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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2010Open to Public
Inspection**A For the 2010 calendar year, or tax year beginning** **APR 1, 2010** **and ending** **MAR 31, 2011**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization UNITED STATES SOCCER FEDERATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1801 S. PRAIRIE AVE. City or town, state or country, and ZIP + 4 CHICAGO, IL 60616 F Name and address of principal officer: DANIEL T. FLYNN 1801 S PRAIRIE AVE, CHICAGO, IL 60616	D Employer identification number 13-5591991 E Telephone number (312) 808-1300 G Gross receipts \$ 78,245,105. H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 J Website: ▶ WWW.USSOCCER.COM		
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1914 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROMOTE AND GOVERN SOCCER IN THE UNITED STATES IN ORDER TO MAKE IT THE PREEMINENT SPORT. 2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 15 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 598 6 Total number of volunteers (estimate if necessary) 54 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 840,987. 9 Program service revenue (Part VIII, line 2g) 41,423,723. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,072,708. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 44,337,418.	Prior Year Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 83,730. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16,783,160. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 6,225. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 26,676,117. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 43,543,007. 19 Revenue less expenses. Subtract line 18 from line 12 794,411.	Beginning of Current Year End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 75,789,101. 21 Total liabilities (Part X, line 26) 21,365,335. 22 Net assets or fund balances. Subtract line 21 from line 20 54,423,766.	Beginning of Current Year End of Year

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer DANIEL T. FLYNN, CEO Type or print name and title	Date 02-02-12
Paid Preparer Use Only	Print/Type preparer's name LU ANN TRAPP Preparer's signature LU ANN TRAPP Date 01/31/12 Check if self-employed ☐ PTIN	Firm's name ▶ BLACKMAN KALLICK, LLP Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 Phone no. (312) 207-1040

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

☒ Yes ☐ No6/6
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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 45,355,078. including grants of \$ 6,489,089.) (Revenue \$ 33,047,082.)
YOUTH NATIONAL AND MEN'S AND WOMEN'S NATIONAL TEAM PROGRAMS-THE 16 NATIONAL TEAMS MANAGED BY THE FEDERATION RANGE FROM UNDER -14 BOYS AND GIRLS TEAMS TO THE UNDER-23 MEN'S AND WOMEN'S TEAM AND THE MEN'S AND WOMEN'S SENIOR NATIONAL TEAMS. ALL TEAMS PARTICIPATE IN DOMESTIC AND INTERNATIONAL MATCHES.

4b (Code:) (Expenses \$ 2,217,492. including grants of \$) (Revenue \$ 3,144,478.)
REFEREE PROGRAM-TRAINS EXPERIENCED AND NEW REFEREES IN THE LATEST TECHNIQUES AND RULES OF SOCCER. DEPENDING ON THE CLASSIFICATIONS REFEREES OFFICIATE AT ALL LEVELS OF SOCCER MATCHES RANGING FROM YOUTH TO PROFESSIONAL INTERNATIONAL SOCCER. THE FEDERATION HAS OVER 151,000 REGISTERED REFEREES.

4c (Code:) (Expenses \$ 1,901,632. including grants of \$) (Revenue \$ 1,186,568.)
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 THROUGH OUT THE COUNTRY FOR THE A, B AND C LICENSE CERTIFICATIONS. THE STATE ASSOCIATIONS RUN SCHOOLS FOR D, E AND F CERTIFICATIONS.

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

(Expenses \$ 8,482,439. including grants of \$ 4,624,596.) (Revenue \$ 28,064,048.)

4e Total program service expenses **57,956,641.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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	
d 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 522		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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 598		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank 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?		5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 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 contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a 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	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a 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:			
a 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		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against 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 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b	

Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	15	
b Enter the number of voting members included in line 1a, above, who are independent	15	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a 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 reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
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 could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section 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) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ERIC GLEASON, CFO - 312-528-1236**
1801 S. PRAIRIE AVE, CHICAGO, IL 60616

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUNIL GULATI PRESIDENT	5.00	X		X				0.	0.	0.
MIKE EDWARDS EXECUTIVE VP	5.00	X		X				0.	0.	0.
S. ROBERT CONTIGULIA PAST PRESIDENT	5.00	X						0.	0.	0.
JEFF AGOOS ATHLETE REP	5.00	X						0.	0.	0.
DANIELLE FOTOPOULOS ATHLETE REP	5.00	X						0.	0.	0.
JON MCCULLOUGH ATHLETE REP	5.00	X						0.	0.	0.
KEVIN PAYNE PRO COUNCIL	5.00	X						0.	0.	0.
DON GARBER PRO COUNCIL	5.00	X						0.	0.	0.
RICHARD GROFF ADULT COUNCIL	5.00	X						0.	0.	0.
BILL BOSGRAAF ADULT COUNCIL	5.00	X						0.	0.	0.
BOB PALMEIRO YOUTH COUNCIL	5.00	X						0.	0.	0.
JOHN SUTTER YOUTH COUNCIL	5.00	X						0.	0.	0.
BURTON HAIMES AT LARGE REP	5.00	X						0.	0.	0.
CARLOS CORDEIRO INDEPENDENT DIRECTOR	5.00	X						0.	0.	0.
FABIAN NUNEZ INDEPENDENT DIRECTOR	5.00	X						0.	0.	0.
DONNA SHALALA INDEPENDENT DIRECTOR	5.00	X						0.	0.	0.
DAN FLYNN CEO	40.00			X				582,683.	0.	21,120.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN REMEDI CAO	40.00			X				168,039.	0.	22,450.
ERIC GLEASON CFO	40.00			X				166,767.	0.	22,446.
LISA LEVINE LEGAL COUNSEL	40.00			X				192,800.	0.	6,002.
TOM KING MAN DIRECTOR ADMIN	40.00			X				220,694.	0.	23,911.
ROBERT BRADLEY MNT HEAD COACH	40.00				X			915,647.	0.	26,145.
CARLOS BOCANEGRA PLAYER	5.00				X			347,583.	0.	0.
MICHAEL BRADLEY PLAYER	5.00				X			345,782.	0.	0.
LANDON DONOVAN PLAYER	5.00				X			342,989.	0.	0.
TIM HOWARD PLAYER	5.00				X			339,388.	0.	0.
1b Sub-total								3,622,372.	0.	122,074.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,622,372.	0.	122,074.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **35**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
LATHAM & WATKINS PO BOX 894256, LOS ANGELES, CA 90189-4256	LEGAL	3,036,254.
LITTLER MENDELSON PO BOX 45547, SAN FRANCISCO, CA 94145-0547	LEGAL	110,498.

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	17,816.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,245,375.				
	g Noncash contributions included in lines 1a-1f \$		31,395.				
	h Total. Add lines 1a-1f			1,263,191.			
Program Service Revenue	2 a <u>NAT'L TEAM AND INT'L G</u>	Business Code	711210	36207650.	36207650.		
	b <u>SPONSORSHIP</u>		711300	18453471.	18453471.		
	c <u>MEMBERSHIP DUES</u>		900099	9,235,278.	9,235,278.		
	d <u>COACHING SCHOOLS</u>		711300	869,186.	869,186.		
	e <u>OTHER REVENUE</u>		900099	469,580.	469,580.		
	f All other program service revenue		711300	207,011.	207,011.		
	g Total. Add lines 2a-2f			65442176.			
	3 Investment income (including dividends, interest, and other similar amounts)			543,185.			543,185.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			65,060.			65,060.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	b				
	b Less: direct expenses						
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a	b				
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a	b				
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue			Business Code			
	11 a _____						
	b _____						
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				67313612.	65442176.	0.	608,245.

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,624,596.	4,624,596.		
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	6,489,089.	6,489,089.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,330,983.		1,330,983.	
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	15,196,801.	13,675,491.	1,516,310.	5,000.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	453,183.	113,499.	339,459.	225.
9 Other employee benefits	1,557,786.	1,195,273.	362,013.	500.
10 Payroll taxes	1,045,344.	875,809.	169,035.	500.
11 Fees for services (non-employees):				
a Management				
b Legal	3,294,374.	2,960,253.	334,121.	
c Accounting	89,419.		89,419.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	3,038,228.	2,646,031.	392,197.	
12 Advertising and promotion	1,101,025.	1,015,244.	85,781.	
13 Office expenses	180,613.	91,925.	88,688.	
14 Information technology	380,399.	106,859.	273,540.	
15 Royalties				
16 Occupancy	515,430.	286,793.	228,637.	
17 Travel	14,006,864.	13,432,972.	573,892.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,004,653.	2,727,044.	277,609.	
20 Interest	150.	150.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	375,134.	264,022.	111,112.	
23 Insurance	502,198.	375,555.	126,643.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>EQUIPMENT RENTAL AND MA</u>	2,872,649.	2,591,867.	280,782.	
b <u>DUES AND SUBSCRIPTIONS</u>	389,064.	375,973.	13,091.	
c <u>TELEPHONE</u>	376,279.	232,423.	143,856.	
d <u>POSTAGE AND SHIPPING</u>	312,504.	224,496.	88,008.	
e <u>PRINTING AND PUBLICATIO</u>	183,342.	168,330.	15,012.	
f All other expenses	3,660,961.	3,482,947.	178,014.	
25 Total functional expenses. Add lines 1 through 24f	64,981,068.	57,956,641.	7,018,202.	6,225.
26 Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,859,278.	2	7,669,882.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	6,772,592.	4	10,632,460.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,183,136.	9	1,136,913.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 8,456,130.		
	b Less: accumulated depreciation	10b 3,918,350.		
		4,846,404.	10c	4,537,780.
	11 Investments - publicly traded securities	53,994,423.	11	52,728,728.
	12 Investments - other securities. See Part IV, line 11	807,356.	12	1,348,830.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	4,325,912.	15	4,051,257.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	75,789,101.	16	82,105,850.	
Liabilities	17 Accounts payable and accrued expenses	10,698,895.	17	13,734,738.
	18 Grants payable		18	
	19 Deferred revenue	10,666,440.	19	8,986,766.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	21,365,335.	26	22,721,504.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		54,423,766.	27	59,384,346.
28 Temporarily restricted net assets			28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		54,423,766.	33	59,384,346.
34 Total liabilities and net assets/fund balances	75,789,101.	34	82,105,850.	

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	67,313,612.
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,981,068.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,332,544.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54,423,766.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,628,036.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	59,384,346.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2010)

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

2010

Open to Public
Inspection

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number
13-5591991

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, 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						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
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) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17114941.	9680262.	8889561.	10144677.	10498469.	56327910.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	37637354.	35528358.	34855593.	32120033.	56206898.	196348236
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 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						
6 Total. Add lines 1 through 5	54752295.	45208620.	43745154.	42264710.	66705367.	252676146
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						252676146

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	54752295.	45208620.	43745154.	42264710.	66705367.	252676146
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1838763.	3026486.	1435695.	2072708.	608,245.	8981897.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1838763.	3026486.	1435695.	2072708.	608,245.	8981897.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	471,903.	249,877.				721,780.
13 Total support (Add lines 9, 10c, 11, and 12)	57062961.	48484983.	45180849.	44337418.	67313612.	262379823
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	96.30 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	95.54 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	3.42 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	4.08 %

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2009. 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 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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number
13-5591991

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- 1a Beginning of year balance
 b Contributions
 c Net investment earnings, gains, and losses
 d Grants or scholarships
 e Other expenditures for facilities and programs
 f Administrative expenses
 g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
1b Buildings		542,020.	336,947.	205,073.
1c Leasehold improvements		5,922,145.	1,762,272.	4,159,873.
1d Equipment		1,572,848.	1,417,304.	155,544.
1e Other		419,117.	401,827.	17,290.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,537,780.

Schedule D (Form 990) 2010

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	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

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 valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

2. FIN 48 (ASC 740) 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 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	67,313,612.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	64,981,068.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,332,544.
4	Net unrealized gains (losses) on investments	4	2,628,036.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	2,628,036.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,960,580.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	69,941,648.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,628,036.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,628,036.
3	Subtract line 2e from line 1	3	67,313,612.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	67,313,612.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	64,981,068.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	64,981,068.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	64,981,068.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE FEDERATION'S APPLICATION OF GAAPUSA REGARDING

UNCERTAIN TAX POSITIONS HAD NO EFFECT ON ITS FINANCIAL POSITION AS
 MANAGEMENT BELIEVES THE FEDERATION HAS NO MATERIAL UNRECOGNIZED INCOME TAX
 BENEFITS, INCLUDING ANY POTENTIAL RISK OF LOSS OF ITS NOT-FOR-PROFIT TAX
 STATUS. THE FEDERATION WOULD ACCOUNT FOR ANY POTENTIAL INTEREST OR
 PENALTIES RELATED TO POSSIBLE FUTURE LIABILITIES FOR UNRECOGNIZED INCOME
 TAX BENEFITS AS INCOME TAX EXPENSE. THE FEDERATION IS NO LONGER SUBJECT TO
 EXAMINATION BY FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR PERIODS BEFORE

Part XIV Supplemental Information *(continued)*

2007.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization

Employer identification number

UNITED STATES SOCCER FEDERATION**13-5591991****Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes"
to Form 990, Part IV, line 14b.**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No****2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States**3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL EXPENSES	237,007.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL EXPENSES	125,697.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	TRAVEL EXPENSES	1,608,012.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL EXPENSES	81,201.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL EXPENSES	380,511.
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL EXPENSES	480,902.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL EXPENSES	2,806,507.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING	CONTRIBUTION FROM INTERNATIONAL SOCCER ORGANIZATION	0.
3 a Sub-total	0	0			5,719,837.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			5,719,837.

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

Schedule F (Form 990) 2010

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC	TRAVEL EXPENSE	0	WIRE TRANSFER	88,113	PAID TRAVEL COSTS IN US	FMV
			EUROPE (INCLUDING ICELAND & GREENLAND)	APPLICATION FEE & TRAVEL EXPENSE	250,000	WIRE TRANSFER	59,874	PAID TRAVEL COSTS IN US	FMV
			EUROPE (INCLUDING ICELAND & GREENLAND)	TRAVEL EXPENSE	45,000	WIRE TRANSFER	175,420	PAID TRAVEL COSTS IN US	FMV
			SOUTH AMERICA	APPLICATION FEE & TRAVEL EXPENSE	568,367	WIRE TRANSFER	186,985	PAID TRAVEL COSTS IN US	FMV

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

3 Enter total number of other organizations or entities

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Schedule F (Form 990) 2010

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2: THE ORGANIZATION GRANTS TRAVEL ASSISTANCE TO CERTAIN FOREIGN SOCCER ORGANIZATIONS TO OBTAIN APPROPRIATE COMPETITION AT THE EVENTS. THE ORGANIZATION PAYS THESE TRAVEL EXPENSES DIRECTLY TO THE VENDORS SUCH AS THE HOTEL OR THE AIRLINE TO ASSURE THAT THE FUNDS ARE USED FOR THE INTENDED PURPOSE.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number
13-5591991

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USA BID COMMITTEE 1801 S. PRAIRIE AVENUE CHICAGO, IL 60616	26-4134006	501(C)(3)	4,476,086.	0.			FUND OPERATIONS
WOMEN'S SPORTS FOUNDATION 1899 HEMPSTEAD TURNPIKE, SUITE 400 EAST MEADOW, NY 11554	23-7380557	501(C)(3)	15,000.	0.			TABLE AT FUNDRAISER
JULIAN KRINSKY CAMPS & PROGRAMS 610 SOUTH HENDERSON ROAD KING OF PRUSSIA, PA 19406	23-2451825		5,800.	0.			CAMP SPONSORSHIP
MAJOR LEAGUE SOCCER 420 5TH AVENUE NEW YORK CITY, NY 10018	95-4541325		5,000.	0.			TABLE AT FUNDRAISER

2 Enter total number of section 501(c)(3) and government organizations

2.

3 Enter total number of other organizations

2.

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

Schedule I (Form 990) (2010)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION MAKES CONTRIBUTIONS TO OTHER

501(C)(3) ENTITIES WITH SIMILAR MISSIONS FOR THE

GENERAL SUPPORT OF THESE ORGANIZATIONS. SINCE THE FUNDS ARE TO BE USED FOR

THE GENERAL SUPPORT OF THEIR MISSION, WE DO NOT REQUIRE THESE ORGANIZATIONS

TO SUBSTANTIATE THEIR EXPENDITURES RELATED TO THESE CONTRIBUTIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☒ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

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

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

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.

☒ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

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:

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) 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:

a The organization?

b Any related organization?

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:

a The organization?

b Any related organization?

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

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAN FLYNN	(i) 504,683.	78,000.	0.	7,350.	13,770.	603,803.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 BRIAN REMEDI	(i) 163,039.	5,000.	0.	5,051.	17,399.	190,489.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 ERIC GLEASON	(i) 164,767.	2,000.	0.	5,003.	17,443.	189,213.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 LISA LEVINE	(i) 190,800.	2,000.	0.	5,784.	218.	198,802.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 TOM KING	(i) 213,194.	7,500.	0.	6,600.	17,311.	244,605.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 ROBERT BRADLEY	(i) 515,647.	400,000.	0.	7,350.	18,795.	941,792.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 CARLOS BOCANEGRA	(i) 347,583.	0.	0.	0.	0.	347,583.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 MICHAEL BRADLEY	(i) 345,782.	0.	0.	0.	0.	345,782.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9 LANDON DONOVAN	(i) 342,989.	0.	0.	0.	0.	342,989.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10 TIM HOWARD	(i) 339,388.	0.	0.	0.	0.	339,388.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
11	(i)						
(ii)							
12	(i)						
(ii)							
13	(i)						
(ii)							
14	(i)						
(ii)							
15	(i)						
(ii)							
16	(i)						
(ii)							

Part III Supplemental Information

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

PART I, LINE 1A: DAN FLYNN'S HEALTH CLUB FEES OF \$175 A MONTH ARE

COVERED BY US SOCCER FEDERATION.

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number
13-5591991

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

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

[illegible]

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

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

Part II	Loans to and/or From Interested Persons.
----------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				\$						

Total ▶ \$

Part III	Grants or Assistance Benefiting Interested Persons.
-----------------	--

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2010

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

[illegible]

Part V	Supplemental Information
---------------	---------------------------------

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DON GARBER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRES. OF SOCCER UNITED MARKETING/MLS AND BOARD MEMBER OF ORGANIZATION.

(D) DESCRIPTION OF TRANSACTION: SOCCER UNITED MARKETING HANDLES ALL OF

US SOCCER FEDERATION'S SPONSORSHIP AGREEMENTS EXCEPT WITH NIKE. ANY

AMOUNTS COLLECTED OVER \$4,500,000 WAS SUBJECT TO A 70/30 SPLIT IN THE

ORGANIZATION'S BENEFIT. BOARD MEMBER IS RECUSED FROM ANY DECISION MAKING

REGARDING THIS ARRANGEMENT.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number
13-5591991

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>AIRFARE</u>)	X	1	31,395.	FAIR MARKET VALUE
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes No

30a		X
------------	--	----------

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	X	
-----------	----------	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		X
------------	--	----------

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

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

OTHER INCLUDES OPEN CUP AND OTHER PROGRAM RELATED EXPENSES.

EXPENSES \$ 8,482,439. INCL GRANTS OF \$ 4,624,596. REVENUE \$ 28,064,048.

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

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. IF APPLICANT DOES NOT COMPLY, THE BOARD SHALL RECOMMEND TO THE NATIONAL COUNCIL THAT THE APPLICANT NOT BE APPROVED FOR MEMBERSHIP IN THE FEDERATION. THE NATIONAL COUNCIL OR BOARD SHALL ADMIT AN APPLICANT INTO FULL MEMBERSHIP OF THE FEDERATION BY MAJORITY VOTE. PROVISIONAL MEMBERSHIP OF AN APPLICANT IS TERMINATED IF THE NATIONAL COUNCIL DOES NOT APPROVE THE APPLICANT FOR FULL MEMBERSHIP AT THAT NEXT COUNCIL MEETING.

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

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. A LIFE MEMBER ONLY HAS VOTING RIGHTS AS PROVIDED AT NATIONAL COUNCIL MEETINGS AND HAS NO OTHER VOTING OR REPRESENTATIONAL RIGHTS RELATED TO THE ACTIVITIES AND PROGRAMS OF THE FEDERATION.

INDIVIDUAL SUSTAINING MEMBER

ANY INDIVIDUAL, INCLUDING ANY ATHLETE, TRAINER, MANAGER, ADMINISTRATOR AND OFFICIAL ACTIVE IN SOCCER IN THE UNITED STATES MAY BECOME AN INDIVIDUAL SUSTAINING MEMBER OF THE FEDERATION. THE BOARD OF DIRECTORS SHALL PRESCRIBE PROCEDURES FOR BECOMING AN INDIVIDUAL SUSTAINING MEMBER AND THE DUES AND BENEFITS OF MEMBERSHIP.

AN INDIVIDUAL SUSTAINING MEMBER SHALL HAVE NO VOTING OR OTHER REPRESENTATIONAL RIGHTS IN THE FEDERATION.

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

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

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

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

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

(B) AN INDIVIDUAL ELIGIBLE TO VOTE IN MORE THAN ONE CAPACITY UNDER SUBSECTION (A) OF THIS SECTION MAY ONLY VOTE IN ONE OF THOSE CAPACITIES, AS SELECTED BY THAT INDIVIDUAL.

(C) (1) NO VOTING BY PROXY IS ALLOWED. EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBPARAGRAPH, ONE INDIVIDUAL MAY CAST ALL OR PART OF THE VOTES OF AN ORGANIZATION MEMBER HAVING MORE THAN ONE VOTE AT A COUNCIL MEETING. HOWEVER, ANY INDIVIDUAL CASTING A VOTE FOR AN ORGANIZATION MEMBER MUST BE AN OFFICER OR DIRECTOR OF THE ORGANIZATION MEMBER OR A CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, CHIEF ADMINISTRATIVE OFFICER, EXECUTIVE DIRECTOR, PROFESSIONAL LEAGUE COMMISSIONER, SENIOR MANAGEMENT OFFICIAL, OR OTHER POSITION OF COMPARABLE AUTHORITY OF THE ORGANIZATION MEMBER.

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

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

SECTION 2.

(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

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

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

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

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

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

Name of the organization

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

SECTION 3.

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

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

(C) ONE INDIVIDUAL MAY CAST ALL OR PART OF THE VOTES FOR THE ATHLETES AT A NATIONAL COUNCIL MEETING, BUT THAT INDIVIDUAL MAY NOT CAST VOTES FOR ANY OTHER ORGANIZATION MEMBER OR INDIVIDUAL AT THE MEETING. THE INDIVIDUAL MAY CAST THE VOTES AS AN ATHLETE DELEGATE OR BY PROXY AS DETERMINED BY THE ATHLETES' COUNCIL.

(D) TO ENSURE AT LEAST 20 PERCENT ATHLETE REPRESENTATION ON THE NATIONAL COUNCIL, THE VOTES OF THE ATHLETE DELEGATES SHALL BE MULTIPLIED BY AN ATHLETE COUNCIL MULTIPLIER. THE MULTIPLIER SHALL BE CALCULATED AS FOLLOWS: $((TWV/.8) - TWV)/AD$ ROUNDED 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

Name of the organization

UNITED STATES SOCCER FEDERATION

Employer identification number

13-5591991

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 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 GENERAL.

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 ORGANIZATONS.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH APPLICABLE GOVERNMENTAL AGENCIES; THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 2,628,036.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization UNITED STATES SOCCER FEDERATION	Employer identification number 13-5591991
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1801 S. PRAIRIE AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60616	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ERIC GLEASON, CFO

- The books are in the care of ► **1801 S. PRAIRIE AVE - CHICAGO, IL 60616**

Telephone No ► **312-528-1236**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **APR 1, 2010**, and ending **MAR 31, 2011**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization		Employer identification number
	UNITED STATES SOCCER FEDERATION		13-5591991
	Number, street, and room or suite no. If a P.O. box, see instructions.		
	1801 S. PRAIRIE AVE.		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
CHICAGO, IL 60616			

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ERIC GLEASON, CFO

- The books are in the care of **1801 S. PRAIRIE AVE - CHICAGO, IL 60616**

Telephone No. **312-528-1236**

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **FEBRUARY 15, 2012**

5 For calendar year ☐, or other tax year beginning **APR 1, 2010**, and ending **MAR 31, 2011**

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension

THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐

Title **ENROLLED AGENT**

Date ☐

Form 8868 (Rev. 1-2011)

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

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization	Employer identification number
	UNITED STATES SOCCER FEDERATION	13-5591991
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1801 S. PRAIRIE AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CHICAGO, IL 60616	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ERIC GLEASON, CFO

- The books are in the care of ▶ **1801 S. PRAIRIE AVE - CHICAGO, IL 60616**

Telephone No. ▶ **312-528-1236**FAX No. ▶ ☐

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or▶ ☒ tax year beginning **APR 1, 2010**, and ending **MAR 31, 2011**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	UNITED STATES SOCCER FEDERATION	13-5591991
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1801 S. PRAIRIE AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	CHICAGO, IL 60616	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ERIC GLEASON, CFO

- The books are in the care of **1801 S. PRAIRIE AVE - CHICAGO, IL 60616**

Telephone No. **312-528-1236**

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **FEBRUARY 15, 2012.**

5 For calendar year ☐, or other tax year beginning **APR 1, 2010**, and ending **MAR 31, 2011**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Eric Gleason** Title **ENROLLED AGENT**

Date **11/2/11**

Form 8868 (Rev. 1-2011)