685,090.	425,711,126.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	64.82%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	66.32%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	.45%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	.31%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part 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?	11 a	
b	A family member of a person described in (a) above?	11 b	
c	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 .	11 c	

Section B. Type I Supporting Organizations

		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, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a 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	

Section 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 (see instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	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 .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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 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		

Section 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		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization UNITED STATES SOCCER FEDERATION	Employer identification number 13-5591991
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UNITED STATES SOCCER FEDERATION	Employer identification number 13-5591991
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 5,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 625,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 705,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 48,156.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 32,029.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED STATES SOCCER FEDERATION	Employer identification number 13-5591991
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____	\$ 11,151.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED STATES SOCCER FEDERATION

Employer identification number
13-5591991**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 6,790.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	EQUIPMENT	\$ 48,156.	10/01/2015
5	AIRFARE	\$ 32,029.	10/01/2015
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Name of organization UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

UNITED STATES SOCCER FEDERATION

13-5591991

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor informed consent.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include 1a (works of art), 1b (collections), and 2 (financial gain).

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

Schedule D (Form 990) 2015

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ _____ %
 - c** Temporarily restricted endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		570,370.	477,387.	92,983.
c Leasehold improvements		5,922,145.	3,083,175.	2,838,970.
d Equipment		2,360,024.	1,995,726.	364,298.
e Other		485,297.	440,106.	45,191.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,341,442.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	1,726,497.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	124,730,999.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,752,076.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-1,752,076.	
3	Subtract line 2e from line 1	3	126,483,075.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	153,859.	
b	Other (Describe in Part XIII.)	4b	48,156.	
c	Add lines 4a and 4b	4c	202,015.	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	126,685,090.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	109,809,361.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3	109,809,361.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	153,859.	
b	Other (Describe in Part XIII.)	4b	48,156.	
c	Add lines 4a and 4b	4c	202,015.	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	110,011,376.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART III

THE NATIONAL SOCCER HALL OF FAME (THE "HALL OF FAME") CLOSED ITS PHYSICAL LOCATION IN ONEONTA, NEW YORK BUT STILL, WITH COOPERATION FROM THE FEDERATION, MAINTAINS THE HISTORICAL ARCHIVES OF AMERICAN SOCCER AND PROMOTES SOCCER THROUGH EDUCATIONAL PROGRAMS AND NEWSLETTERS. THE HALL OF FAME IS AN ORGANIZATION EXEMPT FROM INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FEDERATION AND THE HALL OF FAME SHARE THREE BOARD MEMBERS. THE TROPHIES REPRESENT SUCCESSFULLY WINNING FIFA WORLD CUP TOURNAMENTS AND HOSTING A DOMESTIC TOURNAMENT (OPEN CUP).

PART X, LINE 2

THE FEDERATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS ONLY SUBJECT TO FEDERAL OR STATE INCOME TAXES ON SPECIFIC TYPES OF INCOME FROM ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE. THE FEDERATION HAD NO INCOME FROM UNRELATED ACTIVITIES AND HAS NO INCOME TAXES DUE AS OF MARCH 31, 2016 AND 2015.

THE FEDERATION'S APPLICATION OF THE ACCOUNTING STANDARDS REGARDING UNCERTAIN TAX POSITIONS HAD NO EFFECT ON ITS FINANCIAL POSITION AS MANAGEMENT BELIEVES THE FEDERATION HAS NO MATERIAL UNRECOGNIZED INCOME TAX BENEFITS, INCLUDING ANY POTENTIAL RISK OF LOSS OF ITS NOT-FOR-PROFIT TAX STATUS. THE FEDERATION WOULD ACCOUNT FOR ANY POTENTIAL INTEREST OR PENALTIES RELATED TO POSSIBLE FUTURE LIABILITIES FOR UNRECOGNIZED INCOME TAX BENEFITS AS INCOME TAX EXPENSE.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B

IN KIND DONATION: \$48,156

PART XII, LINE 4B

IN KIND DONATION: \$48,156

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	TRAVEL EXPENSES	1,088,113.
(2) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	TRAVEL EXPENSES	310,710.
(3) EUROPE		5.	PROGRAM SERVICES	TRAVEL EXPENSES	3,148,531.
(4) NORTH AMERICA			PROGRAM SERVICES	TRAVEL EXPENSES	1,302,879.
(5) SOUTH AMERICA			PROGRAM SERVICES	TRAVEL EXPENSES	5,688,307.
(6) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	GRANT-DONATED EQUIPMT	14,000.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total		5.			11,552,540.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		5.			11,552,540.

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

Schedule F (Form 990) 2015

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	PROGRAM			7,500.	EQUIPMENT	FMV
(2)			CENT. AMERICA/CARIBBEAN	PROGRAM			6,500.	EQUIPMENT	FMV
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. **2.**

3 Enter total number of other organizations or entities. **2.**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 1

NOT APPLICABLE, THE FEDERATION DOES NOT PROVIDE UNRESTRICTED GRANTS TO FOREIGN ORGANIZATIONS OR INDIVIDUALS. IN CONNECTION WITH CERTAIN TOURNAMENTS AND EVENTS, THE FEDERATION PROVIDES TRAVEL ASSISTANCE AND PAYS APPEARANCE FEES TO CERTAIN FOREIGN SOCCER ORGANIZATIONS. THE TRAVEL ASSISTANCE AND APPEARANCE FEES ARE PART OF THE TOTAL COST OF THE EVENT TO ENSURE THE EVENT TAKES PLACE WITH THE APPROPRIATE PLAYERS. THESE EXPENSES ARE INCLUDED AS PART OF THE ACTIVITIES PER REGION IN PART I LINE 3.

THE FEDERATION PROVIDES SOCCER EQUIPMENTS SUCH AS SOCCER BALLS, JERSEYS, ETC. TO FOREIGN SOCCER FEDERATIONS IN THE CARIBBEAN.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WOMEN'S SPORTS FOUNDATION 424 W 33RD STREET, SUITE 150	23-7380557	501(C)(3)	15,000.				GENERAL CONTRIBUTION
(2) MAJOR LEAGUE SOCCER 420 5TH AVE, 7TH FLOOR NEW YORK, NY 10018	95-4541325		7,500.				GENERAL CONTRIBUTION
(3) TRUSTEES OF THE UNIVERSITY OF PA 3730 WALNUT ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	6,500.				GENERAL CONTRIBUTION
(4) STREET & SMITH 120 WEST MOREHEAD ST CHARLOTTE, NC 28202	43-1366184		9,000.				GENERAL CONTRIBUTION
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2.

3 Enter total number of other organizations listed in the line 1 table 2.

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

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2

THE FEDERATION MAKES CONTRIBUTIONS TO OTHER ENTITIES WITH SIMILAR MISSIONS FOR THE GENERAL SUPPORT OF THESE ORGANIZATIONS. SINCE THE FUNDS ARE TO BE USED FOR THE GENERAL SUPPORT OF THEIR MISSION, IT IS NOT REQUIRED THAT THESE ORGANIZATIONS SUBSTANTIATE THEIR EXPENDITURES RELATED TO THESE CONTRIBUTIONS. THE FEDERATION ALSO HELD CERTAIN AUCTIONS WHERE THE PROCEEDS WERE CONTRIBUTED TO CERTAIN CHARITABLE ORGANIZATIONS AS DETERMINED BY THE MEMBERS. THE CONTRIBUTIONS WERE UNRESTRICTED TO FURTHER THE OVERALL MISSION OF THAT ORGANIZATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAN FLYNN CEO	(i)	584,745.	110,000.	0.	7,800.	14,809.	717,354.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 BRIAN REMEDI CAO	(i)	284,329.	3,000.	0.	7,800.	20,099.	315,228.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 ERIC GLEASON CFO	(i)	185,086.	3,000.	0.	5,643.	14,252.	207,981.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LISA LEVINE LEGAL COUNSEL	(i)	205,095.	3,000.	0.	6,243.	5,529.	219,867.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 TOM KING MANAGING DIRECTOR ADMIN	(i)	297,101.	3,000.	0.	7,800.	19,819.	327,720.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 JUERGEN KLINSMANN MNT HEAD COACH	(i)	3,050,813.	0.	0.	7,800.	17,981.	3,076,594.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JAY BERHALTER CCO	(i)	431,601.	100,000.	0.	7,800.	22,039.	561,440.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ANDREAS HERZOG ASSISTANT MNT HEAD COACH	(i)	398,993.	0.	0.	7,800.	19,620.	426,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 LAUREN HOLIDAY WNT PLAYER	(i)	126,000.	99,450.	0.	0.	0.	225,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 MEGHAN KLINGENBERG WNT PLAYER	(i)	126,000.	99,450.	0.	0.	0.	225,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 ALEXANDRIA KRIEGER WNT PLAYER	(i)	126,000.	99,450.	0.	0.	0.	225,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 TOBIN HEATH WNT PLAYER	(i)	126,000.	99,450.	0.	0.	0.	225,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 JILLIAN ELLIS WNT HEAD COACH	(i)	216,407.	90,000.	0.	7,800.	13,125.	327,332.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A

DAN FLYNN AND JAY BERHALTER'S HEALTH CLUB FEES OF \$185 A MONTH ARE COVERED BY U.S. SOCCER FEDERATION. THE FEES WERE REIMBURSED AS NONTAXABLE COMPENSATION.

PART I, LINE 4B

THE FEDERATION PROVIDES BENEFITS UNDER THE U.S. SOCCER FEDERATION OPTION PLAN (THE "PLAN"), EFFECTIVE JANUARY 1, 1999, WHICH IS DESIGNED TO ACCUMULATE RETIREMENT FUNDS FOR THE CEO/SECRETARY GENERAL. THE PLAN ALLOWS THE PARTICIPANT TO DEFER UP TO 100% OF THIS COMPENSATION FOR THE RIGHT TO BUY A VARIETY OF MUTUAL FUNDS EQUAL TO THE DEFERRED COMPENSATION HE WOULD HAVE OTHERWISE RECEIVED. THE PLAN IS ADMINISTERED BY THE FEDERATION. THE FAIR VALUE OF THE UNDERLYING SECURITIES PURCHASED TO COVER THE OPTIONS WAS \$1,726,497 AND \$1,824,704 AS OF MARCH 31, 2016 AND 2015, RESPECTIVELY. THE BALANCE IS REFLECTED AS AN INVESTMENT AND A LIABILITY WITHIN THE STATEMENT OF FINANCIAL POSITION, AND CHANGES IN FAIR VALUE ARE RECORDED AS INVESTMENT INCOME AND EXPENSE. UNTIL SUCH TIME AS THE IRS REGULATIONS ARE AMENDED OR CHANGED, NO FURTHER OPTIONS OF THIS TYPE WILL BE GRANTED.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2015

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DON GARBER	PRES. OF SOCCER UNITED	25,249,998.	MARKETING PARTNER	X	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

PART IV

(A) NAME OF PERSON: DON GARBER (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PRES. OF SOCCER UNITED MARKETING/MLS AND BOARD MEMBER OF ORGANIZATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AIRLINE TICKETS)	X	1 .	32,029 .	FAIR MARKET VALUE
26 Other ▶ (EQUIPMENT)	X	1 .	48,157 .	FAIR MARKET VALUE
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

JSA

5E1298 1.000

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER INCLUDES OPEN CUP AND OTHER PROGRAM RELATED EXPENSES.

EXPENSES \$4,712,287. INCL GRANTS OF \$61,736. REVENUE \$68,681,343.

FORM 990, PART VI, SECTION A, LINE 6 THE MEMBERSHIP OF UNITED STATES
SOCCER FEDERATION ("THE FEDERATION") IS OPEN TO ALL SOCCER ORGANIZATIONS
AND ALL SOCCER PLAYERS, COACHES, TRAINERS, MANAGERS, ADMINISTRATORS AND
OFFICIALS WITHOUT DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION,
AGE, SEX, OR NATIONAL ORIGIN.

THE FEDERATION HAS THE FOLLOWING CATEGORIES OF MEMBERSHIP:

(1) ORGANIZATION MEMBER COMPOSED OF THE FOLLOWING CLASSIFICATIONS OF
MEMBERS:

- (A) ASSOCIATE.
 - (B) DISABLED SERVICE ORGANIZATION.
 - (C) INDOOR PROFESSIONAL LEAGUE.
 - (D) NATIONAL AFFILIATE.
 - (E) NATIONAL ASSOCIATION.
 - (F) NATIONAL MEMBER.
 - (G) OTHER AFFILIATE.
 - (H) PROFESSIONAL LEAGUE.
 - (I) STATE ASSOCIATION.
- (2) LIFE MEMBER.

Name of the organization UNITED STATES SOCCER FEDERATION	Employer identification number 13-5591991
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ORGANIZATION MEMBER

AN ORGANIZATION DESIRING TO BECOME AN ORGANIZATION MEMBER OF THE FEDERATION MUST SUBMIT A WRITTEN APPLICATION FOR MEMBERSHIP TO THE SECRETARY GENERAL. THE APPLICANT SHALL SPECIFY THE CATEGORY OF ORGANIZATION MEMBER BEING APPLIED FOR AND, IF APPLYING TO BE A NATIONAL ASSOCIATION, THE YOUTH OR ADULT COUNCIL THE APPLICANT INTENDS TO JOIN. THE APPLICANT SHALL INCLUDE WITH THE APPLICATION COPIES OF ITS CHARTER OR ARTICLES OF INCORPORATION, BYLAWS, RULES, REGULATIONS, ANY RULES OF PLAY, AND OTHER GOVERNING DOCUMENTS APPROPRIATE TO UNDERSTANDING THE STRUCTURE AND ACTIVITIES OF THE ORGANIZATION. THE SECRETARY GENERAL SHALL PRESCRIBE THE NUMBER OF COPIES OF EACH DOCUMENT TO BE SUBMITTED. THE SECRETARY GENERAL SHALL REFER AN APPLICATION TO BE AN ORGANIZATION MEMBER TO THE BOARD OF DIRECTORS FOR CONSIDERATION. THE BOARD SHALL SUBMIT THE APPLICATION AND ACCOMPANYING DOCUMENTS TO THE APPROPRIATE COMMITTEE OR COMMITTEES OF THE FEDERATION FOR REVIEW AND REPORT. THE BOARD SHALL DETERMINE WHETHER THE APPLICANT COMPLIES WITH THE BYLAWS, POLICIES AND REQUIREMENTS OF THE FEDERATION FOR THE MEMBERSHIP CATEGORY APPLIED FOR. IF THE APPLICANT DOES COMPLY, THE BOARD MAY (1) ADMIT THE APPLICANT TO PROVISIONAL MEMBERSHIP IN THE FEDERATION UNTIL THE NEXT MEETING OF THE NATIONAL COUNCIL THAT THE APPLICATION CAN BE CONSIDERED AND RECOMMEND THAT THE APPLICANT BE ADMITTED INTO FULL MEMBERSHIP OF THE FEDERATION, OR (2) IF THE NATIONAL COUNCIL HAS DELEGATED AUTHORITY TO THE BOARD TO APPROVE AN APPLICATION, ADMIT THE APPLICANT TO FULL MEMBERSHIP IN THE FEDERATION. IF APPLICANT DOES NOT COMPLY, THE BOARD SHALL RECOMMEND TO THE NATIONAL COUNCIL THAT THE APPLICANT NOT BE APPROVED FOR MEMBERSHIP IN

Name of the organization UNITED STATES SOCCER FEDERATION	Employer identification number 13-5591991
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THE FEDERATION. THE NATIONAL COUNCIL OR BOARD SHALL ADMIT AN APPLICANT INTO FULL MEMBERSHIP OF THE FEDERATION BY MAJORITY VOTE. PROVISIONAL MEMBERSHIP OF AN APPLICANT IS TERMINATED IF THE NATIONAL COUNCIL DOES NOT APPROVE THE APPLICANT FOR FULL MEMBERSHIP AT THAT NEXT COUNCIL MEETING.

LIFE MEMBER

A MEMBER ELIGIBLE TO VOTE AT THE NATIONAL COUNCIL MAY NOMINATE AN INDIVIDUAL TO BE A LIFE MEMBER OF THE FEDERATION. THE NOMINATION MUST BE SUBMITTED IN WRITING TO THE SECRETARY GENERAL AT LEAST 120 DAYS BEFORE THE NATIONAL COUNCIL MEETING AT WHICH THE NOMINATION IS TO BE CONSIDERED. THE NOMINATION SHALL BE INCLUDED IN THE MEETING NOTICE SENT OUT BY THE SECRETARY GENERAL ABOUT THE MEETING.

A MAJORITY VOTE OF THE NATIONAL COUNCIL SHALL BE REQUIRED TO GRANT LIFE MEMBERSHIP TO AN INDIVIDUAL NOMINATED UNDER SECTION 1 OF THIS BYLAW. A LIFE MEMBER ONLY HAS VOTING RIGHTS AS PROVIDED AT NATIONAL COUNCIL MEETINGS AND HAS NO OTHER VOTING OR REPRESENTATIONAL RIGHTS RELATED TO THE ACTIVITIES AND PROGRAMS OF THE FEDERATION.

FORM 990, PART VI, SECTION A, LINE 7A: SECTION 1

THE NATIONAL COUNCIL SHALL BE THE REPRESENTATIVE MEMBERSHIP BODY OF THE FEDERATION AND HAVE THE FOLLOWING AUTHORITY:

- (1) THE ELECTION OF THE PRESIDENT AND VICE PRESIDENT OF THE FEDERATION.
- (2) THE ADOPTION OF AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS OF THE FEDERATION.
- (3) APPROVING THE BUDGETS OF THE FEDERATION, INCLUDING BUDGETS OF THE YOUTH, ADULT, PROFESSIONAL AND ATHLETES' ADVISORY COUNCILS.

Name of the organization UNITED STATES SOCCER FEDERATION	Employer identification number 13-5591991
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(4) GRANTING LIFE MEMBER STATUS TO INDIVIDUALS AS PROVIDED UNDER BYLAW 231.

(5) APPROVE CHANGES IN BOUNDARIES UNDER SECTION 5 OF BYLAW 213.

(6) APPROVE FEES.

(7) APPROVE MEMBERSHIP OF ALL ORGANIZATION MEMBERS.

(8) ADOPT POLICIES AND RESCIND OR AMEND POLICIES ADOPTED BY THE BOARD OF DIRECTORS.

(9) AFFIRMING ACTIONS OF THE BOARD OF DIRECTORS FOR THE PAST YEAR.

(A) THE FOLLOWING SHALL BE MEMBERS OF THE NATIONAL COUNCIL AND ENTITLED TO ONE VOTE UNLESS OTHERWISE SPECIFIED IN THIS BYLAW:

(1) DELEGATES FROM THE STATE ASSOCIATIONS, NATIONAL ASSOCIATIONS AND PROFESSIONAL LEAGUES HAVING VOTES AS DETERMINED AND WEIGHTED UNDER SECTION 2 OF THIS BYLAW.

(2) ATHLETE DELEGATES HAVING VOTES AS DETERMINED AND WEIGHTED UNDER SECTION 3 OF THIS BYLAW.

(3) EACH VOTING MEMBER OF THE BOARD OF DIRECTORS.

(4) EACH PAST PRESIDENT OF THE FEDERATION.

(5) EACH LIFE MEMBER, EXCEPT THAT THE TOTAL OF ALL VOTES CAST BY LIFE MEMBERS SHALL NOT EXCEED 12. IF THERE ARE MORE THAN 12 LIFE MEMBERS, THEN EACH LIFE MEMBER'S VOTE SHALL EQUAL THE FRACTION OF 12 DIVIDED BY THE NUMBER OF LIFE MEMBERS AT THAT MEETING, ROUNDED OFF TO 2 DECIMAL PLACES.

(6) EACH NATIONAL MEMBER, NATIONAL AFFILIATE, OTHER AFFILIATE, INDOOR PROFESSIONAL LEAGUE, AND ASSOCIATE.

Name of the organization UNITED STATES SOCCER FEDERATION	Employer identification number 13-5591991
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(7) THE COMMISSIONERS OF THE ADULT COUNCIL'S ADMINISTRATIVE COMMISSION SHALL BE DELEGATES AND ALSO ENTITLED TO VOTE IN THE ADULT COUNCIL.

(8) THE COMMISSIONERS OF THE YOUTH COUNCIL'S ADMINISTRATIVE COMMISSION SHALL BE DELEGATES AND ALSO ENTITLED TO VOTE IN THE YOUTH COUNCIL.

(A) AN INDIVIDUAL ELIGIBLE TO VOTE IN MORE THAN ONE CAPACITY UNDER SUBSECTION

(B) OF THIS SECTION MAY ONLY VOTE IN ONE OF THOSE CAPACITIES, AS SELECTED BY THAT INDIVIDUAL.

(C)

(1) NO VOTING PROXY IS ALLOWED. EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBPARAGRAPH, ONE INDIVIDUAL MAY CAST ALL OR PART OF THE VOTES OF AN ORGANIZATION MEMBER HAVING MORE THAN ONE VOTE AT A COUNCIL MEETING.

HOWEVER, ANY INDIVIDUAL CASTING A VOTE FOR AN ORGANIZATION MEMBER MUST BE AN OFFICER OR DIRECTOR OF THE ORGANIZATION MEMBER OF A CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, CHIEF ADMINISTRATIVE OFFICER, EXECUTIVE DIRECTOR, PROFESSIONAL LEAGUE COMMISSIONER, SENIOR MANAGEMENT OFFICIAL, OR OTHER POSITION OF COMPARABLE AUTHORITY OF THE ORGANIZATION MEMBER.

(2) FOR ANY NATIONAL COUNCIL MEETING, ONE INDIVIDUAL OF AN ORGANIZATION MEMBER MAY NOT CAST VOTES THAT EXCEED 2 PERCENT OF THE VOTES ELIGIBLE TO BE CAST AT A COUNCIL MEETING.

(D) AN ORGANIZATION MEMBER MAY HAVE ALTERNATES TO A NATIONAL COUNCIL MEETING. AN ALTERNATE MAY NOT VOTE BUT HAS THE RIGHT TO SPEAK.

FORM 990, PART VI, SECTION A, LINE 7A: SECTION 2

(A) THE NUMBER OF DELEGATES FROM EACH OF THE ORGANIZATION MEMBERS IN THE YOUTH, ADULT, AND PROFESSIONAL CONUCILS SHALL BE DETERMINED BY THE

Name of the organization UNITED STATES SOCCER FEDERATION	Employer identification number 13-5591991
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RESPECTIVE COUNCILS. THE NUMBER OF DELEGATES VOTING WITHIN A COUNCIL SHALL BE PROPORTIONAL AMONG ITS ORGANIZATION MEMBERS BASED ON THE FOLLOWING:

(1) IN THE YOUTH COUNCIL, THE NUMBER OF DELEGATES FOR (A) STATE ASSOCIATIONS SHALL BE BASED ON THE NUMBER OF PLAYERS REGISTERED AND FEES PAID TO THE FEDERATION BY THAT STATE ASSOCIATION, AND (B) NATIONAL ASSOCIATIONS SHALL BE BASED ON THE NUMBER OF PLAYERS REGISTERED AND FEES PAID BY THAT NATIONAL ASSOCIATION DIRECTLY TO THE FEDERATION AND NOT THROUGH A STATE ASSOCIATION, EXCEPT THAT IF A NATIONAL ASSOCIATION DOES NOT REGISTER ANY PLAYERS DIRECTLY WITH THE FEDERATION, THAT NATIONAL ASSOCIATION SHALL HAVE ONE VOTE AT EACH NATIONAL COUNCIL MEETING. IN EACH CASE, PLAYERS REGISTERED AND FEES PAID SHALL BE AS OF 30 DAYS BEFORE THE MEETING, AS CERTIFIED BY THE MEMBER OF THE BOARD OF DIRECTORS AUTHORIZED TO SERVE AS THE FEDERATION'S TREASURER.

(2) IN THE ADULT COUNCIL, THE NUMBER OF DELEGATES FOR (A) STATE ASSOCIATIONS SHALL BE BASED ON THE NUMBER OF PLAYERS REGISTERED AND FEES PAID TO THE FEDERATION BY THAT STATE ASSOCIATION, AND (B) NATIONAL ASSOCIATIONS SHALL BE BASED ON THE NUMBER OF PLAYERS REGISTERED AND FEES PAID DIRECTLY TO THE FEDERATION BY THAT NATIONAL ASSOCIATION AND NOT THROUGH A STATE ASSOCIATION, HOWEVER, THE NATIONAL ASSOCIATION SHALL DESIGNATE DELEGATE VOTES TO NATIONAL ASSOCIATION MEMBERS THAT ARE NOT STATE ASSOCIATIONS BASED UPON THE NUMBER OF PLAYERS REGISTERED AND FEES PAID DIRECTLY TO THE NATIONAL ASSOCIATION AND NOT THROUGH A STATE ASSOCIATION. IN EACH CASE, PLAYERS REGISTERED AND FEES PAID FOR THE PRECEDING CALENDAR YEAR, JANUARY 1 THROUGH DECEMBER 31, AS CERTIFIED BY

Name of the organization UNITED STATES SOCCER FEDERATION	Employer identification number 13-5591991
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THE MEMBER OF THE BOARD OF DIRECTORS AUTHORIZED TO SERVE AS THE
FEDERATION'S TREASURER.

(3) IN THE PROFESSIONAL COUNCIL, THE NUMBER OF DELEGATES FOR EACH
PROFESSIONAL LEAGUE SHALL BE BASED ON THE LEVEL OF COMPETITIVE DIVISION
AMONG THE PROFESSIONAL LEAGUES.

(B) IF THE MEMBERS OF A COUNCIL ARE UNABLE TO REACH AGREEMENT ON THE
NUMBER OF DELEGATES FOR EACH MEMBER UNDER SUBSECTION (A) OF THIS SECTION,
THE BOARD OF DIRECTORS SHALL DETERMINE THE NUMBER.

(C) THE BASIS FOR CALCULATING THE NUMBER OF DELEGATES WITHIN A COUNCIL
MAY BE CHANGED BY THE BOARD OF DIRECTORS UPON AGREEMENT WITH THE COUNCIL.

(D) TO PROVIDE EQUAL REPRESENTATION AMONG THE YOUTH, ADULT, AND
PROFESSIONAL COUNCILS, THE VOTES OF THE DELEGATES FROM EACH OF THOSE
COUNCILS SHALL BE MULTIPLIED BY A COUNCIL MULTIPLIER. THE COUNCIL
MULTIPLIER SHALL EQUAL THE NUMBER OF DELEGATES FOR THE COUNCIL WITH THE
LARGEST NUMBER OF DELEGATES DIVIDED BY THE NUMBER OF DELEGATES OF THE
RESPECTIVE COUNCIL, ROUNDED OFF TO 2 DECIMAL PLACES.

FORM 990, PART VI, SECTION A, LINE 7A: SECTION 3

(A) AT LEAST 20 PERCENT OF THE VOTES ELIGIBLE TO BE CAST AT A NATIONAL
COUNCIL MUST BE ATHLETES, AND THE BOARD OF DIRECTORS SHALL MAKE NECESSARY
ADJUSTMENTS TO ENSURE THAT THIS 20 PERCENT ATHLETE REQUIREMENT IS
SATISFIED.

(B) ATHLETE DELEGATES TO THE NATIONAL COUNCIL SHALL BE DETERMINED BY THE
ATHLETES AS PROVIDED BY BYLAW 321.

Name of the organization UNITED STATES SOCCER FEDERATION	Employer identification number 13-5591991
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(C) ONE INDIVIDUAL MAY CAST ALL OR PART OF THE VOTES FOR THE ATHLETES AT A NATIONAL COUNCIL MEETING, BUT THAT INDIVIDUAL MAY NOT CAST VOTES FOR ANY OTHER ORGANIZATION MEMBER OR INDIVIDUAL AT THE MEETING. THE INDIVIDUAL MAY CAST THE VOTES AS AN ATHLETE DELEGATE OR BY PROXY AS DETERMINED BY THE ATHLETES' COUNCIL.

(D) TO ENSURE AT LEAST 20 PERCENT ATHLETE REPRESENTATION ON THE NATIONAL COUNCIL, THE VOTES OF THE ATHLETE DELEGATES SHALL BE MULTIPLIED BY AN ATHLETE COUNCIL MULTIPLIER. THE MULTIPLIER SHALL BE CALCULATED AS FOLLOWS: $((TWV/.8) - TWV)/AD$ ROUNDED OFF TO 2 DECIMAL PLACES. "TWV" MEANS THE TOTAL WEIGHTED VOTE OF ALL NON-ATHLETE DELEGATES AT THE NATIONAL COUNCIL. "AD" MEANS THE NUMBER OF ATHLETE DELEGATES AT THE NATIONAL COUNCIL MEETING.

FORM 990, PART VI, SECTION B, LINE 11

GOVERNING BODY REVIEW OF FORM 990 THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE FEDERATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO ALL VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C

CONFLICTS OF INTEREST POLICY MONITORING - OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRECURSOR TO THEIR SERVICE TO THE FEDERATION. POTENTIAL CONFLICTS ARE LOGGED WITH AND MONITORED BY THE SECRETARY GENERAL.

Name of the organization UNITED STATES SOCCER FEDERATION	Employer identification number 13-5591991
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FORM 990, PART VI, SECTION B, LINE 15

THE SALARY OF THE CEO IS DETERMINED USING A COMPENSATION SPECIALIST AND A COMPENSATION SURVEY WHICH IS THEN APPROVED BY THE BOARD. THE SALARY OF KEY EMPLOYEES IS DETERMINED BY INDUSTRY SURVEYS WHICH COVER OTHER ORGANIZATIONS AND SPORTING TEAMS. THE SALARY OF ALL OTHER EMPLOYEES ARE DETERMINED BY COMPARING THEM AGAINST OTHER SIMILAR SIZED ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH APPLICABLE GOVERNMENTAL AGENCIES; THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE FEDERATION.

PART VII-HIGHEST COMPENSATED EMPLOYEES

THERE ARE 10 WNT PLAYERS WHO RECEIVED THE SAME COMPENSATION.

CARLI LLOYD	\$225,450
ALEXANDRIA MORGAN	\$225,450
KELLY O'HARA	\$225,450
HEATHER O'REILLEY WERRY	\$225,450
CHRISTEN PRESS	\$225,450
REBECCA SAUERBRUNN	\$225,450

Name of the organization UNITED STATES SOCCER FEDERATION	Employer identification number 13-5591991
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ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LATHAM & WATKINS PO BOX 894256 LOS ANGELES, CA 90189-4256	LEGAL	3,206,539.
GTC SPORTS 2936 INDIANWOOD ROAD WILMETTE, IL 60091	MEDICAL	180,000.
THOMAS TURFGRASS 3931 CR 154 WHARTON, TX 77488	SOD INSTALL	136,850.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CA2016 LOCAL ORGANIZING COMMITTEE LLC 47-2294282 1801 S PRAIRIE AVENUE CHICAGO, IL 60616	TOURN. PROMO.		501(C)(3)	9	US SOCCER	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CA2016 MARKETING, INC. 81-1520116 1801 S PRAIRIE AVENUE CHICAGO, IL 60016	SEE PART VII	DE	US SOCCER	C CORP	0.	0.	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CA2016 LOCAL ORGANIZING COMMITTEE LLC	1D	119,901.	FMV
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART IV, LINE 1 (B)

PRIMARY ACTIVITY:

ADMINISTRATION OF COMMERCIAL RIGHTS FOR COPA AMERICA CENTENARIO.