** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2009 calendar year, or tax year beginning APR 1, 2009 and ending MAR 31, 2010 C Name of organization D Employer identification number Check if applicable: Piesse use IRS Address change label or UNITED STATES SOCCER FEDERATION print or Name change 13-5591991 Initial return Number and street (or P.O. box if mail is not delivered to street address) See Room/suite E Telephone number Termin-ated (312)808-1300 1801 S. PRAIRIE AVE. netruc-Amended City or town, state or country, and ZIP + 4 45,034,753. G Gross receipts \$ Applica-CHICAGO, IL 60616 H(a) Is this a group return pending F Name and address of principal officer: DANIEL T. FLYNN Yes X No for affiliates? 1801 S PRAIRIE AVE, CHICAGO, IL 60616 H(b) Are all affiliates included? Yes No I Tax-exempt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.USSOCCER.COM **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > Trust [Association L Year of formation: 1914 M State of legal domicile: NY Part | Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE AND GOVERN SOCCER IN 1 Governance THE UNITED STATES IN ORDER TO MAKE IT THE PREEMINENT SPORT. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 16 4 Activities & 572 Total number of employees (Part V, line 2a) 31 Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, column (C), line 12 0. Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 1,226,947 840,987. Contributions and grants (Part VIII, line 1h) Revenue 41,423,723. Program service revenue (Part VIII, line 2g) 42,518,207. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,435,695. 2,072,708. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 45,180,849 $44,337,\overline{418}$ Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 22,701 83,730. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15,899,586. 16,783,160. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 32,850,107. 26,676,117. 48,772,394. 43,543,007. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -3,591,545. 794,411. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 67,195,704. 75,789,101. 20 Total assets (Part X, line 16) 16,117,240. 21,365,335. 21 Total liabilities (Part X, line 26) Fund Net assets or fund balances. Subtract line 21 from line 20 51,078,464 54,423,766. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here DANIEL T. FLYNN, CEO Type or print name and title Date Check if Preparer's identifying number (see instructions) Preparer's Paid selfsignature LU ANN TRAPP 02/09/11 employed > Preparer's Firm's name (or BLACKMAN KALLICK, LLP EIN ▶ Use Only 10 S. RIVERSIDE PLAZA, 9TH FLOOR self-employed).

Phone no. \triangleright (312) 207-1040

X Yes

CHICAGO, IL 60606

May the IRS discuss this return with the preparer shown above? (see instructions)

address, and

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		_ X _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		_ <u>X</u> _
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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_		<u> </u>
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; 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		ļ	
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and 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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			3.
-	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Only adults 1. Dead III	27		x
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	-21		<u> </u>
20	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		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
^~	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			1
	Note. All Form 990 filers are required to complete Schedule O.	38	X	

Form 990 (2009) UNITED STATES SOCCER FEDERATION
Part V Statements Regarding Other IRS Filings and Tax Compliance

					7.5	
4	Enter the number reported in Boy 2 of Form 1006. Appual Summers and Transmitted of				Yes	No
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	10	403			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>1a</u> 1b	- 			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	$\overline{}$	ble gaming			
·	(gambling) winnings to prize winners?			1c		
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	2a	572			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered		-	За		X
	It was all the state of the sta	_		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	}	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	arding	Prohibited			
	Tax Shelter Transaction?		ī	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions c	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services			
_	provided to the payor?			7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		├──
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			_		3,5
	to file Form 8282?	1		7c	_	<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a					v
	benefit contract?			7e	_	X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		oguired?	7g 7h	+	
ь 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or			'n	 	 -
0	supporting organizations maintaining donor advised funds and section sos(a)(s) supporting or supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	_				
			•	8		
9	at any time during the year? Sponsoring organizations maintaining donor advised funds.	•••••		-	***************************************	\vdash
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			<u> </u>		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		
11	Section 501(c)(12) organizations. Enter:			1		
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1		
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

<u>Sec</u>	tion A. Governing Body and Management						
			1	-		Yes	No
1a	Enter the number of voting members of the governing body	1a		16			
b	Enter the number of voting members that are independent	1b	_	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			Ì	
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 99	00 was filed?	إ	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts? .			5		X
6	Does the organization have members or stockholders?				6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me governing body?		s of the		7a	x	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken						
	by the following:		,				
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	eveni	ie Code.)	,			
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such						
					10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f			- 1	11	Х	
11A		•	***************************************				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co						
	to conflicts?				12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If in Schedule O how this is done				12c	х	
13	Does the organization have a written whistleblower policy?				13	X	-
14	Does the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approv				17	22	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_	паоренает				
9	The organization's CEO, Executive Director, or top management official				15a	X	
	Other officers or key employees of the organization				15b	X	
J	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		••••		100		
16=	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a				
a	taxable entity during the year?				16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva						
~	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org		• •				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶IL						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	(c)(3)s only) av	ailable	for		-
	public inspection. Indicate how you make these available. Check all that apply.	•					
	X Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflic	t of interest po	olicy, ar	nd fina	ıncial	
	statements available to the public.		,	•			
20	State the name, physical address, and telephone number of the person who possesses the books a	nd re	cords of the or	ganizat	ion:	•	
	ERIC GLEASON, CFO - 312-528-1236			_		_	
	1801 S. PRAIRIE AVE, CHICAGO, IL 60616					_	

13-5591991 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee,

- 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.

(A) Name and Title	(B) Average			(C Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	c all 1	that wholoke	Highest compensated adden		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SUNIL GULATI										
PRESIDENT	<u>5.00</u>	X		X				0.	0.	0.
MIKE EDWARDS										
EXECUTIVE VICE PRESIDENT	5.00	X		X				0.	0.	0.
DR. S. ROBERT CONTIGUGLI	_									
PAST PRESIDENT	5.00	X						0.	0.	0.
JEFF AGOOS				l						
DIRECTOR - ATHLETIC REP	5.00	X						0.	0.	0.
JON MCCULLOUGH										
DIRECTOR - ATHLETIC REP	5.00	X				<u> </u>	<u> </u>	0.	0.	0.
DANIELLE FOTOPOULOS			Ì							
<u> DIRECTOR - ATHLETIC REP</u>	5.00	X				<u>L</u> _	<u> </u>	0.	0.	0.
DON GARBER										
DIRECTOR - PRO COUNCIL R	5.00	X			L_	<u> </u>		0.	0.	0.
TONYA ANTONUCCI		l							_	_
DIRECTOR - PRO COUNCIL R	5. <u>00</u>	X		ļ	<u> </u>		<u> </u>	0.	0.	0.
RICHARD GROFF	- 00					Ì				
DIRECTOR - ADULT COUNCIL	5.00	X	-	_		ļ	-	0.	0.	0.
JIM HAMILTON	F 00	,,								
DIRECTOR - ADULT COUNCIL	5.00	X			-		-	0.	0.	0.
BOB PALMEIRO	F 00							•		
<u>DIRECTOR - YOUTH COUNCIL</u> JOHN SUTTER	5.00	A	 —		_	\vdash	}-	0.	0.	0.
DIRECTOR - YOUTH COUNCIL	_5.00			l I				0.	0.	
FRANCISCO MARCOS	3.00	^				 		<u>0.</u>		0.
DIRECTOR - AT LARGE REP	5.00	v				Ì		0.	0.	0.
CARLOS CORDEIRO	3.00	A								
DIRECTOR	5.00	Y						0.	0.	0.
FABIAN NUNEZ	3.00	Λ	_	_		-	╁─			
DIRECTOR	5.00	x						0.	0.	0.
DONNA SHALALA	3.00	1	-					<u> </u>		
DIRECTOR	5.00	x		1				0.	0.	0.
DAN FLYNN		<u> </u>				1	T			<u></u>
CEO	40.00			x				565,538.	0.	18,016.
932007 02-04-10	. <u> </u>									Form 990 (2009)

932007 02-04-10

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nple	oyee	s, a	nd ŀ	ligh	<u>est</u>	Compensated Employ	ees (continued)			
(A)	(B)			(0	C)			(D) (E)			(F)	
Name and title	Average			Pos				Reportable	Reportable	1	stimate	
	hours	(c	heck	ali 1	that	арр	ly)	compensation	compensation	ar	nount	of
	per	횮						from the	from related organizations		other	
	week	rdire				ted		organization	(W-2/1099-MISC)	1	npensa rom the	
		stee c	ruste			BEISS		(W-2/1099-MISC)	(***2/1000*******************************		anizat	
		al fr	onalt		ay of	8 g				_	d relat	
		ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anizatio	ons
TOM KING		<u> </u>	Ë		<u> </u>	_ 6				-		
•	40.00			X				212 041	0.	2	2 6	20
MAN DIRECTOR ADMIN	40.00			^				212,941.		<u> </u>	2,6	<u> </u>
ERIC GLEASON	40.00			37				140 700	0.	,	1 2	27
CFO	40.00	╁	├	X				149,798.		<u>, 4</u>	1,3	<u> </u>
BRIAN REMEDI	40.00			3,7				00 401	_		2 7	۸.
CAO	40.00		 	X		<u> </u>		28,491.	0	+	2,7	<u>90.</u>
LISA LEVINE	40.00			١				TO 000		_	4 0	2.0
LEGAL COUNCIL	40.00			X		-		79,000.	0.	<u>- _2</u>	1,7	<u> 32.</u>
JAY BERHALTER							ļ					
CAO - PRIOR	40.00			X				235,029.	0.	. 1	5,0	<u>35.</u>
TIM PINTO									_			_
LEGAL COUNCIL - PRIOR	40.00			X				<u>89,670.</u>	0.	<u>. 1</u>	1,0	<u>65.</u>
ROBERT BRADLEY												
MNT HEAD COACH	40.00					X	L_	794,025.		. 2	4,2	<u> 19.</u>
PIA SUNDAGE												
WNT COACH	40.00					X		207,667.	0	<u>. 1</u>	1,9	68.
JOZMER ALTIDORE												
PLAYER	40.00					X		150,639.	0.			0.
BRAD GUZAN								-				
PLAYER	40.00					X		150,639.	0.	•		0.
1b Total						<u> </u>	•	2,807,910.	0		4,1	
2 Total number of individuals (including but n	ot limited to the	nose	liste	ed a	bov	e) wł	no r		0.000 in reportable			
compensation from the organization						•		•	•			32
	-										Yes	No
3 Did the organization list any former officer,	director or tru	stee	, ke	y en	nplo	yee,	or h	nighest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual	•	, ,					***************************************		3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le c	omp	ensa	atior	n and	to t	her compensation from	the organization			
and related organizations greater than \$15	0,000? If "Yes	, " cc	mpl	ete S	Sche	edule	e J i	for such individual		4	X	
5 Did any person listed on line 1a receive or a												
the organization? If "Yes," complete Sched	lule J for such	pers	son .			<u>.</u>				5		X
Section B. Independent Contractors												
Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of compen	sation	from	
the organization.												
. (A)								_ (B)			C)	
Name and business	address						_	Description of s	services	Compe	∍nsatio	n
LATHAM & WATKINS												
PO BOX 894256, LOS ANGELI	ES, CA	<u>90</u>	<u>48</u>	9_			_	LEGAL		<u> 36</u>	<u>0,9</u>	<u>85.</u>
		_										
									Ì			
			-									
	=					_						_
									Į.			

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2009)

\$100,000 in compensation from the organization

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	(A) (A) but are	not required to comple (B)	(C) (C), and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	83,730.	83,730.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			_	
	trustees, and key employees	1,035,768.		1,035,768.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	12,849,438.	11,072,821.	1,771,617.	5,000.
8	Pension plan contributions (include section 401(k)	,_,,			
•	and section 403(b) employer contributions)	629,246.	119,918.	509,103.	225.
9	Other employee benefits	1,382,361.	1,088,954.	292,907.	500.
10	Payroll taxes	886,347.	718,176.	167,871.	300.
11	Fees for services (non-employees):	•			
а	Management				
b	Legal	612,549.	444,610.	167,939.	
С	Accounting	80,255.		80,255.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	3,752,854.	3,429,773.	323,081.	
12	Advertising and promotion	712,136.	640,890.	71,246.	
13	Office expenses	384,533.		81,896.	
14	Information technology	384,300.	30,000.	354,300.	
15	Royalties				
16	Occupancy	531,325.	285,604.	245,721.	
17	Travel	12,647,430.		522,314.	
18	Payments of travel or entertainment expenses			, , , , , , , , , , , , , , , , , , , ,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,502,315.	1,003,278.	499,037.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	344,237.	264,315.	79,922.	
23	Insurance	428,626.	281,994.	146,632.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	EQUIPMENT RENTAL AND MA	2,075,260.	1,793,944.	281,316.	
b	POSTAGE AND SHIPPING	750,438.	662,457.	87,981.	
С	TELEPHONE	376,147.	223,022.	153,125.	
d	PRINTING AND PUBLICATIO	290,253.	232,708.	57,545.	
е	DUES AND SUBSCRIPTIONS	282,398.	263,164.	19,234.	
f	All other expenses	1,521,061.	1,336,883.	184,178.	
25	Total functional expenses. Add lines 1 through 24f	43,543,007.	36,403,994.	7,132,988.	6,025.
26	Joint costs. Check here Graph of the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				- 000 (2222)

P <u>a</u>	t X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		 	1	
	2	Savings and temporary cash investments		4,211,053.	2_	2,859,278.
	3	Pledges and grants receivable, net			_3	
	4	Accounts receivable, net	,	3,715,345.	4	<u>6,772,592</u> .
	5	Receivables from current and former officers, directors, tro	ustees, key			
		employees, and highest compensated employees. Comple	ete Part II			
		of Schedule L			5_	<u> </u>
	6	Receivables from other disqualified persons (as defined un	nder section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B).	. Complete			
		Part II of Schedule L			6	
ξ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		<u>582,903.</u>	9_	2,183,136
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	<u>8,389,619.</u>			
	b	Less: accumulated depreciation10b	3,543,215.	4,992,244.		<u>4,846,404</u>
	11	Investments - publicly traded securities		<u>48,674,598.</u>		53,994,423
	12	Investments - other securities. See Part IV, line 11		<u>937,032.</u>	12	807 <u>,35</u> 6.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		4,082,529.	15	4,325,912
	16	Total assets. Add lines 1 through 15 (must equal line 34)		67,195,704.	16	75,789,101
	17	Accounts payable and accrued expenses		7,813,589.	17	<u>10,698,895</u>
	18	Grants payable		18		
	19	Deferred revenue		<u>8,303,651.</u>	19_	10,666,440
	20	Tax-exempt bond liabilities			20	
Š	21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
≝	22	Payables to current and former officers, directors, trustee	s, key employees,			
Liabilities		highest compensated employees, and disqualified persor	s. Complete Part II			
ت		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third	parties		23_	
	24	Unsecured notes and loans payable to unrelated third par	ties		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		16,117,240.	26	21,365,335
	ļ	Organizations that follow SFAS 117, check here	X and complete			
S		lines 27 through 29, and lines 33 and 34.				
Š	27	Unrestricted net assets		51,078,464.	27	54, <u>423</u> ,766
Net Assets or Fund Balances	28	Temporarily restricted net assets			28	
Ď	29	Permanently restricted net assets	·····		29	
בַּ	Ì	Organizations that do not follow SFAS 117, check here				
5		complete lines 30 through 34.				
əts	30	Capital stock or trust principal, or current funds			30_	
SSI	31	Paid-in or capital surplus, or land, building, or equipment			31	
et A	32	Retained earnings, endowment, accumulated income, or			32	
ž	33	Total net assets or fund balances		51,078,464.	33	54,423,766
	34	Total liabilities and net assets/fund balances		67,195,704.	$\overline{}$	75,789,101

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

X

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of t	ne organization							Er	npioyer ia			прег
Don't I	- Dansen (STATES SOCCE						13	- <u>5591</u>	<u>991</u>	
Part I			ity Status (All organiz			<u> </u>	·	tructions.		_	_	
		•	because it is: (For lines 1	_		-						
1			s, or association of churc			ction 170	(b)(1)(A)(i)					
2			0(b)(1)(A)(ii). (Attach Sc									
3 ├┤	•	•	tal service organization o									
4 📖		-	operated in conjunction	with a nos	pital descr	ibed in se	ction 170	(b)(1)(A)(iii	i). Enter the	e nospital	s nam	е,
	city, and state										_	
5 📖	=	•	benefit of a college or ur	ilversity ov	wnea or op	erated by	a governi	nentai unii	described	ı III		
• 🗀		(b)(1)(A)(iv). (Comple			al i.a	470(1.1/	074763					
6			ent or governmental unit eives a substantial part (r from the	conoral nu	ıblia dasa	ribad i	_
7 📖	•	b)(1)(A)(vi). (Comple	·	oi its supp	on nom a	governme	mai unii o	i iioiii tii o	general pu	iblic desci	inped i	n
8 🗀	_		ection 170(b)(1)(A)(vi). ((Complete	Part II \							
9 X			eives: (1) more than 33 1			rom contri	hutions m	nembershir	n fees and	l aross rec	eints:	from
	-	=	nctions - subject to certa		-					-		
		=	axable income (less sect	-	-	-				· -		
		509(a)(2). (Complete	•		,			, ,			•	
10 🗔			perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	1).				
11 🗀	An organizati	on organized and op	perated exclusively for th	ne benefit (of, to perfo	rm the fu	nctions of,	or to carry	out the p	urposes o	f one	or
	more publicly	supported organiza	ations described in section	on 509(a)(1) or section	n 509(a)(2	2). See se c	ction 509(a	a)(3). Chec	k the box	that	
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.						
	a Type i	b L	_ Type II	; 🔲 Тур	e III - Func	tionally in	tegrated		ď L	Type III - C	Other	
е 📖	By checking	this box, I certify tha	t the organization is not	controlled	d directly o	r indirectly	by one o	r more disc	qualified pe	ersons oth	er tha	n
			han one or more publicly						(a)(1) or se	ection 509	(a)(2).	
f	•		ten determination from t		-							
			nis box							•••••		. Ш
g	•		organization accepted ar			-		•				
	• •		irectly controls, either al	_		-		• • • •	-	44.43	Yes	No
			upported organization?									
			n described in (i) above? person described in (i) (
h			about the supported or							11g(iii)		
h	r lovide trie ii	Dilowing information	about the supported of	garlization	(3).							
	-f	CO FIN	(iii) Type of	(iv) Is the o	organization	(v) Did vo	u notify the	(vi) ls	the			
	of supported anization	(ii) EIN	organization		sted in your			organizatio (i) organiz	on in col. I	(vii) Am	10unt o port	4
O. g.	21112411011		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	U.S	.?	550	Port	
		1	(see instructions))	Yes	No	Yes	No	Yes	No			
				1								
			<u> </u>		<u> </u>							
T-4-'												
Total)-i	d Denomical Dist	ation A at Ni ation 11	<u> </u>	4	L		0-1	- 4 /5	200 65		
LHA FOR F	rivacy Act an	ıa Paperwork Hedu	ction Act Notice, see t	ne instruc	TIONS FOR			Scnedul	e A (Form	990 or 99	ru-EZ)	2009

Form 990 or 990-EZ.

Pa	Support Schedule for (Complete only if you checked	_)(b)(1)(A)(iv) an	id 170(b)(1)(A)(v	/i)
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	_					
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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			ļ			
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				1	1	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)				_	 	
	Public support. Subtract line 5 from line 4.	<u> </u>			<u> </u>	<u> </u>	
		(a) 2005	(b) 2006	(a) 2007	(d) 2008	(a) 2000	(f) Total
	endar year (or fiscal year beginning in) Amounts from line 4	(a) 2005	(b) 2000	(c) 2007	(0) 2008	(e) 2009	(i) Iolai
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						
	Gross receipts from related activities	, etc. (see instruct	ions)			12	-
	First five years. If the Form 990 is fo			ird, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
	organization, check this box and sto	p here	·····	<u></u>		<u>.</u>	. <u></u>
Se	ction C. Computation of Pub	ic Support Pe	ercentage				
14	Public support percentage for 2009 (%
15	Public support percentage from 2008						%
16a	a 33 1/3% support test - 2009.If the o	_					
	stop here. The organization qualifies	as a publicly sup	ported organizatio	n	*******************************		▶□
ŀ	o 33 1/3% support test - 2008. If the o	-					
	and stop here. The organization qua	lifies as a publicly	supported organi	zation			▶□
17a	a 10% -facts-and-circumstances tes	it - 2009.If the org	janization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac			' -	-	_	
	meets the "facts-and-circumstances"						
ŀ	o 10% -facts-and-circumstances tes	_					
	more, and if the organization meets t				•		e
	organization meets the "facts-and-cir	cumstances" test	. The organization	qualifies as a pub	licly supported ord	nanization	

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 ..

Schedule A (Form 990 or 990-EZ) 2009

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. Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007(e) 2009 (d) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 9026757.|17114941.| 9680262.| 8889561.|10144677.|54856198. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 28020153.|37637354.|35528358.|34855593.|32120033.|168161491 organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 37046910.|54752295.|45208620.|43745154.|42264710.|223017689 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 0. amount on line 13 for the year c Add lines 7a and 7b 0. 223017689 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 37046910.|54752295.|45208620.|43745154.|42264710.|223017689 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 1157964. 1838763. 3026486. 1435695. 2072708. 9531616. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 1157964. 1838763. 3026486. 1435695. 2072708. 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital <u> 146,758. 471,903.</u> 249,877 868,538. assets (Explain in Part IV.) 38351632.57062961.48484983.45180849.44337418.233417843 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. check this box and stop here ... Section C. Computation of Public Support Percentage 95.54 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 96.03 % Section D. Computation of Investment Income Percentage 4.08 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 3.55 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization $\triangleright x$ b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organizatio	Employer identification number	
τ	NITED STATES SOCCER FEDERATION	13-5591991
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	1
	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	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule. See instructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mor nplete Parts I and II.	re (in money or property) from any one
Special Rules		
509(a)(1) and 17	on(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of (0(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution n (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
aggregate contr	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one ibutions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, lind for the cruelty to children or animals. Complete Parts I, II, and III.	
contributions fo If this box is che purpose. Do not	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one ruse exclusively for religious, charitable, etc., purposes, but these contributions did ecked, enter here the total contributions that were received during the year for an extra complete any of the parts unless the General Rule applies to this organization becable, etc., contributions of \$5,000 or more during the year.	I not aggregate to more than \$1,000. xclusively religious, charitable, etc., cause it received nonexclusively
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Sch on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or of filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•
HA For Privacy Act ar	nd Panerwork Reduction Act Notice, see the Instructions Sch	hedule R (Form 990, 990-F7, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

	4	4	
age	lof	⊥ of Part	١

Name of organization

Employer identification number

UNITED STATES SOCCER FEDERATION

13-5591991

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$\$12,796.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$ 250,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$ 535,800.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$ <u>39,409.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

UNITED STATES SOCCER FEDERATION

13-5591991

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	UNITED AIRLINES AIRFARE AT MARKET COST		
_ _		\$\$	06/01/10
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	90, 990-EZ, or 990-PF) (

Name of organization

TED t III	STATES SOCCER FEDERAT Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complet Part III, enter the total of exclusively religing \$1,000 or less for the year. (Enter this information)	ndividual contributions to section e columns (a) through (e) and the foous, charitable, etc., contributions o	501(c)(7), (8), or (10) organizations aggregating ollowing line entry. For organizations completing of
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
r <u>t I</u> -			
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No. m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ -			
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

19

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, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public

Inspection

Name of the organization UNITED STATES SOCCER FEDERATION Employer identification number 13-<u>5591991</u>

Parl	organizations Maintaining Donor Advised organization answered "Yes" to Form 990, Part IV, line		ds or Accounts. Complete if the
	organization answered 168 to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's	-	
	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	<u> </u>
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990	Part IV line 7
	Purpose(s) of conservation easements held by the organization		, , , , , , , , , , , , , , , , , , , ,
•	Preservation of land for public use (e.g., recreation or p		nistorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space	Preservation of a ce	artined historic structure
_	• •		
	Complete lines 2a through 2d if the organization held a qualifi	led conservation contribution in the for	m or a conservation easement on the last
	day of the tax year.		Held state Pad of the Tow Your
	T-1-1		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	the organization during the tax
	year -		
	Number of states where property subject to conservation eas		_
5	Does the organization have a written policy regarding the per	- · ·	
	violations, and enforcement of the conservation easements it		
	Staff and volunteer hours devoted to monitoring, inspecting,		
	Amount of expenses incurred in monitoring, inspecting, and e		
	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
	In Part XIV, describe how the organization reports conservation	-	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describe	es the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	· · · · · · · · · · · · · · · · · · ·	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not		
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of p	oublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it	tems.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bal	ance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, o	r research in furtherance of public servi	ice, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$
_	,		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Part VII Investments - Other Securities.	See Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuation of end-of-year mark	
Financial derivatives				
Closely-held equity interests				
Other				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X, line	13.		
(a) Description of investment type	(b) Book value		(c) Method of valuat st or end-of-year mark	
			_	
		-		
				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	<u> </u>		
	a) Description			(b) Book value
LONG TERM PREPAID ASSETS	<u> </u>		-	4,325,912.
	_			
Total. (Column (b) must equal Form 990, Part X, col (B)	ine 15.)		•	4,325,912.
Part X Other Liabilities. See Form 990, Part				
1. (a) Description of liability	· - —	(b) Amount		
Federal income taxes				
1000101111001110110001100011000110001100011000110001100011000110000				
			ı	
Total. (Column (b) must equal Form 990, Part X, col (B)	line 25.)			
Total. (Ochanic (o) must equal tomit 330, t art A, cot (b) t				

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

932054 02-01-10 Schedule D (Form 990) 2009

Schedule F (Form 990)

Statement of Activities Outside the United States

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection Employer identification number

UNITED STATES S		∩₽₽XMT∧¥	•		13-55919	۵1
			tside the United States. Comp	lete if the organ		
to Form 990, Par						
_	_		ds to substantiate the amount of the g selection criteria used to award the gr	-		Yes No
•		_	procedures for monitoring the use of	grant funds out	side the United St	ates.
3 Activities per Region. (U (a) Region	se Schedule F-1 (b) Number of offices in the region	(Form 990) if ad (c) Number of employees or agents in region	ditional space is needed.) (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, specific type ee(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL EXPE	nses_	973,385.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL EXPE	nses	1,358,505.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL EXPE	nses	120,095.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL EXPE	NSES	506,244.
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL EXPE	nses	301,788,
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL EXPE	NSES	119,928,
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING	CONTRIBUTION INTERNATION ORGANIZATION	IAL SOCCER	0.
Totals	operwork Reduc		e, see the Instructions for Form 990.		Schadula F	3,379,945, (Form 990) 2009

932071

recipient who rec	ceived more than \$5	,000. Check this box if n	Outside the United States. o one recipient received mor				990, Part IV, line 15, for	►
Use Schedule F- 1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	I (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)
		NORTH AMERICA	TRAVEL EXPENSES	0.		73,463.	PAID TEAM TRAVEL COSTS TO UNITED STATES	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	TRAVEL EXPENSES	0.		187,773.	PAID TEAM TRAVEL COSTS TO UNITED STATES	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	TRAVEL EXPENSES	0.		98.894.	PAID TEAM TRAVEL COSTS TO UNITED STATES	₽MV
				0.		49,447,	PAID TEAM TRAVEL	
		SOUTH AMERICA	TRAVEL EXPENSES			49,447.	STATES	FMV
·						<u> </u>		
the IRS, or for which the	he grantee or couns	el has provided a section	recognized as charities by the 1501(c)(3) equivalency letter		_			
3 Enter total number of	other organizations of	or entities			<u></u>	<u></u>	Sched	ule F (Form 990) 2009

26

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant non-cash assistance cash disbursement non-cash assistance

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.	13-5591991 Page 4
SCHEDULE F, PART I, LINE 2: THE ORGANIZATION GRANTS TRAVE	L ASSISTANCE TO
CERTAIN FOREIGN SOCCER ORGANIZATIONS TO OBTAIN APPROPRIATI	E COMPETITION AT
THE EVENTS. THE ORGANIZATION PAYS THESE TRAVEL EXPENSES	DIRECTLY TO THE
VENDORS SUCH AS THE HOTEL OR THE AIRLINE TO ASSURE THAT T	HE FUNDS ARE
USED FOR THE INTENDED PURPOSE.	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

Open to Public Inspection

Name of the organization UNITED ST	ATES SOCO	CER FEDERATI	ION				Employer identification number 13-5591991
Part I General Information on Grants a		,					
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	stance?		······				(e e
Part II Grants and Other Assistance to	Governments an	d Organizations in th	e United States. C	omplete if the org			· -
recipient that received more than	\$5,000. Check thi			•		<u>, , , , , , , , , , , , , , , , , , , </u>	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S SPORTS FOUNDATION							
1899 HEMPSTEAD TURNPIKE, SUITE 400	22 7200557	E01/G1/21	15 000				
EAST MEADOW NY 11554	23-7380557	D01(C)(3)	15,000.	0.			GENERAL SUPPORT
U.S. SOCCER FOUNDATION 1211 CONNECTICUT AVENUE, NW SUITE S	l	F01 (Q) (2)	50.000				
WASHINGTON, DC 20036	36-3976313	501(C)(3)	50,000.	0.			GENERAL SUPPORT
THE SAPLING FOUNDATION 250 HUDSON ST. SUITE 1002 NEW YORK, NY 10013	94-3235545	501(C)(3)	12,000.	0.			GENERAL SUPPORT
				·			
2 Enter total number of section 501(c)(3) a	nd government o	 rganizations					3.
3 Enter total number of other organizations							• O.

(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
				-	
t IV Supplemental Information. Complete this part to	provide the information	n required in Part I,	, line 2, and any other	additional information.	
HEDULE I, PART I, LINE 2: THE	ORGANIZATIO	ON MAKES (CONTRIBUTIO	NS TO OTHER	
l(C)(3) ENTITIES WITH SIMILAR	MISSIONS FO	OR THE			
NERAL SUPPORT OF THESE ORGANI	ZATIONS. SII	NCE THE FU	INDS ARE TO	BE USED FOR	
E GENERAL SUPPORT OF THEIR MI	-	٠			
	•				
SUBSTANTIATE THEIR EXPENDITU	IRES RELATED	TO THESE	CONTRIBUTI	ONS.	

SCHEDULE J (Form 990)

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.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

UNITED STATES SOCCER FEDERATION Employer identification number 13-5591991

Pa	ort I 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.			
	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 Health or social club dues or initiation fees			
	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 or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee	ЭӨ		
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:			
а	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		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?	<u>6a</u>		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
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		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	ا ا	1	1

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	W-2 and/or 1099-M	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)		
	(i)	390,075.	75,000.	100,463.	6,600.	11,416.	583,554.	0.	
DAN FLYNN	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	210,941.	2,000.	0.	6,452.	16,177.	235,570.	0.	
TOM KING	(ii)	0.		0.	0.		0.	0.	
	(i)	<u>149,798.</u>	0.	0.	4,500.	16,827.	171,125.	0.	
ERIC GLEASON	(ii)	0.	0.	0.	0.	0.	0.		
	(i)	235,029.	0.		6,660.	8,375.	250,064.		
JAY BERHALTER	(ii)		0.	0.	0.	0.	0.	0.	
	(i)	449,025.	345,000.	0.	6,600.	<u> 17,61</u> 9.	818,244.	_0.	
ROBERT BRADLEY	(ii)	0.	0.	0.	0.	0.	0.		
	(i)	207,667.	0.	0.	5,100.	6,868.	219,635.	0.	
PIA SUNDAGE	(ii)	0.	0.	0.	0	0.	0.	0.	
	(i)	150,639.	0.		0.	0.	150,639.	0.	
JOZMER ALTIDORE	(ii)	0.	0.			0.	0.	0.	
	(i)	150,639.	0.			0.	150,639.	0.	
BRAD GUZAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	134,473.	10,000.	0.	4,050.	11,298.	<u>159,821.</u>		
THOMAS RONGEN	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)							_	
	(i)								
	(ii)					_			
	(i)				_		_		
	(ii)							<u> </u>	
	(i)								
	(ii)				_				
	(i)								
	(ii)		_						
	(i)								
	(ii)								
	(i)								
	(ii)								

SCHEDULE J-2

Department of the Treasury Internal Revenue Service

(Form 990)

Continuation Sheet for Form 990

2009

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Open to Public Inspection

Name of the Organization

Employer Identification number

Name of the Organization UNITED ST	TATES S	OC	CEI	<u> </u>	EI	<u>E</u> E	RA!	rion	13-559	1991
Part I Continuation of Officers, D		rust	ees			Em	plo			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	١.,		Pos				Reportable	Reportable	Estimated
	hours	(CI	neck	(all '	tnat	арр	ly)	compensation from	compensation from related	amount of other
	per week					99		the	organizations	compensation
	Wook	喜				able y		organization	(W-2/1099-MISC)	from the
		ë] _			ted er		(W-2/1099-MISC)	,	organization
		stee 0	nstee			eusat		,		and related
		a tru	lag t		layee	E S				organizations
	ļ	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	<u> </u>	Ĕ	Ĕ	ਬ	- S	垩	요			
THOMAS RONGEN										
U-20 MNT COACH	40.00	<u> </u>				X		144,473.	0.	15,3 <u>48</u>
		↓								
				ļ		<u> </u>	Ļ			
			ļ <u>.</u>			ļ			<u> </u>	
<u> </u>		_		<u> </u>	_					
				ļ						
		<u> </u>	<u> </u>		<u> </u>					
		<u> </u>		ļ						
							<u> </u>			
					Į					
				<u> </u>	<u> </u>					
		_			<u>L</u>					
			1							
			<u> </u>				<u> </u>			
				<u> </u>						
			1							
							<u> </u>			
		\perp			L		L			
		1	1	1	1	1	1		1	1

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

Schedule J-2 (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

Open to Public Inspection

Name of the organization

Inspection
Employer identification number

	UNITED STATE	S SOCC	<u>ER FEDERA</u>	TION	_		<u> 13-5</u>	<u> 591</u>	<u>991</u>	
Par	t I Types of Property						,			
		(a) Check if applicable	(b) Number of contributions	Revenues repo		N	(d) Method of de revenu		ing	
1	Art - Works of art					-				
2	Art - Historical treasures						_			
	Art - Fractional interests									
	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles					_				
7	Boats and planes						=			
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock								_	
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures								_	
14	Qualified conservation contribution - Other									
15	Real estate - Residential	_								
16	Real estate - Commercial									
17	Real estate - Other				_					
18	Collectibles									
19										
20										
21	Taxidermy							_		
22						_		_		
23	Scientific specimens									
24	Archeological artifacts									
25	Other \blacktriangleright (AIR TICKETS $-$)	X	1	. 39,	409.	FAIR	MARKET	VA:	LUE	
26	Other ()							_		
27	Other ()									
28	Other ()		<u></u>							
29			-							
	for which the organization completed Form 82	83, Part IV, 1	Donee Acknowled	gment	29					
									Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lin	es 1-28 tha	at it must	hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be use	ed for exem	pt purpo	ses for			
	the entire holding period?			***************************************				30a		Х
b	If "Yes," describe the arrangement in Part II.									
applicable contributions Form 990, Part VIII, line 1g re 1 Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Publicly traded 12 Securities - Publicly traded 13 Qualified conservation contribution 14 Gualified conservation contribution 15 Feal estate - Commercial 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (ATR TICKETS -) X 1 39,409 FATR MARF 26 Other ▶ (ATR TICKETS -) X 1 39,409 FATR MARF 27 Other ▶ (The Pool of the Intitial contribution and which is not required to be used for exempt purposes for the entire holding period? 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Uning the year, did the organization receive by contribution and which is not required to be used for exempt purposes for the entire holding period? 20 During the year, did the organization receive by contribution and which is not required to be used for exempt purposes for the entire holding period? 20 During the year, did the organization receive by contribution and which is not required to be used for exempt purposes for the entire holding period? 21 Doss the organization have a gift acceptance policy that requires the review of any non-standard contributions? 22 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 23 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?										
32a	Does the organization hire or use third parties	or related or	ganizations to sol	icit, process, or se	II noncash					
	contributions?							32a		X
b	If "Yes," describe in Part II.			,						
33	If the organization did not report revenues in o	column (c) fo	r a type of propert	y for which colum	n (a) is che	cked,				
	describe in Part II.					_				
LHA	For Privacy Act and Paperwork Reduction	n Act Notice	, see the Instruct	tions for Form 990	0.		Schedule M	l (Forn	n 990)	2009

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number

UNITED STATES SOCCER FEDERATION 13-5591991
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER INCLUDES OPEN CUP AND OTHER PROGRAM RELATED EXPENSES.
EXPENSES \$ 1955493. INCLUDING GRANTS OF \$ 0. REVENUE \$ 25298815.
FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERSHIP OF 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.
(3) INDIVIDUAL SUSTAINING MEMBER

Schedule O (Form 990) 2009

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

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number 13-5591991

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 APPROVE AN APPLICATION, ADMIT THE APPLICANT TO FULL MEMBERSHIP IN THE FEDERATION. APPLICANT DOES NOT COMPLY, THE BOARD SHALL RECOMMEND TO THE NATIONAL COUNCIL THAT THE APPLICANT NOT BE APPROVED FOR MEMBERSHIP IN THE THE NATIONAL COUNCIL OR BOARD SHALL ADMIT AN APPLICANT INTO FEDERATION. FULL MEMBERSHIP OF THE FEDERATION BY MAJORITY VOTE. PROVISIONAL MEMBERSHIP LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 932211 02-03-10

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Inspection

Name of the organization **Employer identification number** UNITED STATES SOCCER FEDERATION 13-5591991 OF AN APPLICANT IS TERMINATED IF THE NATIONAL COUNCIL DOES NOT APPROVE THE APPLICANT FOR FULL MEMBERSHIP AT THAT NEXT COUNCIL MEETING. LIFE MEMBERS 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. 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 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

Schedule O (Form 990) 2009

BENEFITS OF MEMBERSHIP.

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

(Form 990)

Department of the Treasury

Supplemental Information to Form 990

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

Open to Public

Inspection Internal Revenue Service Name of the organization **Employer identification number** UNITED STATES SOCCER FEDERATION 13-5591991 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. (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.

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

Schedule O (Form 990) 2009

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public

Open to Public Inspection

Name of the organizationUNITED_STATES_SOCCER_FEDERATION	Employer identification number 13-5591991
(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 L	IFE MEMBERS, THEN
EACH LIFE MEMBER'S VOTE SHALL EQUAL THE FRACTION OF 12 DI	VIDED BY THE
NUMBER OF LIFE MEMBERS AT THAT MEETING, ROUNDED OFF TO 2	DECIMAL PLACES.
(6) EACH NATIONAL MEMBER, NATIONAL AFFILIATE, OTHER AFFI	LIATE, INDOOR
PROFESSIONAL LEAGUE, AND ASSOCIATE.	
(B) AN INDIVIDUAL ELIGIBLE TO VOTE IN MORE THAN ONE CAPAC	ITY UNDER
SUBSECTION (A) OF THIS SECTION MAY ONLY VOTE IN ONE OF TH	OSE CAPACITIES, AS
SELECTED BY THAT INDIVIDUAL.	
(C) (1) NO VOTING BY PROXY IS ALLOWED. EXCEPT AS PROVIDE	D 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 COU	NCIL MEETING.
HOWEVER, ANY INDIVIDUAL CASTING A VOTE FOR AN ORGANIZATION	N MEMBER MUST BE
AN OFFICER OR DIRECTOR OF THE ORGANIZATION MEMBER OR A CH	IEF EXECUTIVE
OFFICER, CHIEF OPERATING OFFICER, CHIEF ADMINISTRATIVE OF	FICER, EXECUTIVE
DIRECTOR, PROFESSIONAL LEAGUE COMMISSIONER, SENIOR MANAGE	MENT OFFICIAL, OR
OTHER POSITION OF COMPARABLE AUTHORITY OF THE ORGANIZATIO	N MEMBER.
(2) FOR ANY NATIONAL COUNCIL MEETING, ONE INDIVIDUAL OF	AN ORGANIZATION
MEMBER MAY NOT CAST VOTES THAT EXCEED 2 PERCENT OF THE VO	TES ELIGIBLE TO BE
CAST AT A COUNCIL MEETING.	
(D) AN ORGANIZATION MEMBER MAY HAVE ALTERNATES TO A NATIO	NAL COUNCIL
MEETING. AN ALTERNATE MAY NOT VOTE BUT HAS THE RIGHT TO S	PEAK.

SECTION 2

Schedule O (Form 990) 2009

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number 13-5591991

- (A) THE NUMBER OF DELEGATES FROM EACH OF THE ORGANIZATION MEMBERS IN THE YOUTH, ADULT, AND PROFESSIONAL COUNCILS 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. 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. 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.
- PROFESSIONAL LEAGUE SHALL BE BASED ON THE LEVEL OF COMPETITIVE DIVISION

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

 Schedule O (Form 990) 2009

 932211

 922-03-10

(3) IN THE PROFESSIONAL COUNCIL, THE NUMBER OF DELEGATES FOR EACH

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization **Employer identification number** 13-5591991 UNITED STATES SOCCER FEDERATION AMONG THE PROFESSIONAL LEAGUES. (B) IF THE MEMBERS OF A COUNCIL ARE UNABLE TO REACH AGREEMENT ON THE NUMBER OF DELEGATES FOR EACH MEMBER UNDER SUBSECTION (A) OF THIS SECTION, THE BOARD OF DIRECTORS SHALL DETERMINE THE NUMBER. (C) THE BASIS FOR CALCULATING THE NUMBER OF DELEGATES WITHIN A COUNCIL MAY BE CHANGED BY THE BOARD OF DIRECTORS UPON AGREEMENT WITH THE COUNCIL. (D) TO PROVIDE EQUAL REPRESENTATION AMONG THE YOUTH, ADULT, AND PROFESSIONAL COUNCILS, THE VOTES OF THE DELEGATES FROM EACH OF THOSE COUNCILS SHALL BE MULTIPLIED BY A COUNCIL MULTIPLIER. THE COUNCIL MULTIPLIER SHALL EOUAL 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. 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

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

Schedule O (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number 13-5591991

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 OF 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
ORGANIZATION'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, TRUSTEES AND KEY EMPLOYEES ARE ANNUALLY

REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A

PRECURSOR TO THEIR SERVICE TO THE ORGANIZATION. POTENTIAL CONFLICTS ARE

LOGGED WITH AND MONITORED BY THE SECRETARY OF THE BOARD.

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

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

Schedule O (Form 990) 2009

932211
022-03-10

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. Inspection

UNITED STATES SOCCER FEDERATION 13-5591991

STATEMENTS	AR	E AVAIL	ABLE	THROU	GH_	APPLICA	BLE G	OVERNMEN'	TAL AGEN	CIES; THI
CONFLICT O	F I	NTEREST	POLI	CY IS	AV	AILABLE	UPON	WRITTEN	REQUEST	TO THE
ORGANIZATI	ON.									
									_	
				_		-	_			-
	_									
			-							
									_	
			_							
			_							
			_							
										
					_					
		<u> </u>		<u> </u>						
					_					
_					<u> </u>					