** 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)

OMB No. 1545-0047 Inspection

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Ā	For the 2	007 calendar year, or tax year beginning A	PR 1, 2007	and er	nding MAR 31	, 20	08		
В	Check if	Please C Name of organization		D Emplo	yer identifi	cation numb	er		
	applicable	use IRS		,	-				
	Address	s label or UNITED STATES SOCCER	FEDERATION			13	-5591	991	
	Name change	type. Number and street (or P.O. box if mail is no)	Room/suite	E Telepi	hone numbe	er	
	Initial	See Specific 1801 S. PRAIRIE AVE.	•					8-1300)
	Termin-	linetrus .						Cash 2	
	Amende						her becify)		_
	Applica	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable tru:	sts	H and I are not appl			27 organiza	tions.
		must attach a completed Schedule A (Form 99	0 or 990-EZ).		H(a) Is this a group r			Yes	
G	Website:	▶WWW.USSOCCER.COM			H(b) If "Yes," enter nu				
		tion type (check only one) \blacktriangleright \times 501(c) (3)	no.) 4947(a)(1) or	527	4 ' '				No
		re if the organization is not a 509(a)(3) suppor		SS	(If "No," attach a H(d) Is this a separat	list.) o return fi	ilad by an o	. _	
		are normally not more than \$25,000. A return is not requi			ganization cover	ed by a g	Lonb Laling	? Yes	X No
		to file a return, be sure to file a complete return.			I Group Exemptio	n Numbe	r 🕨	N/A	
					M Check ►	if the orga	anization is	not required	to attach
<u>L</u>		ceipts: Add lines 6b, 8b, 9b, and 10b to line 12		Z, or 990-Pf					
P	art I	Revenue, Expenses, and Changes in I	Net Assets or Fund	Bala	inces				
	1	Contributions, gifts, grants, and similar amounts receive	ed:						
	a	Contributions to donor advised funds		1a					
	Ь	Direct public support (not included on line 1a)		1b	2,196,2	08.			
	C	Indirect public support (not included on line 1a)		1c		100	Start. Britis		
	d	Government contributions (grants) (not included on line		1d					
	е	Total (add lines 1a through 1d) (cash \$ 1,59			602,627.)	1e	2,196,	208.
	2	Program service revenue including government fees an			5,778,				
	3	Membership dues and assessments			7,484,				
	4	Interest on savings and temporary cash investments		4		319.			
	5	Dividends and interest from securities		5	1,979,				
	6 a	Gross rents				35			
	b	Less: rental expenses							
d)	C	Net rental income or (loss). Subtract line 6b from line 6a				L	6c		
Revenue	7	Other investment income (describe)	7		
eve	8 a	Gross amount from sales of assets other	(A) Securities		(B) Other				
Œ		than inventory	6,800,150.	8a		**			
	b	Less: cost or other basis and sales expenses	5,892,585.	8b					
	C	Gain or (loss) (attach schedule)	907,565.	8c			40 354-1		
	d				····· <u>····</u> ···		8d	907,	<u>565.</u>
	9	Special events and activities (attach schedule). If any an	nount is from gaming, check	here 🕽		1			
	a	Gross revenue (not including \$ of	contributions reported on line 1b)	9a					
	b	Less: direct expenses other than fundraising expenses		9Ь			7 ASOT		
	C	Net income or (loss) from special events. Subtract line 9	9b from line 9a		······		9c		
	10 a	Gross sales of inventory, less returns and allowances		10a		110	166		
	b	Less; cost of goods sold					100 1000		
	C	Gross profit or (loss) from sales of inventory (attach sch					10c		
	11	Other revenue (from Part VII, line 103)				_	11		
_	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	c, and 11					<u>8,484,</u>	
ø	13	Program services (from line 44, column (B))						8,717,	
Expenses	14	Management and general (from line 44, column (C))						5,357 <mark>,</mark>	<u>646.</u>
per	15	Fundraising (from line 44, column (D))					15		
Ĕ	16	Payments to affiliates (attach schedule)	•••••		***************************************		16		
_	17	Total expenses. Add lines 16 and 44, column (A)						4,074,	
u	18	Excess or (deficit) for the year. Subtract line 17 from line	12			<u> </u> _		4,410,	
Net Assets	19	Net assets or fund balances at beginning of year (from l	ne 73, column (A))			L		6,131,	
Z 8		Other changes in net assets or fund balances (attach ex	2	20	<u>-925,</u>				
	21	Net assets or fund balances at end of year. Combine line					21 5	9,616,	
/230 12-2	001 7-07		Form 99	0 (2007)					

Form 990 (2007) UNITED STATES SOCCER FEDERATION 13-5591991 Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds					
	(attach schedule)					
	(cash \$ 0 • noncash \$ 0 •	1				
		22a				
22b	Other grants and allocations (attach schedule				STATEMENT 4	
	(cash \$603,211 • noncash \$ 0 •					
	If this amount includes foreign grants, check here	22b	603,211.	603,211.		
23	Specific assistance to individuals (attach	Г				
	schedule)	23				
24	Benefits paid to or for members (attach					
	schedule)	24				
25a	Compensation of current officers, directors, key				· · · · · · · · · · · · · · · · · · ·	<u> </u>
LUL		25a	1,551,291.	0.	1,551,291.	0.
h	Compensation of former officers, directors, key	200	1,331,231		1,331,231	
		25b	0.	0.	0.	0.
^	Compensation and other distributions, not included	200				<u></u>
٠	above, to disqualified persons (as defined under					
	section 4958(f)(1)) and persons described in					
	section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not	200				
20	included on lines 25a, b, and c	26	9,666,703.	8,276,401.	1,390,302.	
97	Pension plan contributions not included on	20	3,000,703.	0,2/0,401.	1,330,302.	
21	lines 25a, b, and c	27	278,446.	87,088.	191,358.	
20	Employee benefits not included on lines	21	270,330.	07,000.	191,330.	
20		28	1,215,587.	1,065,042.	150,545.	
20	25a - 27	29	812,917.		152,901.	
	Payroli taxes	30	014,911.	000,010.	132,3010	· · · · · · · · · · · · · · · · · · ·
	Professional fundraising fees	31	66,401.		66,401.	
	Accounting fees	32	191,519.	97,274.	94,245.	
	Legal fees	33	111,133.	47,640.	63,493.	
	Supplies	34	328,205.	193,142.	135,063.	
	Telephone	35	341,451.	276,615.	64,836.	
	Postage and shipping Occupancy	36	472,407.	352,541.	119,866.	
	Equipment rental and maintenance	37	2,260,353.	2,072,592.	187,761.	
	Printing and publications	38	309,925.	270,423.	39,502.	
		39		11,877,343.	569,446.	
	Conferences, conventions, and meetings	40	12,110,100.	11,011,343.	505, 440.	
	Interest	41				
	Depreciation, depletion, etc. (attach schedule)	42	387,822.	208,141.	179,681.	
	Other expenses not covered above (itemize):	72	307,0226	200,111	173,001	
_		43a				l
h		43b			······································	
		43c				
ч		43d				, . , .,
u a		43e				
f		43f				
,	SEE STATEMENT 3	43a	13 030 547.	12,629,592.	400,955.	
-	Total functional expenses. Add lines 22a through	TOY	13,030,311.	14,045,554.		
77	43g. (Organizations completing columns (B)-(D),				ļ	
	carry these totals to lines 13-15)	44	44 074 707	38,717,061.	5,357,646.	0.
la:	nt Costs. Check if you are following			JU, 111, UUL •	5,551,040.	
				norted in /P\ Drogram ac-	nae? ⊾ Γ	Yes X No
	any joint costs from a combined educational campaiq es," enter (i) the aggregate amount of these joint cos			ii) the amount allocated to		YesNO N/A ;
	the amount allocated to Management and general \$	ιэΦ.		(ii) the amount allocated to (iv) the amount allocated to		N/A ,
7230 12-2			41/43 , 41lU I	re i ino amount anocated to	i unuraisiny φ	Form 990 (2007)
12-2	1-01			_		1 01111 000 (2007)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	nat is the organization's primary exempt purpose? SEE STATEMENT 6	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) panizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	MEN'S, WOMEN'S AND YOUTH NATIONAL TEAM PROGRAMS (16 TEAMS IN ALL) FROM UNDER-14 BOYS AND GIRLS TO THE SENIOR MEN'S AND WOMEN'S TEAMS. ALL TEAMS PARTICIPATE IN DOMESTIC AND INTERNATIONAL MATCHES AND COMPETITIONS.	
b	Grants and allocations \$ 603,221.) If this amount includes foreign grants, check here ► REFEREE PROGRAM - DEVELOPS AND TRAINS REFEREES IN THE LATEST TECHNIQUES AND RULES OF SOCCER. REFEREES OFFICIATE AT ALL LEVELS OF SOCCER MATCHES RANGING FROM YOUTH TO PROFESSIONAL AND INTERNATIONAL SOCCER DEPENDING ON THEIR EXPERIENCE AND TRAINING. THE FEDERATION HAS OVER 140,000 REGISTERED	33,170,479.
С	REFEREES . (Grants and allocations \$) If this amount includes foreign grants, check here ► □ SEE STATEMENT 5	2,203,083.
d	(Grants and allocations \$) If this amount includes foreign grants, check here ► □ OTHER INCLUDES OPEN CUP AND OTHER PROGRAM RELATED EXPENSES.	1,812,436.
е	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	1,531,063.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	38,717,061.
		Form 990 (2007)

Form 990 (2007) UNITED STATES SOCCER FEDERATION 13-5591991 Page 4 Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description column (A) Beginning of year should be for end-of-year amounts only. End of year 696,548. 45 Cash - non-interest-bearing 45 177,237. 2,182,695. 46 Savings and temporary cash investments 46 3,311,935. 47 a Accounts receivable 47a 47b 30,000. 3,041,066. b Less: allowance for doubtful accounts <u>3,281,935.</u> 47c 48 a Pledges receivable 5,500,000. 48a b Less: allowance for doubtful accounts 3,269,761. <u>5,500,000.</u> 48b 48c Grants receivable 49 50 a Receivables from current and former officers, directors, trustees, and key employees b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50b Assets 51 a Other notes and loans receivable 51a b Less: allowance for doubtful accounts 51b 51c Inventories for sale or use 52 Prepaid expenses and deferred charges 790,013. 851,547. 53 54 a Investments publicly-traded securities STMT 10 55,965,920. 55,803,835. 54a b Investments - other securities _____ Cost 54b 55 a Investments - land, buildings, and equipment: basis 55a 55b b Less: accumulated depreciation Investments - other SEE STATEMENT 7 1,226,727. 1,078,881. 56 57 a Land, buildings, and equipment: basis 57a 8,131,798. 2,805,293. 4,552,037. <u>5,326,505</u>. b Less: accumulated depreciation STMT 8 57c Other assets, including program-related investments 58 SEE STATEMENT 9 4,427,249. 3,281,894. (describe 74,046,007. 77,407,843. Total assets (must equal line 74). Add lines 45 through 58 8,756,128. 9,618,850. 60 Accounts payable and accrued expenses _____ 60 153,289. 61 61 Grants payable _____ 9,004,998. 8,172,207. 62 62 Deferred revenue Loans from officers, directors, trustees, and key employees 63 64 a Tax-exempt bond liabilities 64a 64b b Mortgages and other notes payable Other liabilities (describe 17,914,415. 17,791,057. 66 Total liabilities. Add lines 60 through 65 Organizations that follow SFAS 117, check here > X and complete lines 67 through 69 and lines 73 and 74. Balances 50,739,623. 54,116,786. Unrestricted 67 5,391,969. 5,500,000. 68 68 Temporarily restricted Permanently restricted 69 Fund Organizations that do not follow SFAS 117, check here complete lines 70 through 74. Vet Assets or Capital stock, trust principal, or current funds 70 Paid-in or capital surplus, or land, building, and equipment fund 71 71 72 Retained earnings, endowment, accumulated income, or other funds 72 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) 56,131,592. 59,616,786.

77,407,843.

Total liabilities and net assets/fund balances. Add lines 66 and 73

74,046,007.

Fon	n 990 (2007) UNITED STATES SOCCER art IV-A Reconciliation of Revenue per Audited Fina	FEDERATION		13-	55919	91	Page 5
Pa	rt IV-A Reconciliation of Revenue per Audited Fina instructions.)	ncial Statements W	ith Revenue p	er Re	turn (Se	e the	
	Total revenue, gains, and other support per audited financial stateme	unto	_		a 47,	151	970
b	Amounts included on line a but not on Part I, line 12:		•••••	•••••	a = / ,	<u> </u>	, 0 / 0 •
1	Net unrealized gains on investments	1,	-925,0	182.			
9	Donated services and use of facilities			04.			
3	Recoveries of prior year grants						
4	- · · · · · · · · · · · · · · · · · · ·						
7	Add lines b1 through b4		, T		_b -	925	082.
c	Subtract line b from line a				c 48,		
ď	Amounts included on Part I, line 12, but not on line a:			•••••	<u> </u>	<u> </u>	· <u> </u>
1	Investment expenses not included on Part I, line 6b	١,	ı. l		h, S		
	Other (specify): TEMPORARILY RESTRICTED CON			131			
-	Add lines d1 and d2				1 1	108	,031.
Δ.	Total revenue (Part I, line 12). Add lines c and d	***************************************	***************************************		e 48,		
Pa	art IV-B Reconciliation of Expenses per Audited Fina	ancial Statements W	ith Expenses	per l	Return	101	, 505.
a	Total expenses and losses per audited financial statements				a 44,	074	707.
b	Amounts included on line a but not on Part I, line 17:						
1	Donated services and use of facilities	t	01				
2	Prior year adjustments reported on Part I, line 20		2				
	Losses reported on Part I, line 20		3				
	Other (specify):				e y		
	Add lines b1 through b4				ь		0.
C	Subtract line b from line a				c 44,	074	
d	Amounts included on Part I, line 17, but not on line a:	***************************************	***************************************			<u></u>	
1	Investment expenses not included on Part I, line 6b	ا	11				
2	Other (specify):		12				
	Add lines d1 and d2				d		0.
е	Total expenses (Part I, line 17). Add lines c and d	***************************************	••••••	•	e 44,	074	
Pa	rt V-A Current Officers, Directors, Trustees, and Ke	y Employees (List eac	ch person who wa	s an of	ficer, direc	ctor, tru	stee,
	or key employee at any time during the year even if they we	ere not compensated.) (See	the instructions.)	125.		1 	<u> </u>
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D) Cor emplo plans	ntributions to byee benefit & deferred nsation plans	(E) E acco	xpense unt and llowances
			<u> </u>	Compe	isation plans		
SE	E STATEMENT 11		1392119.	159	172.	}	0.
			10011101	1.0.5	7 - 7 - 0		
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					F	orm 99	O (2007)

	1 990 (20				<u>13-5591</u>	<u>.991</u>		age 6
		Current Officers, Directors, Trustees, and K				Harata and	Yes	No
	meeting			>	14			
b	listed in Part II-A	officers, directors, trustees, or key employees listed in Form Schedule A, Part I, or highest compensated professional art or II-B, related to each other through family or business relayed and explains the relationship(s)	nd other independent conti	ractors listed in Sc	hedule A,	75b	donal de la constantina della	X
C	listed in Part II-A	officers, directors, trustees, or key employees listed in Form Schedule A, Part I, or highest compensated professional ar or II-B, receive compensation from any other organizations, ation? See the instructions for the definition of "related organ	nd other independent conti whether tax exempt or tax	ractors listed in Sc	hedule A,	75c		X
	If "Yes,	attach a statement that includes the information described	in the instructions.	••••••				
d		e organization have a written conflict of interest policy?				75d	X	<u> </u>
Pa	rt V-B	Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key en						
		the year, list that person below and enter the amount of co						
		(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)		to (E) Expe	ense
			lin in the second secon					
						+-		
<u></u>								_
		Other Information (See the instructions.)				Furnis 1	Yes	No
76	stateme	organization make a change in its activities or methods of co ent of each change				76		X
77	If "Yes,	ny changes made in the organizing or governing documents of attach a conformed copy of the changes.	·			<u>77</u>		X
78 a b	If "Yes,				N/A	78a -78b		X
79		ere a liquidation, dissolution, termination, or substantial contr	- •			79	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X
80 a		ganization related (other than by association with a statewid rship, governing bodies, trustees, officers, etc., to any other	exempt or nonexempt orga			80a	X	MARK
b	If "Yes,	enter the name of the organization SEE STATE	MENT 12 and check whether it is	exempt or	nonexempt			
81 a b		rect and indirect political expenditures. (See line 81 instruction organization file Form 1120-POL for this year?	ons.)	81a	0.	81b		X
							990	

		SOCC	ER FEDERATI	ON	13-	5591991 Page 8
Part VI Other Information (c						Yes No
c At any time during the calendar ye				of the Uni	ited States?	91c X
If "Yes," enter the name of the fore Section 4947(a)(1) nonexempt cha			N/A	Chook ha		
92 Section 4947(a)(1) nonexempt cha and enter the amount of tax-exem	•			oneck ne	▶ 92	N/A
Part VII Analysis of Income-					32	N/A
Note: Enter gross amounts unless other			ed business income	Exclude	ed by section 512, 513, or 514	(E)
indicated.		(A)	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue:		Business code	Amount	sion	Amount	function income
a SEE STATEMENT	13				249,877.	35,528,358.
b						
C	Į.					
d						· · · · · · · · · · · · · · · · · · ·
e						
f Medicare/Medicaid payments						
g Fees and contracts from governme						
94 Membership dues and assessment						7,484,054.
95 Interest on savings and temporary cash				14	139,319.	
96 Dividends and interest from securit	F -	<u>. 197 - 1 1</u>	THE SECTION OF SECTION	14	1,979,602.	Control of the Contro
97 Net rental income or (loss) from rea						
a debt-financed property				1 1		
b not debt-financed property	1					
98 Net rental income or (loss) from per						
99 Other investment income				+-+		
100 Gain or (loss) from sales of assets					007 565	
other than inventory				18	907,565.	
101 Net income or (loss) from special ev			·····	+		
102 Gross profit or (loss) from sales of in	nventory		··			
103 Other revenue:						
a				+ -+		
D						
C				 		
d				 		
104 Subtotal (add columns (B), (D), and	(E))	pilesi get suurin	0	•	3,276,363.	43,012,412.
105 Total (add line 104, columns (B), (D)	_//					
Note: Line 105 plus line 1e, Part I, should				• • • • • • • • • • • • • • • • • • • •	······································	40,200,775.
Part VIII Relationship of Acti				pt Purp	oses (See the instruction	ons.)
Line No. Explain how each activity for wh						
exempt purposes (other than by					,	.
SEE STATEMENT	14					
						
Part IX Information Regard		ubsidiari		ded Ent	<u>`</u>	
(A) Name, address, and EIN of corporation,	(B) Percentage of		(C) Nature of activities		(D) Total income	(E)
partnership, or disregarded entity	ownership interest		Mature of activities		i otal income	End-of-year assets
	%					
N/A	%					<u> </u>
	%					
	%	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
Part X Information Regardi						
(a) Did the organization, during the year, re	- · · · · · · · · · · · · · · · · · · ·	-			al benefit contract?	Yes X No
(b) Did the organization, during the year, p				ontract?		Yes X No
Note: If "Yes" to (b), file Form 8870 and	d Form 4720 (see	instructions	s)			
						Form 990 (2007)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Name of the organization			Employer ident	ification number
UNITED STATES SOCCER FEDE	RATION		13 5591	991
Part I Compensation of the Five Highest Paid Emp		n Officers, Dire	ectors, and	Trustees
(See page 1 of the instructions. List each one. If there are none, en			-140.0	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average how per week devoted to position	(c) Compensation	(d) Contributions employee benefi plans & deferred compensation	to (e) Expense account and other allowances
ROBERT BRADLEY	MNT HEAD CO	ACH		
1801 S. PRAIRIE AVE, CHICAGO, IL 606	40.00	452,500	. 24,070	•
	MNT ASST CO	ACH		
1801 S. PRAIRIE AVE, CHICAGO, IL 606	40.00	182,000	. 20,196	•
		ACH	İ	
1801 S. PRAIRIE AVE, CHICAGO, IL 606	40.00	119,167	. 18,415	•
	STAFF ATTORI	1		
1801 S. PRAIRIE AVE, CHICAGO, IL 606	40.00	135,964	<u>. 19,636</u>	•
	YOUTH NT CO	_		
1801 S. PRAIRIE AVE, CHICAGO, IL 606	40.00	156,250	. 14,413	•
Total number of other employees paid				
over \$50,000	54	SACTOR AND SEC		
Part II-A Compensation of the Five Highest Paid Inde (See page 2 of the instructions. List each one (whether individuals	•		sional Servic	ces
(a) Name and address of each independent contractor paid more that	ın \$50,000	(b) Type of	service	(c) Compensation
LATHAM & WATKINS				
PO BOX 894256, LOS ANGELES, CA 90489		LEGAL		185,948.
20 2011 03 12 00 12 10 12 10 12 10 12 10 10 10 10 10 10 10 10 10 10 10 10 10	 			200/3100
				_
	·			
Total number of others receiving over				
\$50,000 for professional services	0			
Part II-B Compensation of the Five Highest Paid Inde			Services	
(List each contractor who performed services other than profession	•	iduals or		
firms. If there are none, enter "None." See page 2 of the instructions	<u>s.)</u>			
(a) Name and address of each independent contractor paid more tha	n \$50,000	(b) Type of	service	(c) Compensation
RON LOGAN				E 4 420
13780 SYCAMORE TREE LANE, POWAY, CA 9	2064	GRAPHIC A	RTS	54,432.
		 		
				
	· -			
			ļ	
			ĺ	
Total number of other contractors receiving over	·	St. Selve Selvenski Selven		
Total number of other contractors receiving over \$50,000 for other services	0			

P	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$	1		x
2	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
i	s Sale, exchange, or leasing of property? Lending of money or other extension of credit? Furnishing of goods, services, or facilities?	2a 2b 2c		X X
(Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990 Transfer of any part of its income or assets?	2d 2e	Х	X
	the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) Did the organization have a section 403(b) annuity plan for its employees?	3a 3b		X
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement I Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3c 3d		X
4 8	and 4g Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g Did the organization make any taxable distributions under section 4966? N/A	4a 4b		х
(Did the organization make a distribution to a donor, donor advisor, or related person? I Enter the total number of donor advised funds owned at the end of the tax year	40 4c	N/	
f	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		N/.	0. 0.

Schedule A (Form 990 or 990-EZ) 2007

rar	t IV	Reason for Non-Private Foundation S	Status (See pages 4 t	hrough 8 of the instruction	ons.)		
l certif	that th	ne organization is not a private foundation because it is; (Please check only ONE a	pplicable box.)			
5		A church, convention of churches, or association of ch	, , ,	1)(A)(i).			
6	\square	A school. Section 170(b)(1)(A)(ii). (Also complete Part					
7	\square	A hospital or a cooperative hospital service organization		•			
8	닏	A federal, state, or local government or governmental of		• • •			
9		A medical research organization operated in conjunction	on with a hospital. Section	n 170(b)(1)(A)(iii). Enter	the hospital'	s name, city,	
		and state 🕨					· · · · · · · · · · · · · · · · · · ·
10		An organization operated for the benefit of a college or	university owned or ope	rated by a governmental	unit. Section	170(b)(1)(A)(iv).
		(Also complete the Support Schedule in Part IV-A.)					
11a		An organization that normally receives a substantial pa	-	jovernmental unit or from	the general	public.	
		Section 170(b)(1)(A)(vi). (Also complete the Support	·				
11b	닠	A community trust. Section 170(b)(1)(A)(vi). (Also cor		•			
12	X	An organization that normally receives: (1) more than					
		receipts from activities related to its charitable, etc., fur its support from gross investment income and unrelate					
		by the organization after June 30, 1975. See section 5				5555 454454	
40		As association that is not controlled by any disqualific	d seresse (ether then fo	datian managana) and	athanulas m	aata tha waxuirar	manta of acation
13	ш	An organization that is not controlled by any disqualifier		unuation managers) and	otherwise m	eets the requirer	nems of section
		509(a)(3). Check the box that describes the type of superscribes the type of superscribes. Type II	· · · · · · · · · · · · · · · · · · ·	nctionally Integrated		Type III-C)than
		Г турет	L Type III-ru	notionally integrated		Type III-C	Autei
		Provide the following information a	bout the supported organ	nizations. (See page 8 of	the instruction	ons.)	
		(a)	(b)	(c)	(d)	(e)
		N () () () () () ()	i				
		Name(s) of supported organization(s)	Employer	Type of organization		upported	Amount of
		Name(s) of supported organization(s)	identification	(described in lines	organizati	on listed in	Amount of support
		Name(s) of supported organization(s)		Type of organization (described in lines 5 through 12 above or IRC section)	organizati the sur		
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organizati the sur organi	on listed in porting	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organizati the sur organi governing	on listed in opporting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organizati the sur organi	on listed in operting zation's	
<u>.</u>		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organizati the sur organi governing	on listed in opporting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organizati the sur organi governing	on listed in opporting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organizati the sur organi governing	on listed in opporting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organizati the sur organi governing	on listed in opporting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organizati the sur organi governing	on listed in opporting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organizati the sur organi governing	on listed in opporting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organizati the sur organi governing	on listed in opporting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organizati the sur organi governing	on listed in opporting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organizati the sur organi governing	on listed in opporting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organizati the sur organi governing	on listed in opporting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organizati the sur organi governing	on listed in opporting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organizati the sur organi governing	on listed in opporting zation's documents?	
Total		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organizati the sur organi governing	on listed in opporting zation's documents?	
Total		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organizati the sur organi governing	on listed in opporting zation's documents?	
Total 14		An organization organized and operated to test for pub	identification number (EIN)	(described in lines 5 through 12 above or IRC section)	organizati the sur organi governing Yes	on listed in opporting zation's documents?	

Pa	art IV-A	Support Sche Note: You may	dule (Co	omplet	e only	if you ch	ecked	a box	on line 1	0, 11, c	or 12.)	Use cast	h met	hod of a	ccounti	ng.		
		r (or fiscal year	7 000 6710	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10000			1 10111			T Gad				/-> T-1-	
beg 15	inning in) Gifts o	rants, and contributi			(a) 20	<u>U6</u>	 -	(b) 20	105	-	(c) 20	004	 	(d) 200)3		(e) Tota	<u> </u>
	receive grants.	d. (Do not include ur See line 28.)	nusual									,335.				13,		
16		ership fees received		7,	332	<u>,381.</u>	7,	420	,249	6,	<u> 364</u>	,530.	4	<u>,913,</u>	147.	26,	<u>030,</u>	<u>307.</u>
17	mercha perforr facilitie related	receipts from admiss andise sold or service ned, or furnishing of s in any activity that i to the organization's ble, etc., purpose	es is	37.	637.	, 354,	28.	020	.153	27.	267	,761.	.10	. 815 .	715.	103.	740.	983.
18	Gross ends, a ments 512(a) from s busine	ncome from interest, imounts received froi on securities loans (s (5)), rents, royalties, milar sources, and u staxable income (le i 511 taxes) from bus d by the organization 0, 1975	divid- m pay- section income nrelated ss				<u> </u> 		,964,			,473.			933.			133.
19		ome from unrelated l																
20	Tax rev	es not included in line renues levied for the ration's benefit and e it or expended on its																
21	furnish govern Do not or facil	ue of services or faci ed to the organizatio mental unit without o include the value of ities generally furnish blic without charge	n by a charge. services															
22	Other i Do not sale of	ncome. Attach a sche include gain or (loss capital assets	edule.) from		471	,903.		146	,758.			ATEME, 676.		15 24,	570.		726.	907.
23		f lines 15 through 22										,775.				147,	722,	884.
24	Line 23	3 minus line 17					10,	331	,479.	8,	496	,014.	5,				981,	
25		% of line 23	<u></u>			<u>,630.</u>			<u>,516.</u>			<u>,638.</u>		165,	445.			
26		zations described or													► 26a	1 .5085 to 2 CE	N/	<u>A</u>
b	-	a list for your recor								,		-					STUTIVE VISI A ZIVANICA N LI POVIJAZINI	
		publicly supported o	-	•		_		-				it snown if			► 26b	(Allyyalki	N/	ANTENNA A
,		upport for section 50								********					► 26b ► 26c		N/	
		mounts from column			18	. +, o oiaiiii	1 (0)		19	•••••							nasion	
			(-,						26b)	≥ 26d	Kings early Substit	N/	A
6		support (line 26c mir			l)		•)	≥ 26e		N/	Α
f		support percentage													≥ 26f		N/	A %
27	record	zations described or s to show the name o mounts for each year	of, and tot					•	•					•			•	of
t	and an describ the larg	vamount included in nount received for each ned in lines 5 through ner amount described	ch year, ti i 11b, as i l in (<u>1</u>) or	hat was well as ' (2), en	more t individu ter the	han the la Jals.) Do r sum of th	i rge r of i ot file t ese diff	(1) the this list erences	amount o with your (the exce	n line 2: return. ss amoi	o for the After co unts) for	year or (2 omputing t each year	2) \$5,0 the diff r:	00. (Inclu erence be	de in the tween the	list organ amount	izations received	and
C		mounts from column	(e) for lir	ies:		15 _	<u>13,</u>	469	<u>,554.</u>	_ 16	26	,030,	<u> 307</u>	<u> </u>		143,		
ď	I Add: Li	ne 27a total				aı	nd line 2	27b tota	l	' ·			0	<u> </u>	≥ 27d			0.
e		support (line 27c tota														143,	240,	
f	Total s	upport for section 50	9(a)(2) te	st: Ent	er amou	ant on line	23, co	lumn (e))	▶∟	27f	147,	722	,884	. 2235.1 1235.1		ri den	
g	Public	support percentage	(line 27e	(nume	rator) (divided by	line 2	7f (dend	ominator)						► 27g		96.9	
		nent income percen													► 27h			<u>420%</u>
28	Unusual show, for return. D	Grants: For an organ each year, the name o not include these g	ization de of the co rants in li	scribed Intribut Ine 15.	in line or, the o	10, 11, or date and a	12 tha mount	t receive of the g	ed any uni rant, and a	ısual gr ı brief d	ants dur escriptio	ring 2003 i on of the n	throug ature o	h 2006, p of the grai	repare a l it. Do not	ist for you file this	ır record: list with y	s to /our

NONE

723131 12-27-07

Schedule A (Form 990 or 990-EZ) 2007

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known	No.		F 1/4 (4.9) F 1/4 (4.9)
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		22, 274	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		_		
		_		
32	Does the organization maintain the following:	_ []		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		par quarter or
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
G	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		-	
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		-
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			i ja varia. Nastrijas
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?			
C	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?	33d		
е	Educational policies?			
f	Use of facilities?	33f		
g	Athletic programs?			
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		kok		
		_ 🔭		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2007

Scl	nedule A (Form 990 or 990-EZ	0 2007 UNITED ST	ATES SOCCER	FEDERATION	1	<u> 13</u>	3-5591991 Page
Р		Expenditures by El			of the instructions.)		N/A
Che		ration belongs to an affiliated			necked "a" and "limited	control	" provisions apply.
	L	imits on Lobbying	Expenditures		(a) Affiliated grou	p	(b) To be completed for all
	(The ter	rm "expenditures" means am	ounts paid or incurred.)		totals		electing organizations
					N/A		
36	Total lobbying expenditures t						ļ
37	Total lobbying expenditures						<u> </u>
38	Total lobbying expenditures				 		
39	Other exempt purpose expentation Total exempt purpose expentations.						
40 41						. P.A. FO	
71	If the amount on line 40 is -		ng nontaxable amount is	.			
	Not over \$500,000			€1.33			
	Over \$500,000 but not over \$1,000			€ 30.00			
	Over \$1,000,000 but not over \$1,5	500,000 \$175,000 plus	s 10% of the excess over \$1,00	00,000 41			
	Over \$1,500,000 but not over \$17,	,000,000 \$225,000 plus	s 5% of the excess over \$1,500	0,000			
	Over \$17,000,000						
42	Grassroots nontaxable amou				ļ		
43	Subtract line 42 from line 36.						
44	Subtract line 41 from line 38.	. Enter -0- if line 41 is more t	than line 38	44		Self Caración	
	Caution: If there is an armo	ount on aithor line 12 or li	no 44 vou must file For	m 4720			
				Name of the state			TO SHEET THE STATE OF THE STATE
Cal	endar year (or	(a)	(b)	penditures During 4-Yo	ear Averaging Period (d)		N/A (e)
	al year beginning in)	2007	2006	2005	2004		Total
45	Lobbying nontaxable						
	amount						0.
46	Lobbying ceiling amount						
_	(150% of line 45(e))			4 整独以下重要。在1000年间的原			0.
47	- ·				ļ		0.
48	expenditures Grassroots nontaxable				· · · · · · · · · · · · · · · · · · ·		
70	amount			1			0.
49	Grassroots ceiling amount					\$\.	
	(150% of line 48(e))						_0.
50	Grassroots lobbying						
_	expenditures						<u> </u>
P		Activity by Nonelec	_				
		only by organizations that did					N/A
	ing the year, did the organizati	•	- · · ·	on, including any attemp	Yes	No	Amount
	uence public opinion on a legis Volunteers					+	
a h	Paid staff or management (In						
C	Media advertisements						para mani masar sami toma Aks II it 80 kiliki Codilliki Cod
d	Mailings to members, legisla						
е	Publications, or published or						
f	Grants to other organizations	for lobbying purposes					
g	Direct contact with legislators						
h	Rallies demonstrations sem	inars conventions speeche	s lectures for any other ma	ans	1	1	

0.

Total lobbying expenditures (Add lines c through h.)
 If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Pa		garding Transfers To an zations (See page 14 of the inst		d Relationships With Nonchar	itable			
51		directly or indirectly engage in any of		er organization described in section				
•		section 501(c)(3) organizations) or i		-				
a	•	ganization to a noncharitable exemp	- '			Yes	No	
		•	=		51a(i)		X	
							X	
b	Other transactions:				· .			
		b(i)		X				
(ii) Purchases of assets from a noncharitable exempt organization								
	(iii) Rental of facilities, equipme	ent, or other assets			b(iii)		X	
	(iv) Reimbursement arrangeme	ents			b(iv)		X	
	(v) Loans or loan guarantees				b(v)		X	
					b(vi)		X	
C		, mailing lists, other assets, or paid e			C		X_	
d	-			always show the fair market value of the				
	_	s given by the reporting organization	-	•				
		ment, show in column (d) the value o	 	T		N/A	·	
(a) Line		(c) Name of noncharitable ex	emnt organization	(d) Description of transfers, transactions, and	l charing ar	rannan	nante	
LINE	no. Anount involved	Name of nonchantable cx	ompt organization	Description of transfers, transactions, and	i Sharing ai		161112	
				 				
				······································				
								
				 				
		ļ		 		-		
					·			
	- 							
			•					
								
					-			
								
	<u> </u>							
)(3)) or in section 527?	-	ganizations described in section 501(c) of the	Yes	X	No	
	(a		(b)	(C)				
	Name of or	ganization	Type of organization	Description of relations	ship			
					······································			
							•	
					-			
							•	
					·		-	
	····							
							•	
						-		
								
723152 12-27-	2 07			Schedule A (For	m 990 or 9	90-EZ)	2007	

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

Schedule of Contributors Supplementary Information for

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of organization line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Employer identification number

דז	NITED STATES SOCCER FEDERATION	13-5591991
Organization type (check		13 3371771
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	
	527 political organization	•
F 000 DF		
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	
• •	is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or and a Special Rule-see instructions.)	r (10) organization can check boxes
General Rule-		
	s filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mon riplete Parts I and II.)	ney or property) from any one
Special Rules-		
sections 509(a)(1	(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution o line 1 of these forms. (Complete Parts I and II.)	-
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one outions or bequests of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scie prevention of cruelty to children or animals. (Complete Parts I, II, and III.)	
some contribution \$1,000. (If this bo charitable, etc., p	(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one ns for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did by is checked, enter here the total contributions that were received during the year for an ourpose. Do not complete any of the Parts unless the General Rule applies to this organicality, charitable, etc., contributions of \$5,000 or more during the year.)	not aggregate to more than exclusively religious, zation because it received
they must check the box i	at are not covered by the General Rule and/or the Special Rules do not file Schedule B (F in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certif B (Form 990, 990-EZ, or 990-PF).	
	luction Act Notice, see the Instructions Schedule E	8 (Form 990, 990-EZ, or 990-PF) (2007)

723451 12-27-07

09511119 758432 UNITSOC

Name of organization

Employer identification number

רדונדות דדותד	amampa	COCCED	FEDERATION	
111811 117517	STATES	SUCCER	PEDERATION	

13-5591991

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$32,010.	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
2			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			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$1,165,000.	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
5		\$54,689. 	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
6		_ \$ <u>46,192.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

UNITED STATES	SOCCER	FEDERATION	13-5591991

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$\$	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
8		\$169,269.	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.)
(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.)

Employer identification number

UNITED STATES SOCCER FEDERATION

13-5591991

art II	Noncash Property (See Specific Instructions.)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	UNITED AIRLINES AIRFARE AT MARKET COST		
5		\$54,689.	_03/31/08
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	SOCCER GOALS AT MARKET COST		
6		\$46,192.	03/31/08
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	ARTIFICIAL TURF FOR SOCCER FIELD AT		
	MARKET COST		
İ		\$332,477.	_03/31/08
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	LIGHTING FOR SOCCER FIELD AT MARKET COST		
		\$ <u>169,269.</u>	03/31/08
(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) (2

728102 04-27-07		The state of the s	9	7	თ - Մ	4	2	Asset No.
· .			ဖပ	VEHICLE VEHICLE NTC	5 OFFICE EQUIPMENT NTC	3NTC F&F 4COMPUTER EQUIPMENT	1LEASEHOLD IMPROVEMENT 2FURNITURE & FIXTURE	Description
			350477	VARIES	VARIES VARIES	VARIES	NT VARIES	Date Acquired
			E S	S S	SEE II	SHI	SEI SEI	ite Jired
								Method
(D) -			.000	.000	.000	.000	. 000 5.00	Life
Asset			16	16 16	16	16	16 16	Line No.
(D) · Asset disposed			519,970. 8131798.	44,000. 17,562.	204,225. 27,671.	125,112. 1068739.	5917168. 207 351.	Unadjusted Cost Or Basis
*								Bus % Excl
C, Section 17			0					* Reduction In Basis
9, Salvage, Bonus			519,970. 8131798.	44,000. 17,562.	204,225. 27,671.	125,112. 1068739,	5917168. 207,351.	Basis For Depreciation
, Commercial Revi			232,164. 2417471.	44,000. 9,003.	174,727. 13,375.	86,400. 916,620.	733,831. 207,351.	Accumulated Depreciation
italization Du			0					Current Sec 179
C, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone			24,651. 387,822.	0. 3,512.	10,644. 5,534.	25,022. 82,424.	236,035.	Current Year Deduction

FORM 990 GAIN	(LOSS) FI	ROM PUBI	CICLY T	RADED SI	CURIT	IES	STATEMENT	1
DESCRIPTION		GRO SALES		COST OTHER I		EXPENSE OF SALE	NET GAI OR (LOS	
SALE OF INVESTMENTS		6,800	,150.	5,892,	585.	0	907,5	65.
TO FORM 990, PART I, I	LINE 8	6,800),150.	5,892,	585.	0	907,5	65.
FORM 990 OTHER	CHANGES	IN NET	ASSETS	OR FUNI) BALA	NCES	STATEMENT	2
DESCRIPTION							AMOUNT	
UNREALIZED GAIN (LOSS)	ON INVE	ESTMENTS	3			-	-925,0	82.
TOTAL TO FORM 990, PAI	RT I, LI	TE 20				=	-925,0	82.
FORM 990		ОТНЕ	ER EXPE	NSES			STATEMENT	3
	(1	7)		B) GRAM	-	C) GEMENT	(D)	
DESCRIPTION	TOT	AL		VICES		GENERAL	FUNDRAISI	NG
FREIGHT ADVERTISING BANNERS, FLAGS,		10,620. 37,735.		05,061. 84,277.		5,559. 3,458.		
BOARDS, SIGNS CONSULTANT/APPRAISAL	21	.6,220.	2	15,465.		755.		
FEES DUES-FIFA FACILITY EXPENSE OPPONENT FEE	1,51	34,835. 78,842. 17,901. 55,351.	1,5	10,370. 78,559. 17,901. 65,351.		24,465. 283.		
CREDIT CARD DISCOUNT FEE	12	23,031.		97,307.		25,724.		
BANK FEES AND EXPENSES MISCELLANEOUS PLAYER ALLOWANCES GIFTS	14 1,74	03,144. 14,947. 13,069.	1 1,7	82,188. 29,404. 43,069. 23,302.		20,956. 15,543. 11,143.	·	
REFEREES & FIFA OBSERVER SECURITY RESIDENCY EXPENSE	26 10	88,866. 57,012. 08,970.	2 1	38,866. 65,039. 08,970.		1,973.		
TICKET EXPENSE WEBSITE MANAGEMENT		33,982. 00,217.		83,982. 217.	:	100,000.	•	

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0.	· · · · · · · · · · · · · · · · · · ·	
5. 8.		
2.		
1.		
o. 		
	STATEMENT 4	
٠	AMOUNT	
	530,851.	

UNITED STATES SOCCER FEDERATION

	_ 			
MEDICAL AND GAME				
SUPPLIES	247,266.	247,166.	100.	
TV/VIDEO PRODUCTION	·	·		
COST	168,771.	168,771.		
SUBSIDY	153,827.	153,827.		
TUITION	155,025.	150,280.	4,745.	
INSURANCE	371,891.	336,603.	35,288.	
HOUSING	677,400.	677,400.		
SALES TAX	56,433.	56,433.		
OTHER MISC. EXPENSES	1,258,437.	1,188,685.	69,752.	
AUTO LEASE	62,420.	62,420.	007.02.	
BADGES	73,333.	73,333.		
DATA PROCESSING	.0,000			
SERVICE	79,211.		79,211.	
INTERNATIONAL GAME	,		, , , , , , , , , , , , , , , , , , , ,	
FEES	265,111.	263,111.	2,000.	
STADIUM RENT	202,235.	202,235.	2,000.	
DIMPION RENT	202/255			
TOTAL TO FM 990, LN 43	13,030,547.	12,629,592.	400,955.	
=				
				

FORM 990	CASH GRANTS	S AND	ALLOCATIONS	STATEMENT	4		
TO OTHERS							

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
GENERAL SUPPORT NATIONAL SOCCER HALL OF FAME 18 STADIUM CIRCLE ONEONTA, NY 13820	530,851.
GENERAL SUPPORT US SOCCER FOUNDATION 1050 17TH ST. NW SUITE 210 WASHINGTON, DC 20036	25,000.
GENERAL SUPPORT Y-ME NATIONAL BREAST CANCER ORGANIZATION 212 W VAN BUREN ST CHICAGO, IL 60607	22,083.
GENERAL SUPPORT WOMEN'S SPORTS FOUNDATION EISENHOWER PARK EAST MEADOWS, NY 11554	15,000.
GENERAL SUPPORT SPECIAL OLYMPICS 2666 STATE ST, SUITE 1 HAMDEN, CT 06517	5,327.

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	OTETEO		TUDDITUTION

13-5591991

GENERAL SUPPORT MISCELLANEOUS -1801 S. PRAIRIE AVE. CHICAGO, IL 60616

4,950.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

603,211.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

5

DESCRIPTION OF PROGRAM SERVICE THREE

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

			GRANTS	EXPENSES	
TO FORM 99	0, PART III,	LINE C		1,812,4	36.
FORM 990	STATEMENT (OF ORGANIZATION'S PART II	PRIMARY EXEMPT PURPOSE	STATEMENT	6

EXPLANATION

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

FORM 990 OTHE	ER INVESTMENTS		STATEMENT	7
DESCRIPTION		VALUATION METHOD	AMOUNT	
CASH HELD IN ESCROW		COST	1,078,88	31.
TOTAL TO FORM 990, PART IV, LINE 5	66, COLUMN B		1,078,88	31.
FORM 990 DEPRECIATION OF ASSE	ETS NOT HELD FOR	INVESTMENT	STATEMENT	8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	Ē
LEASEHOLD IMPROVEMENT FURNITURE & FIXTURE NTC F&F COMPUTER EQUIPMENT OFFICE EQUIPMENT OFFICE EQUIPMENT NTC VEHICLE VEHICLE VEHICLE NTC BUILDING IMPROVEMENT & SOCCER HOUSE TOTAL TO FORM 990, PART IV, LN 57	5,917,168. 207,351. 125,112. 1,068,739. 204,225. 27,671. 44,000. 17,562. 519,970.	969,866. 207,351. 111,422. 999,044. 185,371. 18,909. 44,000. 12,515. 256,815.	4,947,30 13,69 69,69 18,85 8,76 5,04 263,15 5,326,50	0. 0. 0. 52. 0. 17.
FORM 990 C	THER ASSETS		STATEMENT	9
DESCRIPTION		BEGINNING OF YEAR	END OF YEA	
TEMPORARILY RESTRICTED RECEIVABLE LONG TERM PREPAID ASSETS		2,122,205. 2,305,044.	3,281,89	0. 4.
TOTAL TO FORM 990, PART IV, LINE 5		4,427,249.	3,281,89	4.

FORM 990	NON-G	OVERNMENT S	ECURITIES		STA	TEMENT :
SECURITY DESCRIPTION C	OST/FMV	CORPORATE STOCKS	CORPORA BONDS		CLY ED	TOTAL NON-GOV' ECURITIES
US OLYMPIC FNDTN PORTFOLIO COMMERCIAL PAPER AMERICAN FUNDS EQUITIES (BEAR STEARNS)	FMV FMV FMV FMV			17,642 1,232 8,996	,148. 1,212. ,873.	3,934,743 7,642,148 1,232,212 8,996,873
BONDS (BEAR STEARNS) TO FORM 990, LINE 54A,	COL B			24,159 55,965		4,159,944 5,965,920
NAME AND ADDRESS SUNIL GULATI 1801 S. PRAIRIE AVE.				COMPEN- SATION	BEN PLAI	N EXPENSI B ACCOUNT
SUNIL GULATI		AVRG I	HRS/WK ———————— ENT	SATION	CONTRI	N EXPENSI B ACCOUNT
CHICAGO, IL 60616 MIKE EDWARDS 1801 S. PRAIRIE AVE.		VICE PI 1.0	RESIDENT	0.	0	. (
CHICAGO, IL 60616 DR. S. ROBERT CONTIGUG 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	LIA	PAST PI	RESIDENT	0.	0	. (
DON GARBER 1801 S. PRAIRIE AVE. CHICAGO, IL 60616		DIRECTO 1.0		0.	0	. (
JIM HAMILTON 1801 S. PRAIRIE AVE. CHICAGO, IL 60616		DIRECTO		0.	0	. (
FRANCISCO MARCOS 1801 S. PRAIRIE AVE.		DIRECTO		0.	0	. (

CHICAGO, IL 60616

UNITED STATES SOCCER FEDERATION			13-5	591991
AMANDA CROMWELL 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	ATHLETE REP	0.	0.	0.
PETER VERMES 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	ATHLETE REP	0.	0.	0.
JON MCCULLOUGH 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	ATHLETE REP	0.	0.	0.
LARRY MONACO 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	DIRECTOR 1.00	0.	0.	0.
KEVIN PAYNE 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	DIRECTOR 1.00	0.	0.	0.
BROOKS MCCORMICK 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	DIRECTOR 1.00	0.	0.	0.
MIKE MCDANIEL 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	DIRECTOR 1.00	0.	0.	0.
CARLOS CORDEIRO 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	DIRECTOR 1.00	0.	0.	0.
FABIAN NUNEZ 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	DIRECTOR 1.00	0.	0.	0.
DAN FLYNN 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	CEO 40.00	534,340.	89,726.	0.
JAY BERHALTER 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	COO 40.00	310,298.	22,516.	0.
TIM PINTO 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	GENERAL COUNSEL 40.00		10,700.	0.
TOM KING 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	MAN DIR ADMIN. 40.00	221,824.	20,966.	0.

UNI	TED STATES SOCCER FEDE	RATION	ī				13-559	1991
RICH 1	MATTHYS S. PRAIRIE AVE. GO, IL 60616		CFO 40.00	1	46,624.	15,		0.
TOTAL	S INCLUDED ON FORM 990	, PART	'V-A	1,3	92,119.	159,	172.	0.
FORM	990 IDENTIF		ON OF RELATED C		ATIONS		STATEMENT	12
NAME (OF ORGANIZATION]	EXEME	T NONEX	EMPT
UNITE	CCER FOUNDATION, D STATES OLYMPIC COMMINAL SOCCER HALL OF FAM		NEONTA, NEW YO	ORK	-	X X X		
FORM	990	PROGR	AM SERVICE REV	/ENUE			STATEMENT	13
DESCR	IPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL	EXCLUI AMOUI		RELATED (EXEMPT F)	UNC-
SPONS	L GENERAL MEETING ORSHIP ING SCHOOLS TEAM AND INT'L						60, 16,662, 859,	836.
	REVENUE RM 990, PART VII, LINE	93		01		,877. ,877.	35,528,	358.
FORM LINE 93A	PART VIII - ACCOMPL EXPLANATION OF RELAT AGM PROGRAM REVENUE DUES-PAYING MEMBERS INCLUDING THE ELECTIC SPONSORSHIP PROVIDES THE FEDERATION'S EXE	ISHMEN IONSHI CONTRI TO REV ON OF FUNDI	P OF ACTIVITIE BUTES TO THE A TEW, APPROVE A OFFICERS. NG AND/OR EQUI	RPOSES S INNUAL ON THE SERVICE OF TH	GENERAL E ON VAI AND SUPI	MEET RIOUS	TO FURTH	LL ER
93C	SOOCER IN THE UNITED COACHING PROGRAM SER			UTES TO	O THE CO	OSTS_	INVOLVED	

28 STATEMENT(S) 11, 12, 13, 14

93D

IN THE U.S. SOCCER COACHING SCHOOLS.

INTERNATIONAL SOCCER GAMES.

WITH COACHING EDUCATION AND LICENSING, AS WELL AS THE CURRICULUM USED

OPEN CUP, INTERNATIONAL GAME, AND NATIONAL TEAM INCOME CONTRIBUTES

BY ALLOWING THE NATIONAL TEAMS TO PARTICIPATE IN DOMESTIC AND

MEMBERSHIP DUES REVENUE CONTRIBUTES IMPORTANTLY BY ALLOWING THE USSF TO SUPPORT, GOVERN, COORDINATE, AND ADMINISTER THE SPORT OF SOCCER IN UNITED STATES AS WELL AS PROVIDE FOR THE PROMPT AND EQUITABLE RESOLUTION OF GRIEVANCES.

SCHEDULE A	OTHER INC	S	TATEMENT 15	
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS REVENUE	471,903.	146,758.	83,676.	24,570.
TOTAL TO SCHEDULE A, LINE 22	471,903.	146,758.	83,676.	24,570.