## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection 04/01, 2013, and ending 03/31,20 14

A	For t	he 201	3 calendar year, or tax year beginning 04/01, 2013, a	and endin	g	03	/31,20 <sub>14</sub>
_			C Name of organization		D Employ	er identific	cation number
В	Check if a	ipplicable:	UNITED STATES SOCCER FEDERATION				
	Addr		Doing Business As		13-5	59199	1
		e change	Number and street (or P.O. box if mail is not delivered to street address)	com/suite	E Telepho	one numbe	r
	Initia	l return	1801 S. PRAIRIE AVENUE.		(312)	808-1	300
	Tern	ninated	City or town, state or province, country, and ZIP or foreign postal code		,,,,,,		
		nded	CHICAGO, IL 60616		G Gross r	eceipts \$	117,587,796.
		ication	F Name and address of principal officer: DANIEL T. FLYNN		H(a) Is this		
	pend	ing	1801 S. PRAIRIE AVENUE. CHICAGO, IL 60616			inates?	
$\overline{I}$	Tax-ex	empt st		E27			t. (see instructions)
i			atus: X   501(c)(3)   501(c) ( ) ◀ (insert no.)   4947(a)(1) or WWW.USSOCCER.COM	527			
ĸ			ization: X Corporation Trust Association Other	I Voor of	formation: 1914	1	
HIPPOT CO.	art I		mmary	L Year of	formation: 1914	IVI State	of legal domicile: NY
	1			OTE AND	COVEDN CO	CCED	TNI THIE
4	1		describe the organization's mission or most significant activities: TO PROMITED STATES IN ORDER TO MAKE IT THE PREEMINENT S		J GOVERN SC	JCCER -	TN 1UF
Governance			TED STATES IN ORDER TO MAKE IT THE PREEMINENT S	PORT.			
rug							
OV6	2		this box   if the organization discontinued its operations or disposed of				1.5
<u>ග</u> නේ	1	Numb	er of voting members of the governing body (Part VI, line 1a)		<i></i>	. 3	15.
Activities &	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			. 4	15.
viti	5	Total r	number of individuals employed in calendar year 2013 (Part V, line 2a)			. 5	595.
cti	6	Total r	number of volunteers (estimate if necessary)			. 6	40.
٩	7a	Total u	unrelated business revenue from Part VIII, column (C), line 12			. 7a	(
	b	Net ur	nrelated business taxable income from Form 990-T, line 34			. 7b	
					Prior Yea	ır	Current Year
9	8	Contri	butions and grants (Part VIII, line 1h)		1,275	,703.	2,079,698.
Revenue	9	Progra	copy F Public Insert income (Part VIII, line 2g).  Public Insert income (Part VIII, column (A) lines 2, 4 and 7d).	FOR	63,876	,013.	74,514,430.
Sev.	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)	PECTION	-12	,978.	710,349.
IL.			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
			evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		65,138	738.	77,304,477.
			s and similar amounts paid (Part IX, column (A), lines 1-3)			,815.	83,149.
	14		ts paid to or for members (Part IX, column (A), line 4)			0	
ý	15	Salarie	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		22,680	174.	25,783,028.
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)			0	
db	ь	Total f	undraising expenses (Part IX, column (D), line 25) ▶0			200	
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		38,096,	918	44,446,654.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		60,858,		70,312,831.
			ue less expenses. Subtract line 18 from line 12.		4,279		6,991,646.
ces		rteven	de 1693 experises. Oubtract line 10 from line 12		Beginning of Curre		End of Year
ets	20	Total a	ssets (Part X, line 16)	-	85,777,		96,908,066.
Net Assets Fund Baland	21		abilities (Part X, line 26)	• • • • • -	21,682,		23,288,940.
und	22		sets or fund balances. Subtract line 21 from line 20.	• • • • • •	64,094,		73,619,126.
Pa	rt II		nature Block	••••	04,004,	200.	73,013,120.
			f perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents and to the he	et of my k	nowledge and belief it is
true	, corre	ct, and c	complete. Declaration of preparer (other than officer) is based on all information of which p	preparer has	any knowledge.	St Of Hily K	nowledge and belief, it is
			Haron V TII.			11-25	E-14
Sig	n	3	Signature of officer		Date	11 0	. //
Her		(			Date		
		<b>•</b>	Type or print name and title				
				Data			
Paid	1		Type preparer's name  Preparer's signature Rebutch Clay	Date 11/24/1	Check	"	TIN
	oarer	REBE	aton BBB1	,, -	self-em		P01247672
	Only	Firm's			Firm's EIN		5381590
			address ▶ 330 N. WABASH, SUITE 3200 CHICAGO, IL 60	0611	Phone no.	312-	-856-9100
			cuss this return with the preparer shown above? (see instructions)				X Yes No
For	Paper	work F	Reduction Act Notice, see the separate instructions.				Form 990 (2013)

JSA 3E1065 2.000

## Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

	filing for an Automatic 3-Month Extension, filing for an Additional (Not Automatic) 3-M				▶ X
	olete Part II unless you have already been gra				
a corporatio 8868 to red Return for	iling (e-file). You can electronically file Form in required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the	nal (not au forms liste al Benefit (	tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus	nsion of time. You can electrith the exception of Form to the IRS in	ctronically file Form 8870, Information paper format (see
Part I Au	tomatic 3-Month Extension of Time. Or	nly submit	original (no copies n	eeded).	
Part I only . All other cor	n required to file Form 990-T and requesting rporations (including 1120-C filers), partnersh te tax returns.			Form 7004 to request an e	tension of time
to me mcom	Name of exempt organization or other filer, see in	structions.		Enter filer identifying n Employer identification numb	
Type or print File by the	UNITED STATES SOCCER FEDERATI	ON	dian	3-5591991	
due date for	Number, street, and room or suite no. If a P.O. bo.	x, see instruc	tions.	Social security number (SSN)	
filing your retum. See	1801 S. PRAIRIE AVENUE.  City, town or post office, state, and ZIP code. For	a foreign add	dress see instructions		
instructions.	CHICAGO, IL 60616	a foreign ad	aress, see mondenous.		
Enter the Re	eturn code for the return that this application	is for (file a	separate application fo	or each return)	01
Application		Return	Application		Return
ls For		Code	is for		Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporat	ion)	07
Form 990-BL	=1	02	Form 1041-A		08
Form 4720 (		0	Form 4720 (other tha	n individual)	09
Form 990-PF		04	Form 5227		10
	(sec. 401(a) or 408(a) trust)	0.60	Form 6069	****	11
<ul><li>The books</li><li>Telephone</li><li>If the organization</li></ul>	e No. ►312 _528-127anization does not have an office or place of b	Fousiness in	FAX No. ▶the United States, chec	UE CHICAGO, IL 606	▶□
	or a Group Return, enter the organization's fou e group, check this box ▶ ☐ . If				If this is and attach
	e names and E Ns of all members the extension		Tr of the group, check t	nis box	and attach
until for the ▶	st an automatic $moran$ (6 months for a corporation $11/25$ , $20_14$ , to file the elementary ear $20_{}$ or tax year seginning $04/0$	exempt org	anization return for the		
C	ax year entered in line 1 is for less than 12 me hange in accounting period	S: 			
	application is for Form 990-BL, 990-PF, 99	U-I, 4720,	or 6069, enter the	5 15 L	
	application is for Form 990-PF, 990-T,	4720, or	6069, enter any re	fundable credits and	\$ 0
estimat c Balance	ed tax payments made. Include any prior year e due. Subtract line 3b from line 3a. Include y	overpaym our payme	ent allowed as a credit	quired, by using EFTPS	
	onic Federal Tax Payment System). See instruc		) it it is 5	3c	
caution. It you	are going to make an electronic funds withdrawal	(direct debit	) with this Form 8868, se	e Form 8453-EO and Form 88	79-EU for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)

Form 88	868 (Rev. 1-2014)				Page 2						
• If yo	ou are filing for an Additional (Not Automatic) 3-M	lonth Exter	nsion, complete only Part I	I and check this box							
Note.	Only complete Part II if you have already been gra	inted an au	utomatic 3-month extension	on a previously filed Form 886	8.						
<ul><li>If yo</li></ul>	ou are filing for an Automatic 3-Month Extension,	complete	only Part I (on page 1).	and promoting modification of							
Part	Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the orig	inal (no copies needed).							
		10-17		nter filer's identifying number, se	e instructions						
	Name of exempt organization or other filer, see in	nstructions.		Employer identification number (8							
Type	or										
print	UNITED STATES SOCCER FEDERATI		West and the second sec	13-5591991							
File by th	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (SSN)							
due date for 1801 S. PRAIRIE AVENUE.											
filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.											
instruction	7772077 72 00010										
Enter t	he Return code for the return that this application	is for (file a	a separate application for ea	ich return)	. 01						
Appli	cation	Return	Application		Return						
Is For		Code	ls For		Code						
Form	990 or Form 990-EZ	01									
Form	990-BL	02	Form 1041-A		08						
Form	4720 (individual)	03	Form 4720 (other than inc	(laubividual)	09						
	990-PF	04	Form 5227		10						
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11						
	990-T (trust other than above)	06	Form 8870		12						
STOP!	Do not complete Part II if you were not already	granted ar	automatic 3-month exten	sion on a previously filed For	m 8868.						
<ul><li>If the</li><li>If thi</li><li>for the</li></ul>	books are in the care of phone No. ► 312 528-1236  e organization does not have an office or place of be s is for a Group Return, enter the organization's for whole group, check this box ► .	Fousiness in ur digit Gro	Fax No. ► the United States, check though Exemption Number (GEN	is box	▶☐ nis is tach a						
list with	the names and EINs of all members the extension	n is for.	- /								
	request an additional 3-month extension of time un		02	2/15_, <b>20</b> _15							
5 F	or calendar year, or other tax year beginning	ng	04/01 , 20 13 , and	d ending 03/31,	20 14 .						
6 If	the tax year entered in line 5 is for less than 12 m	onths, chec	k reason: Initial ret	urn Final return							
_ L	Change in accounting period										
7 St	tate in detail why you need the extension THE T	AXPAYER	HAS NOT RECEIVED T	HIRD PARTY							
11	NFORMATION NECESSARY TO FILE A COM	LETE AN	ID ACCURATE RETURN.								
_	$\sim$										
On If	this application is far Farra 200 D) 200 DE 20	O. T. 1700									
oa II	this application is for Forms 990-BL, 990-PF, 990 prefundable credits. See instructions.	30-1, 4720	, or 6069, enter the tenta								
_		4700	0000 1	8a \$	0						
וו ט	this application is for forms 990-PF, 990-T,	4/20, or	6069, enter any refund	able credits and							
an	stimated tax payments made. Include any prionount paid previously with Form 8868.	or year o	verpayment allowed as a		and a						
			and with this face of	8b \$	0						
(F	alance Due. Subtract line 8b from line 8a. Include y	your payme	ent with this form, if require								
(L	lectronic Federal Tax Payment System). See instruc			8c \$	0						
Jnder po nowledg	Signature and Verifica enalties of perjury, I declare that I have examined the ge and belief, it is true, correct, and complete, and that I a	is form, inc	luding accompanying schedu	I <b>rt II only.</b> les and statements, and to the	best of my						
Signature	<b>&gt;</b>		Title ▶	Date >							
				Form 8868	(Pev. 1-2014)						
				Foliii 6008	(116V. 1-2014)						

For	rm 990 (2013) Page <b>2</b>
Р	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO 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?  If "Yes," describe these new services on Schedule O.  Yes X No
2	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
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 \$
	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.
41-	(Code)
	(Code:) (Expenses \$
	TECHNIQUES AND RULES OF SOCCER. DEPENDING ON THE CLASSIFICATIONS,
	REFEREES OFFICIATE AT ALL LEVELS OF SOCCER MATCHES RANGING FROM
	YOUTH TO PROFESSIONAL INTERNATIONAL SOCCER.
	TOTAL TO THOUSE THE MANIFEST OF THE PROPERTY O
	(Code:) (Expenses \$, 437, 392. including grants of \$) (Revenue \$, 579. )
	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 AUTHORED BY THE FEDERATION. THE FEDERATION RUNS SCHOOLS
	THROUGHOUT THE COUNTRY FOR THE A, B AND C LICENSE CERTIFICATIONS.
	THE STATE ASSOCIATIONS RUN SCHOOLS FOR D, E AND F CERTIFICATIONS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 2,297,144. including grants of \$ 47,799. ) (Revenue \$ 44,928,448. )
	Total program service expenses ► 58.346.660.

-	990 (2013)			Page 3
Par	t IV Checklist of Required Schedules		Lv	
	In the complete day 21 day 22 day 22 day 22 day 24 day	г	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		21	
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			37
4.4	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	SECTION.	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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а		11a	Х	
b	complete Schedule D, Part VI	IIa	21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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		37	
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-	Х	
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Δ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		Χ
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	-	
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	-	- 22
. 0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
- N	If "Yes," complete Schedule G, Part III	19		Χ
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any	200		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-1		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a	- 21	
-	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		- 21
Ü	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	- 24	5015010
30		20		v
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		v
22	Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
33	complete Schedule N, Part II	32		X
33				37
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		٠,,	
25 -	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		,,	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		1	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		- 1	
	Part VI	37		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	38	X	

1a Enter the number reported in Box3 of Form 1096. Enter -0- if not applicable. 1a 434 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b o 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.  2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  3 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  3 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  3 Did the organization on the unrelated business gross income of \$1.000 or more during the year?  3 Did the organization for the unrelated business gross income of \$1.000 or more during the year?  3 A 1 And yith during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, but the search of		Check if Schedule O contains a response or note to any line in this Part V	• • •		·L
b Enter the number of Forms W-26 included in line 1a. Enter-0- if not applicable, 10 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?.  2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. Filed for the calendar year ending with or within the year covered by this return 2 statements. Filed for the calendar year ending with or within the year covered by this return 2 statements. Filed for the calendar year ending with or within the year covered by this return 2 statements. Filed for the calendar year ending with or within the year covered by this return 2 statements. Filed for the calendar year ending with or within the year covered by this return 2 statements. Filed a form 1 statement 2 statements. Filed a form 1 statement 2 statements. Filed a form 2 statement 2 statements. Filed a form 3 statements. Filed	1.	Enter the number reported in Day 2 of Farm 4000 File 10 15 and 15		Yes	N
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against amounts due or received from them.)  a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  Form 9	h (	Gross income from other sources (Do not not amounts due or noid to other sources)			
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year		against amounts due or received from them			
Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	a 9	Section 4947(a)(1) pop-exempt charitable trusts to the exemptation filling Form 600 in the 65 and 640	10-		
Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b  Form 9	- I	f "Ves " enter the amount of tax exempt interest received as executed decimal there are 1041?	12a		a bev
Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  13a  13a  13a  13a  13b  13b  13b  13c  14a  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b  16 OFFICE TOTAL AND		Section 504(a)(20) qualified research interest received or accrued during the year			
Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  14b					
Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filled a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b	2 1	Is the organization licensed to issue qualified health plans in more than one state?	13a		_
the organization is licensed to issue qualified health plans	. r	Note. See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand	n F	the organization is licensed to issue graphfield be although the states in which			
a Did the organization receive any payments for indoor tanning services during the tax year?		The organization is licensed to issue qualified health plans			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Form 9	C E	ther the amount of reserves on hand			112
.000 Form 9	a [	Indicate organization receive any payments for indoor tanning services during the tax year?	14a		Χ
41 CORO TOIR 11 /04/0014 44 40 00 45	D I	res," nas it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
4103EC /UIR 11/24/2014 11:40:29 AM V 13-7.5F 185574	000	41.62EG 701D 11.704/0044 11.40	Form	990 (2	013
		4103EC /UIK 11/24/2014 11:40:29 AM V 13-7.5F 185574		PA	GΕ

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes 15 1a Enter the number of voting members of the governing body at the end of the tax year . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... X 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?. b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c X 13 X 14 14 Did the organization have a written document retention and destruction policy?...... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶\_IL, 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. X Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶eric gleason, cfo 1801 s. prairie avenue chicago, il 60616

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Form 990 (2013)

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								Name and
	Check if Sched	ule	O contains	s a response	or note to	any li	ne in this Part	VII			
Section A	Officers Directo	rs 1	Trustees K	ev Employe	es and High	est Co	mnensated Fm	plovees			- W-

- 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 n	or any related	orga	niza	tior	co	mpen	sate	ed any current offic	er, director, or trus	stee.
(A) Name and Title	box,	unle	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)SUNIL GULATI	5.00									
PRESIDENT		Х		Х				C	0	(
(2)MIKE EDWARDS EXECUTIVE VICE PRESIDENT	5.00	Х		Х				C	0	(
(3)S. ROBERT CONTIGUGLIA PAST PRESIDENT	5.00	Х						C	0	(
	5.00	Х						0	0	(
(5)DANIELLE SLATON ATHLETE REPRESENTATIVE	5.00	Х						0	0	(
(6)JON MCCULLOUGH ATHLETE REPRESENTATIVE	5.00	Х						О	0	_(
	5.00	Х						О	0	(
	5.00	Х						0	0	(
(9)EVELYN GILL YOUTH COUNCIL REP	5.00	Х						0	0	
(10)JOHN SUTTER YOUTH COUNCIL REP	5.00	Х						0	0	
(11)BILL SAGE AT LARGE REP	5.00	Х						0	0	(
(12)CARLOS CORDEIRO INDEPENDENT DIRECTOR	5.00	Х						0	0	(
(13)FABIAN NUNEZ INDEPENDENT DIRECTOR	5.00	Х						0	0	(
(14)DONNA SHALALA INDEPENDENT DIRECTOR	5.00	Х						0	0	(

Form 990 (2013)

W-30	art VII Section A. Officers, Directors, Tr		у Еп	ipic			anu	ng			yees (c	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	erson direct	e than o is both or/trust	an ee)	(D) Reportable compensation from the	Reporta compensati relate organiza	on from ed	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	1	from the organization and related organizations
15	) MERRITT PAULSON	5.00										
6	PRO COUNCIL REP ) ARTHUR MATTSON	5.00	Х						0		0	
	ADULT COUNCIL REP		Х						0		0	
7	DAN FLYNN	40.00			17				620 450			20 01
8	CEO ) BRIAN REMEDI	40.00			X				630,459.		- 0	20,81
	CAO	10.00			Χ				228,815.		0	23,69
9	) ERIC GLEASON CFO	40.00			Х				181,715.		0	16,19
20	) LISA LEVINE LEGAL COUNCIL	40.00			Х				203,659.		0	11,01
21	) TOM KING	40.00								300 300		
2	MANAGING DIRECTOR ADMIN	40.00			Χ				251,298.		0	24,50
_	) JAY BERHALTER COO	40.00			Х				68,666.		0	1,29
3	) JUERGEN KLINSMANN MNT HEAD COACH	40.00					v		2 400 015		0	
4	ANDREAS HERZOG	40.00		$\dashv$	1		X		2,498,815.		4	24,29
_	ASST MNT COACH						Х		302,500.		o	4,87
5	THOMAS SERMANNI FORMER WNT COACH	40.00					х		204,035.	* *	0	10,22
11	Sub-total							•	0		0	10,22
	Total from continuation sheets to Part VII, Se	ection A						<b></b>	4,938,162.		0	136,92
	Total (add lines 1b and 1c)							<b> </b>	4,938,162.		0	136,92
_	Total number of individuals (including but not I reportable compensation from the organization		67		a ac	oove	) wno	re	ceived more than s	\$100,000 c	)T	
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, director	r, or	tru	stee	e, k	ey e	mpl	loyee, or highest	compensa	ated	Yes I
4	For any individual listed on line 1a, is the sorganization and related organizations gre	um of rep	ortab	le c 0,00	omp	oens	sation "Yes,	an " c	d other compens	ation from	the	
5	individual	accrue con	npens	atio	n f	rom	any	unr	elated organizatio			4 X
Se	for services rendered to the organization? If "Yestion B. Independent Contractors	s," complet	e Sch	edui	ie J	tor .	such <sub>I</sub>	oers	son		• •	5
1	Complete this table for your five highest components compensation from the organization. Report converse.											
	(A) Name and business addr	ess		000					(B) Description of ser	vices	Co	(C) ompensation
								- 100				
_	Total number of independent contractors (in	cluding but	t not	lim	itod	to	thos		etad about who	racaivad		STARBUSE NAVA
	more than \$100,000 in compensation from the				ou	(		- 113	a above, will	. Journal		

Part VII Section A. Officers, Directors, Ti		у Еп	ipio			and I	Hig	nest Compensat	ea Employe	es (c	ontinuea)	
(A) Name and title	Average hours per week (list any hours for	box,	ot ch unles	s per	tion more	than o	an	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	Estima amour othe compen	ated nt of er
	related organizations below dotted line)	Individual trustee or director				Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	20000-2000-	from s organiz and rel organiza	the ation ated
DAMARCUS BEASLEY	40.00		$\Box$		7							
MNT PLAYER	10.00			_		Χ		187,600.		0		
7) EDGAR CASTILLO CARRILLO MNT PLAYER	40.00					Х		180,600.		0		
			-									
			+								rice production of the	
b Sub-total	Section A .						<b>A A</b>					
Total number of individuals (including but not reportable compensation from the organization		nose li 67		l ab	ove)	) who	re	ceived more than S	\$100,000 of			
Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo Jule J for suc	r, or h indi	trus vidua	stee al .	, k	ey e	mpl	loyee, or highest	compensate	ed •	Ye 3	s N
For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,00	0?	If	"Yes,	," c	complete Schedul	e J for suc	ch	4 X	
Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue cor	npens	atio	n fr	om	any	unr	elated organizatio	n or individu	al	5	
ection B. Independent Contractors												
Complete this table for your five highest comcompensation from the organization. Report of year.												
(A) Name and business add	dress	(2)						(B) Description of ser	vices	Co	(C) ompensatio	n
								, , , , , , , , , , , , , , , , , , ,				
· · · · · · · · · · · · · · · · · · ·							1					

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	y line in this Part V	m		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a					
Gra	b	Membership dues 1b					
ts, An	С	Fundraising events 1c					
ila i	d	Related organizations 1d	456,295.				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e					
her	f	All other contributions, gifts, grants,					
를를		and similar amounts not included above . 1f	1,623,403.				
Con	g	Noncash contributions included in lines 1a-1f: \$		SUMPRIME REALS			
	h	Total. Add lines 1a-1f		2,079,698.			
Service Revenue			Business Code				
Rev	2a	SPONSORSHIP & ROYALTIES	711300	31,883,705.	31,883,705.	782	
93	b	NATIONAL TEAM INT GAMES OPEN CUP	711210	31,111,533.	31,111,533.		<del> </del>
ē	С	MEMBERSHIP DUES	900099	8,939,119.	8,939,119.		<del> </del>
u S	d	COACHING SCHOOLS	711300	1,780,723.	1,780,723.		<del>                                     </del>
Jrai	e	OTHER REVENUE	900099	799,350.	799,350.		<del>                                     </del>
Program	f g	All other program service revenue Total. Add lines 2a-2f	<b>b</b>	74,514,430.		ta jiray 15 xisay	
				74,514,430.			
	3	Investment income (including dividends, inter- other similar amounts)		162,968.			162,968.
	4	Income from investment of tax-exempt bond p		102,308.		*	102,300.
	5	Royalties · · · · · · · · · · · · · · · · · · ·		0			1
	3	(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss) .					
	d	Net rental income or (loss)		0			
	<b>-</b> -	(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory 40,830,700.					
	b	Less: cost or other basis					
		and sales expenses 40,283,319.					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶	547,381.			547,381.
nue	8a	Gross income from fundraising					
en		events (not including \$					
ě		of contributions reported on line 1c).					
2		See Part IV, line 18 a					
Other Reve	b	Less: direct expenses b					
ö	С	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					
	С	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
	100	returns and allowances a					
	Ь	Less: cost of goods sold b Net income or (loss) from sales of inventory					A REPORT OF THE PARTY OF THE PA
	-	Miscellaneous Revenue	Business Code	0			P. C.
	4.4						
	11a						
	b						
	C	All other revenue				1.0	
*	d e	Total. Add lines 11a-11d		0	ASSESSMENT OF THE PARTY OF		
	12	Total revenue. See instructions	1	77,304,477.	74,514,430.		710,349.

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 . . . . . . . . (C) Management and general expenses (D) Fundraising (B) Program service Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b. 9b. and 10b of Part VIII. expenses expenses 1 Grants and other assistance to governments and 47,799 47,799. organizations in the United States. See Part IV, line 21 . 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . . . 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 35,350. 35,350. 4 Benefits paid to or for members . . . . . . . . . 5 Compensation of current officers, directors, 1,680,720. trustees, and key employees . . . . . . . . . 1,680,720. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,739,152. 20,704,835. 18,965,683. 8 Pension plan accruals and contributions (include section 334,762. 457,014. 122,252. 401(k) and 403(b) employer contributions) . . . . . 1,218,911 409,948. 1,628,859. 1,121,190 190,410. 1,311,600. 11 Fees for services (non-employees): a Management 607,872. 174,818. 433,054. 82,350. 37,350. 45,000. c Accounting e Professional fundraising services. See Part IV, line 17. 253,723. 253,723. g Other. (If line 11g amount exceeds 10% of line 25, column 2,092,777. 1,630,107. 3,722,884. (A) amount, list line 11g expenses on Schedule O.). . . . . . 1,784,113. 117,182. 1,901,295. 137,383. 76,157. 61,226. 122,943. 1,003,030. 880,087. 14 Information technology . . . . . . . . . . . . . 10,189. 1,169,047. 1,179,236. 18,802,340. 17,371,694. 1,430,646. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,250,377. 2,581,070. 330,693. 19 Conferences, conventions, and meetings . . . . 21 Payments to affiliates...... 286,096. 554,251. 268,155. 22 Depreciation, depletion, and amortization 128,338. 505,767. 377,429. 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.) 4,170,327. 3,888,467. 281,860. a EQUIPMENT RENTAL & MAINTENAN 1,077,644. 1,077,644. bPROFESSIONAL REF ORGANIZATIO 692,633. 31,509. 724,142. cFREIGHT\_\_\_\_\_ 580,569. 32,839. 613,408. dTICKET EXPENSE 1,658,630. 6,529,932. 4,871,302. e All other expenses \_ . 11,966,171. 70,312,831. 58,346,660. 25 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720) . . . . . .

Form 990 (2013)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,697,396.	1	7,771,167.
	2	Savings and temporary cash investments	1,162,397.	2	772,111.
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	10,995,366.	4	8,229,181.
	5	Loans and other receivables from current and former officers, directors,			
	5000	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section	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	Q	6	0
ets	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
1	9	Prepaid expenses and deferred charges	1,376,570.	9	4,202,543.
	10 a	Land, buildings, and equipment: cost or		100	
		other basis. Complete Part VI of Schedule D Less: accumulated depreciation			
	b	Less: accumulated depreciation	4,068,788.	10c	3,730,480.
	11	Investments - publicly traded securities	57,905,161.	11	68,894,361.
	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	344,302.	14	355,618.
	15	Other assets. See Part IV, line 11	3,227,283.	15	2,952,605.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	85,777,263.	16	96,908,066.
0	17	Accounts payable and accrued expenses	8,283,464.	17	11,433,408.
	18	Grants payable	0	18	0
	19	Deferred revenue	11,916,832.	19	10,124,069.
	20	Tax-exempt bond liabilities	0	20	0
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors,			
jab		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	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	1 400 061	0.5	1 721 462
		of Schedule D	1,482,061.		1,731,463.
	26	Total liabilities. Add lines 17 through 25	21,682,357.	26	23,200,940.
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	64,094,906.	27	71,341,662.
Bal	28	Temporarily restricted net assets	0	28	2,277,464.
pu	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	64,094,906.	33	73,619,126.
_	34	Total liabilities and net assets/fund balances	85,777,263.	34	96,908,066.
					Form 990 (2013)

Form 990 (2013)

Form 9	90 (2013)			Pa	ge IZ
Pari	XI Reconciliation of Net Assets	300			
	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	77,3	04,4	177.
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,3	12,8	331.
3	Revenue less expenses. Subtract line 2 from line 1	3		91,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,0	94,9	906.
5	Net unrealized gains (losses) on investments	5	2,5	32,5	574.
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8		igt.	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	73,6	19,1	L26.
Part	XII Financial Statements and Reporting				
145-951000	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	kplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled 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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e.				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	lits.	3b		
	200 CONTROL OF CONTROL		Form	990	(2013)

#### SCHEDULE A

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Nan	ne of t	the organization							Emplo	yer iden	tification number
UN	ITED	STATES SOCCER									-5591991
Pa	ırt l	Reason for Publ	ic Charity Status	s (All organizations mu	ist con	nplete	this pa	art.) Se	e instr	uctions	
The	orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	<b>x</b> .)		
1	Ш	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.)									
3	Ц			ervice organization descri							
4		A medical research	h organization op	erated in conjunction wi	ith a h	ospita	l descr	ibed in	sectio	n 170(b	o)(1)(A)(iii). Enter the
		hospital's name, cit	y, and state:								
5				nefit of a college or univ	ersity	owned	or ope	erated b	oy a go	vernme	ntal unit described in
		section 170(b)(1)(A									
6	$\vdash$			or governmental unit des							Ab
7				es a substantial part of it	s supp	ort fro	m a go	vernme	entai ur	iit or ire	om the general public
	$\Box$	described in sectio			l.4. F	۱۱۱ است					
8				on 170(b)(1)(A)(vi). (Com es: (1) more than 331/3%				oo ntrib	utions	momb	archin face, and grace
9	X	An organization the	itian related to its	exempt functions - subj	oct to	cortai	n evcer	tione	and (2)	no mo	re than 331/3% of its
		support from gros	s investment inco	ome and unrelated busi	ness t	avahle	incom	e (less	section	n 511	tax) from businesses
				ne 30, 1975. See section						•	tany non basiness
10	$\Box$			ted exclusively to test for	70.0					.).	
11	H			rated exclusively for the							, or to carry out the
				pported organizations de							
				es the type of supporting							
		a Type I		c Type III-Function							unctionally integrated
6				e organization is not con							
		other than foundati	on managers and	other than one or more	publicl	y supp	orted o	rganiza	itions d	lescribe	d in section 509(a)(1)
		or section 509(a)(2									
f	•	If the organization	received a writte	n determination from the	e IRS	that it	is a T	ype I, T	Type II,	or Type	e III supporting
		organization, check									
ç	3		006, has the orga	nization accepted any gift	t or co	ntributi	ion from	any of	the		
		following persons?			II governor						and Yes No
				tly controls, either alone							
				the supported organization		0.000.000	18 1224 S 1010				11g(ii)
				scribed in (i) above?		0.000.000		3. 5. 080 3.			11g(iii)
		E. A. Santa and Santa and Santa and Santa		on described in (i) or (ii) a							
	1 (i) N	ame of supported		ut the supported organization	T 8 8	ls the	(v) Did v	ou notify	(vi)	ls the	(vii) Amount of monetary
	(1) 14	organization	(ii) EIN	(described on lines 1-9	organi	zation in		anization	organia	zation in	support
				above or IRC section (see instructions))	your g	listed in overning		of your ort?		rganized U.S.?	_
			_	(ood maaaaana)/	Yes	No	Yes	No	Yes	No	
		******									
(A)											
(B)											
(0)											
(C)				Tar							
(D)		12 C 18 C									
(E)											
Tot	al							No.			

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

Schedule A (Form 990 or 990-EZ) 2013

Pa	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.)							
Sa	ction A. Public Support	alls to quality i	under the tests	listed below,	please compl	ete Part III.)		
		T	T					
Cal	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge			-				
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.		124.000.000.000	TEL AND SET SE				
Sec	ction B. Total Support		1					
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4	· , , , , , , , , , , , , , , , , , , ,	( ) = = = =	(0) 20	(4) 2012	(6) 2010	(i) Total	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10			Elizar Maria				
12	Gross receipts from related activities, etc. (s	see instructions) .				12		
13	First five years. If the Form 990 is fi	or the organizat	tion's first, secon	d third fourth	or fifth tax ve	ar as a section	501(c)(3)	
	organization, check this box and stop here							
Sec	tion C. Computation of Public Sup	port Percenta	ge					
14	Public support percentage for 2013 (li	ne 6, column (f	) divided by line	11, column (f))		14	%	
15	Public support percentage from 2012	Schedule A, Pa	art II, line 14			15	%	
16a	331/3 % support test - 2013. If the o	rganization did	not check the	box on line 13.	and line 14 is	331/3 % or mor	e check	
	this box and <b>stop here</b> . The organization	on qualifies as a	publicly suppor	ted organization	n		▶ □	
b	331/3% support test - 2012. If the o	rganization did	not check a bo	ox on line 13 o	r 16a. and line	15 is 331/3%	or more	
	check this box and stop here. The orga	anization qualifie	es as a publicly :	supported organ	nization	10 10 00 110 10	o:o; ▶ □	
17a	10%-facts-and-circumstances test - 2	013. If the org	anization did no	ot check a box	on line 13 16a	or 16b and li	ne 14 is	
	10% or more, and if the organization	meets the "fac	cts-and-circumst	ances" test, che	eck this box ar	d stop here F	xnlain in	
	Part IV how the organization meets the	he "facts-and-c	ircumstances" te	est. The organiz	ration qualifies	as a nublicly si	unnorted	
	organization			on the organia	-anon quannoo	ao a pablicly st	*pported	
b	10%-facts-and-circumstances test - 2	012. If the ord	anization did no	ot check a box	on line 13 16:		and line	
	15 is 10% or more, and if the orga	nization meets	the "facts-and	-circumstances"	test check th	is box and et	on here	
	Explain in Part IV how the organization	on meets the "t	facts-and-circum	stances" test	The organization	n qualifies as a	nublicly	
	supported organization				J. garnzallo	quamico ao a	► □	
18	Private foundation. If the organization	did not check a	box on line 13	16a, 16b. 17a	or 17b. check	this box and see		
	instructions				,	20% and 000		

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	10,144,677.	10,498,469.	10,632,866.	9,995,405.	11,018,817.	52,290,234.
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	32,120,033.	56,206,898.	45,514,006.	55,156,311.	65,575,311.	254,572,559.
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	8		-		ĺ	
	organization without charge	(=)					0
6	Total. Add lines 1 through 5	42,264,710.	66,705,367.	56,146,872.	65,151,716.	76,594,128.	306,862,793.
	Amounts included on lines 1, 2, and 3	12/201/110.		30/110/012.	00/101/1101	, 0, 031, 120	
	received from disqualified persons		ľ				0
b	Amounts included on lines 2 and 3					3365	
	received from other than disqualified			1			
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
Ü	line 6.)						306,862,793.
Sec	tion B. Total Support						300,002,193.
2008 20	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	42,264,710.	66,705,367.	56,146,872.	65,151,716.	76,594,128.	306,862,793.
	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar			-	_		
	sources	2,072,708.	608,245.	58,306.	52,657.	162,968.	2,954,884.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	2,072,708.	608,245.	58,306.	52,657.	162,968.	2,954,884.
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						
1.77	loss from the sale of capital assets					200	
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	44,337,418.	67,313,612.	56,205,178.	65,204,373.	76,757,096.	309,817,677.
14	First five years. If the Form 990 is for						
	organization, check this box and stop here						▶ 🔲
Sec	tion C. Computation of Public Sup	port Percenta	ge	Total			
15	Public support percentage for 2013 (line 8			n (f))		15	99.05%
16	Public support percentage from 2012 Sche	edule A, Part III, lin	e 15			16	98.48%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2013 (li		ar a san Salaha Paran san san san	3, column (f))		17	.95%
18	Investment income percentage from 2012			15. 5		18	1.52%
	331/3% support tests - 2013. If the or					than 331/3%, a	and line
	17 is not more than 331/3%, check th						
b	33 1/3 % support tests - 2012. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization						
JSA	V 50200				S	chedule A (Form 9	90 or 990-EZ) 2013

Part IV 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 B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

UNITED STATES SOCCER FEDERATION

### **Schedule of Contributors**

OMB No. 1545-0047

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 Employer identification number

	13-5591991
Organization type (check one	9):
Filers of:	Section:
Form 990 or 990-EZ	$\overline{X}$ 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 a <b>Note.</b> Only a section 501(c)(7 instructions.	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  ), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
X For an organization property) from any o	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or one contributor. Complete Parts I and II.
Special Rules	
under sections 509(	(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of ,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.
during the year, tota	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, I contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, oses, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
during the year, cont not total to more tha year for an exclusive applies to this organ	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, tributions for use exclusively for religious, charitable, etc., purposes, but these contributions did in \$1,000. If this box is checked, enter here the total contributions that were received during the fly religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule ization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or
Caution. An organization that i	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, t 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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				
1_		\$20,909.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2_		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3_		\$745,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4 _		\$456,295.	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		\$100,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6		\$404,506.	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Employer identification number 13-5591991

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_		\$40,452.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$28,636.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		<b>\$</b> 7,950.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$10,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 12 _		\$ <u>5,000.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	AIRLINE TICKETS	\$40,452.	_10/01/2013
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	EQUIPMENT	\$28,636.	10/01/2013
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number 13-5591991

Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)	(7), (8), or (10) organizations
	that total more than \$1,000 for the year. 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.

	oce auphoute copies of fact in a cause			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		/-\ T5	as of aift	
		(e) Transf	er or gift	
	Transferee's name, address, a	nd ZIP + 4	Relatio	nship 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) Transf	er of aift	
	A 1 2 2	(0)		
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
raiti	ADMINISTRATION OF THE PROPERTY			
		(e) Transf	er of gift	
	Transferee's name, address, a			nship of transferor to transferee
	Transferee's name, address, a			nship of transferor to transferee
	Transferee's name, address, a			nship of transferor to transferee
	Transferee's name, address, a			nship of transferor to transferee

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

### Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number UNITED STATES SOCCER FEDERATION 13-5591991 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . . . . . . 2 Aggregate contributions to (during year) . . . . Aggregate grants from (during year) . . . . . . 3 Aggregate value at end of year. . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register..... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_\_ Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_\_ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

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

Schedule D (Form 990) 2013

13-5591991 UNITED STATES SOCCER FEDERATION Schedule D (Form 990) 2013 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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): Public exhibition Loan or exchange programs Scholarly research X Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar 5 assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . . Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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? b If "Yes," explain the arrangement in Part XIII and complete the following table: 2a Did the organization include an amount on Form 990, Part X, line 21? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (b) Prior year (c) Two years back (d) Three years back (a) Current year 1a Beginning of year balance . . . . 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 in 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 3a(i) 3a(ii) b If "Yes" to 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. Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (c) Accumulated (d) Book value (b) Cost or other basis (investment) depreciation 150,008. 570,370. 420,362 

Schedule D (Form 990) 2013

3,367,330.

3,730,480.

193,844.

19,298.

2,554,815

1,733,834

423,794

-

5,922,145.

1,927,678.

443,092.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).).

c Leasehold improvements.....

d Equipment ......

Part VII	Investments - Other Securities.	l"Voo" to Form 000	Port IV line 11h See Form 000 Port V line	
·			, Part IV, line 11b. See Form 990, Part X, line	۷.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
	d derivatives			
	held equity interests			
(3) Other				
(B)				
(C)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		\/   to Form 000	Det IV line 11a Coe Form 000 Bort V line 1	2
			Part IV, line 11c. See Form 990, Part X, line 1	3.
-	(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)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	II) / II / E 000	Det N. Co. Add. One Form 000 Bort V. Co.	-
			Part IV, line 11d. See Form 990, Part X, line 1	
-75	(a)	Description	(b) Book va	ilue
(1)				
(2)	7872			
(3)				
(4)				
(5)				
(6)		- William - Will		
(7)				
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) li	no 15 \		
Control of the Contro	Other Liabilities.	ne 15.)		
Part X		"Yes" to Form 990	Part IV, line 11e or 11f. See Form 990, Part X	
	line 25.	103 101 0111 000,	Taitiv, into Tie of Th. Occ Form Goo, Fait	9
4		(h) Pook volus		(4 mileup
1. (1) Fodos:	(a) Description of liability al income taxes	(b) Book value		
	RRED COMPENSATION	1,731,4	163	
	COMPENSATION	1,751,5	103.	
(3)				
(4)				
(5)		-		
(6)				
(7)				
(9)	n (h) must equal Form 000. Part V and (D) line 05 1	1 721 /	163	
	n (b) must equal Form 990, Part X, col. (B) line 25.)	1,731,4		
	r uncertain tax positions. In Part XIII, provide the t		e organization's financial statements that reports the if the text of the footnote has been provided in Part XI	III X
9 1120110113	and and tak poortions under the 40	,	The state of the s	2.5

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	79,554,692.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	7370017032:
2			
a			
b			
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)	20	2,532,574.
e	Add lines 2a through 2d	2e	77,022,118.
3	Subtract line 2e from line 1	3	11,022,110.
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 253,723.		
b	Other (Describe in Part XIII.) 4b 28,636.	1 1	202 250
С	Add lines 4a and 4b	4c	282,359.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	77,304,477.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	70,030,472.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С			
d	Other (Describe in Part XIII.)  2c  2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	70,030,472.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
177	Investment expenses not included on Form 990, Part VIII, line 7b 4a 253,723.		
a		1	*
a b	Other (Describe in Part XIII.) 4b 28,636.		
b	Add lines to and the	1 1	282,359.
b c	Add lines 4a and 4b	4c	282,359. 70,312,831.
b c 5	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.	4c 5	70,312,831.
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	4c 5 art V, li	70,312,831. ne 4; Part X, line
5 Part Provid 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	4c 5 art V, li	70,312,831. ne 4; Part X, line
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5 Part Provid 2; Par	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XII, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  PAGE 5	4c 5 art V, li nation.	70,312,831. ne 4; Part X, line
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#### 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'S APPLICATION OF ASC 740 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. THE FEDERATION IS NO LONGER SUBJECT TO EXAMINATION BY FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR PERIODS BEFORE 2010.

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# Part XIII Supplemental Information (continued)

PART XI, LINE 4B

IN-KIND DONATIONS: 28,636

PART XII, LINE 4B

IN-KIND DONATIONS: 28,636

#### **SCHEDULE F** (Form 990)

### Statement of Activities Outside the United States

OMB No. 1545-0047

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. ▶ See separate instructions.

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

Name	of the organization					Employer identifica	tion number
UNI	TED STATES SOCCER FEDER					13-5591991	
Pai	General Information of Form 990, Part IV, line 14		Outside the U	Jnited States. Complete	if the org	anization answe	red "Yes" on
1	For grantmakers. Does the orga	nization mainta	in records to s	ubstantiate the amount of	f its grants	and other	
	assistance, the grantees' eligibili					award the _	
	grants or assistance?						X Yes No
2	For grantmakers. Describe in	Part V the or	ganization's pr	ocedures for monitoring	the use	of its grants a	and other
	assistance outside the United Sta			·		· ·	
3	Activities per Region. (The follow	ving Part I, line	3 table can be	duplicated if additional sp			
	(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)	a pro describe	vity listed in (d) is gram service, e specific type of ce(s) in region	(f) Total expenditures for and investments in region
_(1)	CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	TRAVEL E	XPENSES	570,453.
,					2200120000		
(2)	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	TRAVEL E	XPENSES	391,823.
(2)		_				WDDWGEG	1 000 000
(3)	EUROPE			PROGRAM SERVICES	TRAVEL E	XPENSES	1,922,933.
(4)	MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	TRAVEL E	YDENGES	46,410.
	MIDDLE EAST AND NORTH AFRICA			FROGRAM SERVICES	INAVED E	AT ENGES	10/110.
(5)	NORTH AMERICA			PROGRAM SERVICES	TRAVEL E	XPENSES	165,772.
(6)	DUGGEN ANDEDDUGDING GENERA		- 1	DDOCDAM CEDUTOEC	TRAVEL E	VDENCEC	199,276.
(0)	RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	TRAVEL E	APENSES	199,276.
(7)	SOUTH AMERICA			PROGRAM SERVICES	TRAVEL E	XPENSES	723,859.
	DOOTH TEIBREON			THOUSE SERVICES			
(8)	EUROPE		4.	PROGRAM SERVICES	COACHING	& SCOUTING	324,055.
(9)							
(10)							
	-						
(11)							
(12)				*		l lie	
(13)							
(14)							
(15)							Ø)
(10)							
(16)	A. 450						
(17)		-					
3a			4.				4,344,581.
b			4.		B B B DE		.,,
~	sheets to Part I						
С	Totals (add lines 3a and 3b)		4.				4,344,581.

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

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Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

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Page

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.	cipient who receiv	ed more than \$5,000. P	art II can be d	uplicated if additi	onal space is	s needed.		
-	(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	EQMT DONATIO			20,850.	EQUIPMENT	FMV
(2)			CENT. AMERICA/CARIBBEAN	EQMT DONATIO			14,500.	EQUIPMENT	FMV
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ent organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	. 1	
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the	grantee or counsel has provided a section 501(c)(3) equivalency letter.	
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Schedule F (Form 990) 2013

13-5591991

Schedule F (Form 990) 2013

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. Part Ⅲ

rait ill call be duplicated il additional space is needed.	illorial 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)							
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(18)							
						Sche	Schedule F (Form 990) 2013

JSA

Part	V 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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Yes	X 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	X 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	X 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	X 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

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 IS PAID DIRECTLY TO TRAVEL VENDORS SUCH AS HOTELS OR AIRLINES. THE TRAVEL ASSISTANCE AND APPEARANCE FEES ARE PART OF THE TOTAL COST OF THE TOURNAMENT TO ENSURE THE TOURNAMENT TAKES PLACE WITH THE APPROPRIATE PLAYERS. THESE EXPENSES ARE INCLUDED AS PART OF THE ACTIVITIES PER REGION IN PART I LINE 3.

PART II, LINE 1

SOCCER EQUIPMENT WAS VALUED AT FAIR MARKET VALUE.

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I General Information on Grants and Assistance

UNITED STATES SOCCER FEDERATION

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

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

OMB No. 1545-0047	2013	en to Public
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Inspection

Employer identification number 13-5591991

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Joe	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
he	the selection criteria used to award the grants or assistance?
Des	
=	till Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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

Faut I Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.	<b>overnments</b> at received r	and Organiza nore than \$5,0	itions in the Unit 100. Part II can be	e <b>d States.</b> Com e duplicated if a	plete if the organiza Iditional space is ne	ation answered "Ye eeded.	es" to Form 990,
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,	(g) Description of	(h) Purpose of grant
(1) WOMEN'S SPORTS FOUNDATION					(au)		
424 W 33RD STREET, SUITE 150	23-7380557	501(C)(3)	15,000.				GENERAL CONTRIBUTION
(2) MAJOR LEAGUE SOCCER							
420 STH AVE, 7TH FLOOR NEW YORK, NY 10018	95-4541325		10,000.				GENERAL CONTRIBITION
(3) OSA_TORNADO RELIEF FUND							
FIRST FIDELITY BANK, PO BOX 270725	73-0779504	501 (C) (3)	10,000.				GENERAL CONTRIBITION
(4) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA	0		4		2		
	Z3-T32Z682	501(C)(3)	6,250.				GENERAL CONTRIBUTION
(5)							
(7)							4
(8)							
			7				
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table.	overnment or	ganizations liste	ed in the line 1 table				3.
-	מ ווו נוום ווום	I Lable					Τ.

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

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

Page 2 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. Part III

				A STATE OF THE PERSON NAMED IN COLUMN NAMED IN		
	(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
-	-					
2						
က						
4						
5						
9						5
7						
Part IV	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	is part to pro	vide the informat	ion required in	Part I, line 2, Part III,	column (b), and any other additional

PART I, LINE 2

information.

THE FEDERATION MAKES CONTRIBUTIONS TO OTHER ENTITIES WITH SIMILAR

SINCE THE FUNDS MISSIONS FOR THE GENERAL SUPPORT OF THESE ORGANIZATIONS.

ION SI LI BE USED FOR THE GENERAL SUPPORT OF THEIR MISSION, ARE TO 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

THE CONTRIBUTIONS WERE UNRESTRICTED TO DETERMINED BY THE MEMBERS.

FURTHER THE OVERALL MISSION OF THAT ORGANIZATION.

Schedule I (Form 990) (2013)

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# **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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Tax made and gross up payments			
	Discretionary spending account  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			18-44
353	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	X	
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?	2	X	
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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	<del>-</del>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	40	-	Х
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_ X
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	1333		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	-		
0	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	,			Х
	in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2013

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Schedule J (Form 990) 2013

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 in 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.

		(B) Breakdown of W-2	of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
DAN FLYNN	ε	528,209.	102,250.			20,817.	651,276.	
1 CEO	<b>(E)</b>	0	0	)				
BRIAN REMEDI	ε	228,815.				23,698.	252,513.	
2 CAO	€	0	0	)	0			
ERIC GLEASON	ε	179,215.	2,500.		0	16,194.	197,909.	
3 CFO	(ii)	0	0				 	
LISA LEVINE	ε	198,659.	5,000.		0	11,011.	214,670.	
4 LEGAL COUNCIL	(E)	0	0				 	
TOM KING	ε	226,298.	25,000.		0	24,504.	275,802.	
5 MANAGING DIRECTOR ADMIN	(ii)	0	0				i I	
JUERGEN KLINSMANN	Ξ	2,498,815.	0		0	24,298.	2,523,113.	
6 MNT HEAD COACH	€		0				     	
ANDREAS HERZOG	ε	302,500.	0		0	4,875.	307,375.	
7 ASST MNT COACH	€	0					I I	
THOMAS SERMANNI	Θ	204,035.	þ		0	10,225.	214,260.	
8 FORMER WNT COACH	(ii)	0	0				1	
EASLEY	(i)	76,000.	111,600.				187,600.	
9 MNT PLAYER	€	0	0					
ILLO CARRILLO	ε	.000,89	112,600.		0		180,600.	
10 MNT PLAYER	€	0	0					
	Ξ		1		11 11 11 11 11 11 11 11 11 11 11 11 11			27
11	<b>(ii)</b>							
	ε	             	1					
12	(II)							
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13	€							
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15	€							
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16	<b>(E)</b>							
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Schedule J (Form 990) 2013

Page 3

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 | Supplemental Information

PART I, LINE 1A

DAN FLYNN'S HEALTH CLUB FEES OF \$180 A MONTH ARE COVERED BY U.S. SOCCER

FEDERATION.

PART I, LINE 1A

JUERGEN KLINSMANN AND TOM KING RECEIVED CHARTER SERVICES, VALUED AT

\$12,341, TO SCOUT WORLD CUP LOCATIONS IN BRAZIL.

3E1505 1.000

Schedule J (Form 990) 2013

### SCHEDULE L

# **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► 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.

OMB No. 1545-0047 20**13** 

> Open To Public Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Department of the Treasury Internal Revenue Service ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization 13-5591991 UNITED STATES SOCCER FEDERATION Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Co (b) Relationship between disqualified person 1 (a) Name of disqualified person (c) Description of transaction and organization 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 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. (e) Original principal amount (g) In default? (h) Approved (i) Written (a) Name of interested person (f) Balance due (b) Relationship (c) Purpose of (d) Loan to or by board or agreement? with organization loan from the committee? organization? Yes No Yes No Yes No To From (1) (2) (3) (4) (5) (6)(7)(8) (9) (10)Total Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of assistance (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance person and the organization (1) (2) (3) (4) (5)

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

Schedule L (Form 990 or 990-EZ) 2013

(6) (7)(8) (9) (10)

Page 2

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
					Yes	No
(1) D	ON GARBER	PRES. OF SOCCER UNITED	15,433,754.	MARKETING PARTNER	х	
(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.
- (D) DESCRIPTION OF TRANSACTION: SOCCER UNITED MARKETING HANDLES ALL OF U.S. SOCCER FEDERATION'S SPONSORSHIP AGREEMENTS EXCEPT WITH NIKE. ANY AMOUNTS COLLECTED OVER \$8,250,000 WAS SUBJECT TO A 70/30 SPLIT IN THE ORGANIZATION'S BENEFIT. BOARD MEMBER IS RECUSED FROM ANY DECISION MAKING REGARDING THIS ARRANGEMENT.

## SCHEDULE M (Form 990)

# **Noncash Contributions**

2012

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ➤ Attach to Form 990.

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

UNI	TED STATES SOCCER FEDERA	TION			13-559199	91		
Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported or Form 990, Part VIII, line	n Nethou	(d) of deter ontribution		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests						10.00	
4	Books and publications					200900000000000000000000000000000000000		2000
5	Clothing and household							
10.5	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock			<u> </u>				1831 (186 m. v. v.)
11	Securities - Partnership, LLC,							
8.5	or trust interests				-			
12	Securities - Miscellaneous							CORC - I Company
13	Qualified conservation							
	contribution - Historic				1			
	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							40000
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶ ( AIRLINE TICKETS )	Х	1.	40,45				
26	Other ►( EQUIPMENT)	X	1.	28,63	36. FAIR MA	RKET '	VALU:	E
27	Other ▶()							
28	Other ▶()							
29	Number of Forms 8283 received	by the orga	nization during the tax ye	ar for contributions for		-		
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	ement	. 29			
							Yes	No
30 a	During the year, did the organizat							
	it must hold for at least three year							
	used for exempt purposes for the e		period?			30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a							
	contributions?					31	X	
32 a	Does the organization hire or use							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report and describe in Part II.	amount in	column (c) for a type of pro	perty for which colum	n (a) is checked	,		

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

Schedule M (Form 990) (2013)

Part II Su

**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)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

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 \$2,297,144. INCL GRANTS OF \$47,799. REVENUE \$44,928,448.

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.

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(3) INDIVIDUAL SUSTAINING MEMBER.

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 TO THE BOARD AUTHORITY TO

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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 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.

INDIVIDUAL SUSTAINING MEMBER

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ANY INDIVIDUAL, INCLUDING ANY ATHLETE, TRAINER, MANAGER, ADMINISTRATOR

AND OFFICIAL ACTIVE IN SOCCER IN THE UNITED STATES MAY BECOME AN

INDIVIDUAL SUSTAINING MEMBER OF THE FEDERATION. THE BOARD OF DIRECTORS

SHALL PRESCRIBE PROCEDURES FOR BECOMING AN INDIVIDUAL SUSTAINING MEMBER

AND THE DUES AND BENEFITS OF MEMBERSHIP.

AN INDIVIDUAL SUSTAINING MEMBER SHALL HAVE NO VOTING OR OTHER REPRESENTATIONAL RIGHTS IN 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.
- (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.

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- (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.
- (B) AN INDIVIDUAL ELIGIBLE TO VOTE IN MORE THAN ONE CAPACITY UNDER SUBSECTION (A) 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 CONUCIL 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 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

  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,

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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.
- (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.

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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.

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SCHEDULE R (Form 990)

Name of the organization

UNITED STATES SOCCER FEDERATION

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.

Related Organizations and Unrelated Partnerships

▶ See separate instructions.

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

Open to Public 2013 Inspection

OMB No. 1545-0047

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.33.	(d) (e) (f) (f) Total income End-of-year assets Direct controlling	GIRIT				Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had he tax year.	(f) (g) (g) Public charity status (if section 501(c)(3)) Entity (f) Section 501(c)(3)	Yes	US SOCCER X				
ete if the organization answered "Yes" on Form 990, Part IV, line 33.	(c) Legal domicile (state Tof					red "Yes" on Form 9	Exempt Code section Publi		501(C)(3) 9				
swered "Yes" on Fo	(b) Primary activity					organization answer	(c) Legal domicile (state or foreign country)		DE				
e organization ans						zations Complete if the cations the tax year.	(b) Primary activity		SOCCER				
Identification of Disregarded Entities Complete if the	(a) Name, address, and EIN (if applicable) of disregarded entity					Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the second of the second	(a) Name, address, and EIN of related organization		(1) USA BID COMMITTEE INC. 26-4134006 420 FIFTH AVE, 7TH FLOOR NEW YORK, NY 10018				
Partl			_(2)	(3)	 	 Part			(1) USA BIE 420 FIF	_(2)	 	 (6)	(2)

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

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Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013

Section 512(b)(13) controlled entity? Yes No Schedule R (Form 990) 2013 (k) Percentage ownership ownership (h) Percen-tage (j) General or managing partner? ŝ 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. 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. Yes (g) Share of end-of-year assets (I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportonate allocations? ٥ Yes (g) Share of end-of-year assets (e)
Type of entity
(C cop, S cop, or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c)
Legal domicile
(state or foreign
country) (b) Primary activity (d)
Direct controlling (c) Legal domicile (state or foreign country) (a) (an e. address, and EIN of related organization (b) Primary activity (a) Name, address, and EIN of related organization JSA 3E1308 1.000 Part IV Part III (2) 5 (2) E (4) 0 3 4 (2) (9) (2) 3 (9) 9

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# Schedule R (Form 990) 2013 Method of determining Yes × 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. 10 1k ᆵ 10 19 16 19 1e 11 10 a 1 = = Other transfer of cash or property to related organization(s) Performance of services or membership or fundraising solicitations by related organization(s).................. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Lease of facilities, equipment, or other assets from related organization(s) FMV Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 456,295 Reimbursement paid to related organization(s) for expenses. 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? (b) Transaction type (a-s) U Performance of services or membership or fundraising solicitations for related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Other transfer of cash or property from related organization(s) (a) Name of related organization Gift, grant, or capital contribution to related organization(s) Exchange of assets with related organization(s)... INC. BID COMMITTEE USA JSA 3E1309 1.000 Part V Ε q P × **=** 0 <u>م</u> ه E б ٦ 4 (2) 3 (2) (9)

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

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.

(1)	(state or foreign country)	income (related, unrelated, excluded	section 501(c)(3) organizations?	srs Share of total income	Share of end-of-year assets	Disproportionate allocations?	onate Code V-UBI amount in box 20 of Schedule K-1		General or managing partner?	Percentage ownership
			Yes No			Yes	ON	٦	Yes No	
(2)								***************************************		
(3)										
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Schedule R (Form 990) 2013

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# Part VII Supplemental Information

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