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Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2012 calendar year, or tax year beginning 04-01-2012 , 2012, and ending 03-31-2013 D Employer identification number B Check if applicable UNITED STATES SOCCER FEDERATION Address change 13-5591991 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 1801 S PRAIRIE AVENUE Terminated (312)808-1300 City or town, state or country, and ZIP + 4 CHICAGO, IL 60616 Amended return Application pending **G** Gross receipts \$ 74,204,373 Name and address of principal officer Is this a group return for DANIEL T FLYNN ┌ Yes 🗸 No affiliates? 1801 S PRAIRIE AVENUE CHICAGO, IL 60616 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status **H(c)** Group exemption number ► Website: ► www.ussoccer.com **L** Year of formation 1914 **M** State of legal domicile NY Part I Summary 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 Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15 556 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . 5 Total number of volunteers (estimate if necessary) 6 36 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 1,424,760 1,275,703 54,722,112 63,876,013 Program service revenue (Part VIII, line 2g) . . . 450,389 -12,978 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 56,597,261 65,138,738 13 93,784 81,815 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 18.080.417 22,680,174 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶0 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 41,507,269 38,096,918 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 59,681,470 60,858,907 18 4,279,831 19 Revenue less expenses Subtract line 18 from line 12 . -3,084,209 (Assets or id Balances **Beginning of Current End of Year** Year 85,777,263 20 Total assets (Part X, line 16) . . . 79,519,980 21 22,350,089 21,682,357 Total liabilities (Part X, line 26) . . . 64,094,906 22 Net assets or fund balances Subtract line 21 from line 20 57,169,891 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

	k.	*****			2013-12-20	
Sign	7	Signature of officer	Date			
Here		ERIC GLEASON CFO Type or print name and title				
Doid	,	Print/Type preparer's name Rebekuh Eley	Preparer's signature	Date	Check If self-employed	PTIN
Paid Preparei	r	Firm's name BDO USA LLP	•		Firm's EIN 🕨	
Use Only		Firm's address ► 330 N Wabash Sui	Phone no (312) 856-9100			
		CHICAGO, IL 606	11			
May the IRS	dı	scuss this return with the prepar	er shown above? (see instructio	ns)		▼Yes 「No

Forn	n 990 (2012)					Page 2					
Pai		nt of Program Serv chedule O contains a res									
1	Briefly describe t	he organization's mission	n								
					AKE IT THE PREEMINENT SPO IPETITIONS AND GENDER EQ						
2	Did the organizati the prior Form 99			ervices during the year	which were not listed on	┌ Yes ┌ No					
	If "Yes," describe	If "Yes," describe these new services on Schedule O									
3	Did the organizati	on cease conducting, or	make sıgnıfıca	nt changes in how it co	nducts, any program	┌ Yes ┌ No					
	If "Yes," describe	these changes on Scheo	lule O								
4	expenses Sectio		4) organization	s are required to report	ree largest program services, as t the amount of grants and alloca						
4a	(Code) (Expenses \$	45,829,416	ıncludıng grants of \$	46,740) (Revenue \$	22,285,102)					
					d by the federation range from the und teams participate in domestic and inte						
	(Code) (Expenses \$	2,486,198	ıncludıng grants of \$) (Revenue \$	3,088,609)					
		ains experienced and new refe ging from youth to professional			er Depending on the classifications, re	ferees officiate at all levels of					
	(Code) (Expenses \$	1,886,364	ıncludıng grants of \$) (Revenue \$	1,932,479)					
		nored by the federation. The fe			ication in the six progressive levels of c for the A, B and C license certifications						

35,075) (Revenue \$

Other program services (Describe in Schedule O)

Total program service expenses ►

2,455,192 including grants of \$

52,657,170

4d

4e

(Expenses \$

36,341,139)

Part IV Checklist of Required Schedule
--

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νo
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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? If "Yes," complete Schedule D, Part VII"	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
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? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
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? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
	Note: All Form 330 mers are required to complete Schedule O			(2012)

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check 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 588		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
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	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		No
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	שכ		
C	11 163, to fine 3a of 3b, and the organization life Form 6000-1 '	5c		
	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 as charitable contributions?	6а		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
а	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			
C	Enter the amount of reserves on hand	Į I		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Section A. Governing Body and Management

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

			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
_				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
		even	re Cod Yes	e.) No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ERIC GLEASON CFO 1801 S PRAIRIE AVENUE CHICAGO, IL (312) 528-1236

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or 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) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Sunıl Gulatı	5 0	Х		х				0	0	
President										
(2) Mike Edwards	5 0	x		х				0	0	
Executive Vice President		 					-			
(3) S Robert Contigulia	5 0	x								
Past President							_			
(4) Jeff Agoos	5 0	x								
Athlete Rep										
(5) Danielle Slaton	5 0	x								
Athlete Rep										
(6) Jon McCullough	5 0	×								
Athlete Rep										
(7) Kevin Payne	5 0	x								
Pro Council										
(8) Don Garber	5 0	x								
Pro Council										
(9) Richard Groff	5 0	l x								
Adult Council										
(10) John Motta	5 0	l x								
Adult Council										
(11) Evelyn Gill	5 0	х								
Youth Council		L^					L			
(12) John Sutter	5 0	,,								
Youth Council		X								
(13) Bill Sage	5 0	,								
At Large Rep		X								
(14) Carlos Cordeiro	5 0	T								
Independent Director		X								
(15) Fabian Nunez	5 0	Ī								
Independent Director		X								
(16) Donna Shalala	5 0									
Independent Director		X								
(17) Dan Flynn	40 0									
				Х				604,056		21,942
CEO CEO										

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

	(A) Name and Tıtle	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot	not bo: h ar or/ti	chec x, unle n offic rustee	ess er ()	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensatio from related organization (W- 2/1099	n a I s	(F Estim amount o compen from organiz	ated of other isation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)		and re organiz	lated
(18) I	Brian Remedi	40 0			х				227,994				25,675
	Eric Gleason	40 0			х				181,511				21,689
(20)	usa Levine ral Counsel	40 0			х				197,385				10,999
(21)	Tom King	40 0			х				223,197		+		25,751
(22)	ging Director Admin Jurgen Klinsmann Head Coach	40 0					х		2,498,876		\dagger		16,685
(23) Pia Sundhage 40 0 X 309,526 WNT Head Coach												12,373	
(24) Alexandria Morgan 40 0 X 282,564 WNT Player													
(25) Rebecca Sauerbrunn 40 0 X 274,871 WNT Player													
(26)	Christie Rampone	40 0					х		272,913				
	Player Robert Bradley							x	508,333		+		21,457
Forme	er MNT Head Coach								,				,
											+		
1b c	Sub-Total	VII, Section A		•		<u> </u>	 						
d	Total (add lines 1b and 1c)						-		5,581,226	1	0		156,571
2	Total number of individuals (including b \$100,000 of reportable compensation t				ed al	bove	e) who	rec	eived more than				
3	Did the organization list any former offi	car director or	tructor	, ka	, am	nlo	voo 0	r bia	shast compansate	nd amployee [Yes	No
J	on line 1a? If "Yes," complete Schedule J			• , KC)	•	•	• .	•		· · ·	3	Yes	
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												
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									No				
Se	Section B. Independent Contractors												
1	Complete this table for your five highes compensation from the organization Re											tax year	
Latha		(A) usiness address								(B) on of services		(C Comper)
	,	· -							y 23111000		#		,
											+		

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

\$100,000 of compensation from the organization $\blacktriangleright 1$

Part V	4 🛊 🖠 1	Statement of Revenue Check if Schedule O contains a respon	ise to any question	ın this Part VIII .			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
(0	1a	Federated campaigns 1a	22,461				5
Grants mounts	ь	Membership dues 1b					
Gra moi	c	Fundraising events 1c					
Giffs, I ilar An	d	Related organizations 1d					
ons, Giffs, Grants Similar Amounts							
ns, Sin	е	- · · · · · · · · · · · · · · · · · · ·					ļ ļ
tributio Other	f	All other contributions, gifts, grants, and similar amounts not included above	1,253,242				
를 돌 등	g	Noncash contributions included in lines 1a-1f \$	270,570	İ	İ		j j
Contributions, and Other Sim	h	Total. Add lines 1a-1f		1,275,703			
			Business Code				
n le	2a	SPONSORSHIP & ROYALTIES	711300	25,439,368	25,439,368		
ey ea	ь	NATIONAL TEAM INT GAMES OPEN CUP	711210	27,850,210	27,850,210		
е. П	С	MEMBERSHIP DUES	900099	8,719,702	8,719,702		
er vi	d	COACHING SCHOOLS	711300	1,721,522	1,721,522		
S.	e	OTHER REVENUE	900099	145,211	145,211		
Program Serwoe Revenue	f	All other program service revenue					
š	g	Total. Add lines 2a-2f		63,876,013			
	3	Investment income (including dividence	ds, interest,	52,657			52,657
	4	and other similar amounts) Income from investment of tax-exempt bond in	F	0			32,037
	5	Royalties	».	0			
		(ı) Real	(II) Personal				
	6a	Gross rents					
	Ь	Less rental expenses					
	С	Rental income 0 or (loss)	0				
	d	Net rental income or (loss)		0			
	7a	(1) Securities Gross amount	(II) O ther				
	74	from sales of 9,000,000 assets other than inventory					
	b	Less cost or other basis and 9,065,635					
	c	sales expenses Gain or (loss) -65,635					
	d	Net gain or (loss)		-65,635			-65,635
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
her	ь	Less direct expenses b					
ŏ	С	Net income or (loss) from fundraising (events 🛌	0			
	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming activ	vities	0			
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
		Net income or (loss) from sales of inve	entory 🛌	0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	C	A II ath an us					
	d e	All other revenue	🕨				
				0			
	12	Total revenue. See Instructions		65,138,738	63,876,013		-12,978

	Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)					
<u> </u>	Check if Schedule O contains a response to any question in this Pa			icte column (A)		
	ot include amounts reported on lines 6b, p, 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 United States See Part IV, line 21	35,075	35,075			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	46,740	46,740			
4	Benefits paid to or for members	0				
5	Compensation of current officers, directors, trustees, and key employees	1,434,143		1,434,143		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0				
7	Other salaries and wages	18,471,029	16,744,131	1,726,898		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	336,807	114,988	221,819		
9	Other employee benefits	1,404,627	1,037,134	367,493		
10	Payroll taxes	1,033,568	850,471	183,097		
11	Fees for services (non-employees)					
а	Management	0				
ь	Legal	1,560,469	1,471,482	88,987		
c	Accounting	120,048	61,998	58,050		
d	Lobbying	0	,			
e	Professional fundraising services See Part IV, line 17	0				
f	Investment management fees	230,976		230,976		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on		1 011 200			
4.0	Schedule O)	2,409,109	1,811,299	597,810		
12	Advertising and promotion	960,277	908,695	51,582		
13	Office expenses	387,217	340,119	47,098		
14	Information technology	780,702	59,104	721,598		
15	Royalties	0				
16	Occupancy	1,063,397	1,052,479	10,918		
17	Travel	15,811,575	15,192,251	619,324		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0				
19	Conferences, conventions, and meetings	1,987,840	1,684,828	303,012		
20	Interest	0				
21	Payments to affiliates	0				
22	Depreciation, depletion, and amortization	441,617	264,180	177,437		
23	Insurance	474,039	352,277	121,762		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)					
а	EQUIPMENT RENTAL & MAINTENANCE	3,353,026	3,146,976	206,050		
b	APPEARANCE FEES	2,760,000	2,760,000			
c	FREIGHT	650,585	637,635	12,950		
d	TELEPHONE	371,289	198,052	173,237		
e	All other expenses	4,734,752	3,887,256	847,496		
25	Total functional expenses. Add lines 1 through 24e	60,858,907	52,657,170	8,201,737	0	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)		. ,			

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this	s Part	x			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,043,347	1	6,697,396
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			8,770,664	4	10,995,366
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	art II c	f	o	5	0
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary elorganizations (see instructions) Complete Part II of Schedule	utıng employers			0	
82	7	Notes and loans receivable, net			0		0
ď	8	Inventories for sale or use		0	8	0	
	9	Prepaid expenses and deferred charges			2,206,441	9	1,376,570
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		8,803,815			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ь	Less accumulated depreciation	10b	4,735,027	4,320,780	10c	4,068,788
	11	Investments—publicly traded securities	58,503,935	11	57,905,161		
	12	Investments—other securities See Part IV, line 11	898,213	12	1,162,397		
	13	Investments—program-related See Part IV, line 11		•	0	13	0
	14	Intangible assets			0	14	344,302
	15	Other assets See Part IV, line 11			3,776,600	15	3,227,283
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			79,519,980	16	85,777,263
	17	Accounts payable and accrued expenses			10,242,103	17	8,283,464
	18	Grants payable			0	18	0
	19	Deferred revenue			10,767,044	19	11,916,832
	20	Tax-exempt bond liabilities			0	20	0
Ø	21	Escrow or custodial account liability Complete Part IV of Sch	edule [0	21	0
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	fied	·			
<u> </u>		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third partie			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa			1,340,942	25	1,482,061
	26	Total liabilities. Add lines 17 through 25			22,350,089	26	21,682,357
		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.					
ant	27	Unrestricted net assets			57,169,891	27	64,094,906
- B	28	Temporarily restricted net assets			0	28	0
<u> </u>	29	Permanently restricted net assets			0	29	0
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h complete lines 30 through 34.	ere 🟲	┌─ and			
9	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Net	33	Total net assets or fund balances	•		57,169,891	33	64,094,906
_	34	Total liabilities and net assets/fund balances		<u> </u>	79,519,980	34	85,777,263
							Form 990 (2012)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		65,1	138,738
2	Total expenses (must equal Part IX, column (A), line 25)	2		60,8	358,907
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
_	Not considered according to the control of the cont	4		5/,1	169,891
5	Net unrealized gains (losses) on investments	5		2,6	545,184
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		64,0	94,906
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ı			
За	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?	9	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equired	3b		

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As Filed Data -

DLN: 93493036002124

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Total

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.

Inspection

UNITE	D STAT	ES SOCCE	R FEDERATION	V								
					. (. !!				13-55919			
	rt I			blic Charity Sta						<u>istructions</u>	•	
	organı		•	te foundation becaus	•			•	•			
1	<u> </u>		•	ion of churches, or a				ection 170(1))(1)(A)(I).			
2	Ŀ			d in section 170(b)(1			•	470(1)(4)	(-) ()			
3	_	•		perative hospital se	_							
4	ı			h organization opera	ted in conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the	
5	\vdash			ity, and state erated for the benefi	t of a college	or universit	ty owned or o	nerated by a	agovernment	al unit desc	rihed in	
•	•	_	<u>.</u>	(A)(iv). (Complete P	_	. or annversi	c, owned or o	peracea by c	a government	ar ame acse	mbed iii	
6	\vdash			local government o	•	al unit desc	rihed in secti	on 170(h)(1)(A)(v)			
7	<u>'</u>			at normally receives	_					om the gen	aral nublu	_
•	'			on 170(b)(1)(A)(vi).			support from	a governine	intal unit of h	om the gene	erar publi	C
8	\sqcap			described in sect ior			nplete Part II	.)				
9	굣	An org	anızatıon th	at normally receives	(1) more th	an 331/3% o	fits support	from contrib	utions, mem	bershıp fees	, and gros	ss
		receipt	s from activ	rities related to its e	xempt function	ons—subjec	t to certain e	xceptions, a	nd (2) no mo	re than 331/	′3% of	
		ıts sup	port from gr	oss investment inco	me and unrel	lated busine	ss taxable ın	come (less	section 511	tax) from bu	sınesses	
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee section 5	509(a)(2). (C	omplete Par	tIII)			
10	\sqcap	An org	anızatıon or	ganized and operated	d exclusively	to test for p	oublic safety	See section	1 509(a)(4).			
11	Γ	An org	anızatıon or	ganized and operated	d exclusively	for the bene	efit of, to perf	orm the fund	ctions of, or t	o carry out t	he purpo	ses of
			•	ly supported organiz						ee section 5	09(a)(3).	.Check
				ibes the type of supp b Type II c						n functions	lly into ar	atad
	_			ox, I certify that the								
е	'			ion managers and ot								
			1509(a)(2)				,				(-)(,
f				received a written d	etermınatıon	from the IR	S that it is a ⁻	Type I, Typ	e II, or Type	III supportı	ng organi	ızatıo <u>n,</u>
_			this box	2006 has the argan		tod any aift	or contribution	on from any	of +bo			J
g			ng persons?	2006, has the organ	ization accep	nted ally glit	or contribution	on nom any	or the			
				rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	scribed in (ii)		Yes	No
		and (III) below, the	governing body of th	e supported	organization	۱۶			11g	(i)	
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) abı	ove?				11g	(ii)	
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g((iii)	
h		Provide	e the followi	ng information about	the supporte	ed organizat	ion(s)					
											_	
•	i) Nan		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you		(vi) Is	the	(vii) Ar	nount of
	suppo			organization	organizati		the organiz		organizati			etary
OI	rganız	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppor		col (i) org in the U		sup	port
				or IRC section	docume]	•	"" ""	.		
				(see								
				instructions))	Yes	No	Yes	No	Yes	No	1	
							1	- · · ·			1	
											1	
			1		1	1		1	1	1		

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

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.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	8,889,561	10,144,677	10,498,469	10,632,866	9,995,4	50,160,978
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	34,855,593	32,120,033	56,206,898	45,514,006	55,156,3	223,852,841
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	43,745,154	42,264,710	66,705,367	56,146,872	65,151,7	16 274,013,819
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons						0
b	A mounts 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)						274,013,819
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🏲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	43,745,154	42,264,710	66,705,367	56,146,872	65,151,71	.6 274,013,819
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,435,695	2,072,708	608,245	58,306	52,65	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
C	Add lines 10a and 10b	1,435,695	2,072,708	608,245	58,306	52,65	4,227,611
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11, and 12)	45,180,849	44,337,418	67,313,612	56,205,178	65,204,37	The state of the s
14	First five years. If the Form 990 is check this box and stop here			, thırd, fourth, or	fifth tax year as a	1 501(c)(3) org	anization, ►
<u>Se</u> 15	ction C. Computation of Pul Public support percentage for 201			13 column (f))		1451	00.401.0/
16	Public support percentage from 20			15, column (1))		15 16	98 481 % 97 145 %
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for				nn (f))	17	1 519 %
18	Investment income percentage fro					18	2 760 %
						h = = 2.2 + (=0/_ =	nd line 17 is not

^{33 1/3%} support tests—2011. 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

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493036002124

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization **Employer identification number** UNITED STATES SOCCER FEDERATION 13-5591991 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located ▶___ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

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

Part	Organizations Maintaining Co	llections of Art	t, His	tori	cal T	reasu	ires, or O	the	r Similar <i>i</i>	Asse	ts (co	ntınued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other reco	rds, cł	neck a	any of	the foll	owing that a	are a	significant i	ise of	ıts	
а	Public exhibition		d	Γ	Loan	orexc	hange progr	ams				
b	Scholarly research		e	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ellections and expla	ain hov	w they	/ furth	er the o	organization	's ex	cempt purpos	e in		
5	During the year, did the organization solicit o								nılar	_		_
	assets to be sold to raise funds rather than t										Yes	✓ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	a "Y	es" to Forn	1 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing t	able		_					
										Amou	ınt	
С	Beginning balance							1 c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, lin	ne 21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatio	n has	been p	rovided in P	art :	XIII			Γ
Pai	rt V Endowment Funds. Complete											
4 -	Danisa af was a balanca	(a)Current year	(b)Prior y	/ear	b (c)⊺	wo years back	(d)	Three years bad	ck (e)Four ye	ears back
1a	Beginning of year balance							+				
b	Contributions							+				
С	Net investment earnings, gains, and losses							<u> </u>				
d	Grants or scholarships							<u> </u>				
е	Other expenditures for facilities and programs											
f	Administrative expenses							_				
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balan	ce (lır	ne 1g,	colun	nn (a))	held as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiz	zatıon	that a	re hel	d and a	admınıstere	d for	the			
	organization by (i) unrelated organizations								Г	3a(i)	Yes	No
	(ii) related organizations		•			• •		•	<u> </u>	Ba(ii)		
ь	If "Yes" to 3a(II), are the related organization		d on S	ched	ule R?	٠	· · · · ·	٠.	· . · . · . [3b		
4	Describe in Part XIII the intended uses of th	e organization's er	ndowm	ent fu	ınds				_			
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	90, Pa									
	Description of property					r other stment)	(b) Cost or o		(c) Accumula depreciatio		(d) Bo	ok value
	and		•									
	Buildings		•				570	,370	391	,850		178,520
	_easehold improvements						5,922		2,290	,638		3,631,507
	Equipment		•				1,868		1,638	3,560		229,648
	Other					10()	l	,092		3,979		29,113
ıota	I. Add lines 1a through 1e (Column (d) must e	quai rorm 990, Part	x, colu	ımn (l	o), IIne	: 1U(C).,	<i>,</i>	•				4,068,788 90) 2012

Part VIII Investments—Other Securities. Se		
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
)Financial derivatives		
)Closely-held equity interests		
ther		
tilei		
_		
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	
art VIII Investments—Program Related. S	See Form 990. Part X. line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(4) 2 606	(2, 200). (2.20	Cost or end-of-year market value
		,
	+	
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶	
, , , , , , , , , , , , , , , , , , ,		
	line 15.	
Part IX Other Assets. See Form 990, Part X,		(b) Book value
		(b) Book value
Part IX Other Assets. See Form 990, Part X,		(b) Book value
Part IX Other Assets. See Form 990, Part X,		(b) Book value
Part IX Other Assets. See Form 990, Part X,		(b) Book value
Part IX Other Assets. See Form 990, Part X,		(b) Book value
Part IX Other Assets. See Form 990, Part X,		(b) Book value
Part IX Other Assets. See Form 990, Part X,		(b) Book value
Part IX Other Assets. See Form 990, Part X,		(b) Book value
Part IX Other Assets. See Form 990, Part X,		(b) Book value
Part IX Other Assets. See Form 990, Part X,		(b) Book value
Part IX Other Assets. See Form 990, Part X,		(b) Book value
Part IX Other Assets. See Form 990, Part X,		(b) Book value
Part IX Other Assets. See Form 990, Part X,		(b) Book value
Part IX Other Assets. See Form 990, Part X,		(b) Book value
Part IX Other Assets. See Form 990, Part X,		(b) Book value
Part IX Other Assets. See Form 990, Part X,		(b) Book value
Part IX Other Assets. See Form 990, Part X,		(b) Book value
Part IX Other Assets. See Form 990, Part X,		(b) Book value
Other Assets. See Form 990, Part X, (a) Desc	cription	(b) Book value
Other Assets. See Form 990, Part X, (a) Description (b) must equal Form 990, Part X, col.(B) line	15.)	
Other Assets. See Form 990, Part X, (a) Description (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	15.)	
Other Assets. See Form 990, Part X, (a) Description of liability Other Liability	15.)	
Other Assets. See Form 990, Part X, (a) Description of liability Other Liabilities. See Form 990, Part X, col.(B) line (a) Description of liability	15.)	
Other Assets. See Form 990, Part X, (a) Description of liability ederal income taxes	15.) t X, line 25. (b) Book value 0	
Other Assets. See Form 990, Part X, (a) Description of liability ederal income taxes	15.)	
Other Assets. See Form 990, Part X, (a) Description of liability ederal income taxes	15.) t X, line 25. (b) Book value 0	
Other Assets. See Form 990, Part X, (a) Description of liability ederal income taxes	15.) t X, line 25. (b) Book value 0	
Other Assets. See Form 990, Part X, (a) Description of liability ederal income taxes	15.) t X, line 25. (b) Book value 0	
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes	15.) t X, line 25. (b) Book value 0	
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes	15.) t X, line 25. (b) Book value 0	
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes	15.) t X, line 25. (b) Book value 0	
Other Assets. See Form 990, Part X, (a) Description of liability ederal income taxes	15.) t X, line 25. (b) Book value 0	
Other Assets. See Form 990, Part X, (a) Description of liability ederal income taxes	15.) t X, line 25. (b) Book value 0	
Other Assets. See Form 990, Part X, (a) Description of liability ederal income taxes	15.) t X, line 25. (b) Book value 0	
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes	15.) t X, line 25. (b) Book value 0	
Other Assets. See Form 990, Part X, (a) Description of liability ederal income taxes	15.) t X, line 25. (b) Book value 0	
Other Assets. See Form 990, Part X, (a) Description of liability ederal income taxes	15.) t X, line 25. (b) Book value 0	
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes	15.) t X, line 25. (b) Book value 0	
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes	15.) t X, line 25. (b) Book value 0	
otal. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes	15.) t X, line 25. (b) Book value 0	
Other Assets. See Form 990, Part X, (a) Description of liability ederal income taxes	15.) t X, line 25. (b) Book value 0	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of liability Federal income taxes DEFERRED COMPENSATION	15.)	
Other Assets. See Form 990, Part X, (a) Description (a) Description (a) Description (a) Description (b) Description (b) Part X, Col. (b) Innert (c) Part X Other Liabilities. See Form 990, Part X	15.) t X, line 25. (b) Book value 0 1,482,061	

	· · · · · · · · · · · · · · · · · · ·		
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	67,324,263
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 2,645,184		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	2,645,184
3	Subtract line 2e from line 1	3	64,679,079
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	459,659
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	65,138,738
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	60,399,248
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)............... 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	60,399,248
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	459,659
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	60,858,907

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART III		THE NATIONAL SOCCER HALL OF FAME (THE "HALL OF FAME") CLOSED ITS PHYSICAL LOCATION IN ONEONTA, NEW YORK BUT STILL, WITH COOPERATION FROM THE FEDERATION, MAINTAINS THE HISTORICAL ARCHIVES OF AMERICAN SOCCER AND PROMOTES SOCCER THROUGH EDUCATIONAL PROGRAMS AND NEWSLETTERS THE HALL OF FAME IS AN ORGANIZATION EXEMPT FROM INCOME TAXES PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE FEDERATION AND THE HALL OF FAME SHARE THREE BOARD MEMBERS PART X, LINE 2 THE FEDERATION'S APPLICATION OF ASC 740 REGARDING UNCERTAIN TAX POSITIONS HAD NO EFFECT ON ITS FINANCIAL POSITION AS MANAGEMENT BELIEVES THE FEDERATION HAS NO MATERIAL UNRECOGNIZED INCOME TAX BENEFITS, INCLUDING ANY POTENTIAL RISK OF LOSS OF ITS NOT-FOR-PROFIT TAX STATUS THE FEDERATION WOULD ACCOUNT FOR ANY POTENTIAL INTEREST OR PENALTIES RELATED TO POSSIBLE FUTURE LIABILITIES FOR UNRECOGNIZED INCOME TAX BENEFITS AS INCOME TAX EXPENSE THE FEDERATION IS NO LONGER SUBJECT TO EXAMINATION BY FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR PERIODS BEFORE 2009
Part XI, Line 4b		INVESTMENT EXPENSES 230,975 IN-KIND DONATIONS 215,892 IN-KIND DONATIONS 12,792
Part XII, Line 4b		INVESTMENT EXPENSES 230,975 IN-KIND DONATIONS 215,892 IN-KIND DONATIONS 12,792

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As Filed Data -

DLN: 93493036002124

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public

Internal Revenue Service					Inspection	
	ne of the organization TED STATES SOCCER FEDERAT	ION			Employer ident	fication number
					13-5591991	
Pa	General Information "Yes" to Form 990, Pa			ne United States. Co	omplete if the organiza	ation answered
1	For grantmakers. Does the dassistance, the grantees' elig	gibility for the q	grants or assis	stance, and the selecti	on criteria used to awa	rd
	the grants or assistance?					✓ Yes No
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's pı	rocedures for monitori	ng the use of grant fui	nds outside
3	Activites per Region (The follow	ving Part I, line 3	table can be du	uplicated if additional spa	ace 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
	See Add'l Data					
	Sub-total Total from continuation sheets to Part I		3			5,987,082
,	c Totals (add lines 3a and 3b)		3			5.987.082

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	EQMT DONATION			31,290	EQUIPMENT	FM∨
		Central America and the Caribbean	EQMT DONATION			15,450	EQUIPMENT	FMV

Schedule F (Form 990) 2012

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							appraisal, other)

Part IV Foreign Forms

1	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)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay 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)	Γ	Yes	⊽	Νo
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)	Г	Yes	<u> </u>	Νo
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)	Г	Yes	<u> </u>	Νo
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)	Г	Yes	<u> </u>	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).	Г	Yes	<u> ~</u>	Νo

Schedule F (Form 990) 2012

Part V Supplemental Information

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

Identifier	ReturnReference	Explanation
Part I, Line 1		Not applicable, the Federation does not provide unrestricted grants to foreign organizations or individuals. In connection with certain tournaments and events, the Federation provides travel assistance and pays appearance fees to certain foreign soccer organizations. The travel assistance is paid directly to travel vendors such as hotels or airlines. The travel assistance and appearance fees are part of the total cost of the tournament to ensure the tournament takes place with the appropriate players. These expenses are included as part of the activities per region in Part I line 3
		Schedule E (Form 990) 2012

Additional Data

Software ID: Software Version:

EIN: 13-5591991

Name: UNITED STATES SOCCER FEDERATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
Central America and the Caribbean			Program Services	Travel Expenses	612,294
East Asia and the Pacific			Program Services	Travel Expenses	358,853
Europe (Including Iceland and Greenland)		3	Program Services	Travel Expenses	1,266,916

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region
Middle East and North Africa			Program Services	Travel Expenses	4,719
North America			Program Services	Travel Expenses	364,072
Russia and the Newly Independent States			Program Services	Travel Expenses	175,507

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region	
South America			Program Services	Travel Expenses	190,776	
Europe (Including Iceland and Greenland)			Program Services	Appearance Fees	151,397	
South America			Program Services	Appearance Fees	2,585,000	

Form 990 Schedule F Part I - Activities Outside The United States						
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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 region	
Europe (Including Iceland and Greenland)			Program Services	Coaching & Scouting	277,548	

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General Information on Grants and Assistance

Schedule I

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

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

DLN: 93493036002124

Open to Public **Inspection**

Schedule I (Form 990) 2012

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization UNITED STATES SOCCER FEDERATION Employer identification number

13-5591991

		o Governments and v recipient that receive					d "Yes" to
a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grader or assistance
WOMEN'S SPORTS UNDATION 4 W 33rd Street Suite 0 w York,NY 10001	23-7380557	501(C)(3)	15,000				GENERAL CONTRIBUTION
Hope & Heroes Ildren's Cancer Fund 1 FT Washington Ave FL 7 w York, NY 10032	74-3066193	501(C)(3)	10,000				GENERAL CONTRIBUTION

Cat No 50055P

П	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 a	ssistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount 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, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Part I, Line 2		The FEDERATION 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, IT IS NOT REQUIRED THAT these organizations substantiate their expenditures related to these contributions. The Federation also held certain auctions where the proceeds were contributed to certain charitable organizations as determined by the members. The contributions were unrestricted to further the overall mission of that organization.

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DLN: 93493036002124

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization UNITED STATES SOCCER FEDERATION **Employer identification number**

13-5591991

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Fax idemnification and gross-up payments Fax idemnification fees Fax idemnification and gross-up payments			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations 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			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	6		NI a
^		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 Page 3

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
Part I, Line 1a		Dan Flynn's Health Club Fees of \$175 a month are covered by U S Soccer Federation

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 13-5591991

Name: UNITED STATES SOCCER FEDERATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule 3, Part 11 - Officers, Directors, Trustees, key Employees, and Highest Compensated Employees								
(A) Name	_ J	(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
	(ı) (ıı)		97,500			21,942	625,998	
Brian Remedi ((ı) (ıı)					25,675	253,669	
Eric Gleason ((ı) (ıı)) 179,511)	2,000			21,689	203,200	
	(ı) (ıı)		2,000			10,999	208,384	
	(ı) (ıı)		<u> </u>			25,751	248,948	
	(ı) (ıı)		<u> </u>			16,685	2,515,561	
Robert Bradley ((ı) (ıı)					21,457	529,790	
Pıa Sundhage ((ı) (ıı)) 199,526)	110,000			12,373	321,899	
	(ı) (ıı)		182,083				282,564	
	(ı) (ıı)		182,083				274,871	
Christie Rampone ((I) (II)	90,830	182,083				272,913	
1								Į.

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DLN: 93493036002124

N. 93493030002124

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 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.

2012

Open to Public Inspection

Name of the organization UNITED STATES SOCCER FEDERATION							Em	Employer identification number						
			· . =	04()(0)		.04 () ()		-559: •						
	s Benefit Tra										ı O b			
	of disqualified per			between dis		(c) Descri					(d) Corre	ected?		
1 (=)				d organizatio	•	(5, 2 55 51.)					Yes	No		
											I			
	ount of tax incurr	ed by organiza	ation mana	gers or disc	lualified perso	ns during the	yearı	ınder s	section					
4958				urood by th				•	F \$					
3 Enter the am	nount of tax, if any	, on line 2, ab	ove, reimb	ursea by the	e organization			•	F \$					
	ns to and/or													
	plete if the organi					ne 38a, or Fo	rm 99	0, Par	t IV , lın	e 26, o	rıfthe			
orgar (a) Name of	(b) Relationship				5, 6, or 22 (e)Original	(f)Palance	()	\ T n	/ h	`	(i)We	ttan		
interested	with organization	1 * *			principal		(g) In (h) default? Approved				(i)Written agreement?			
person			organizat	ion?	amount				by boa	by board or				
			<u> </u>	T_	4		<u></u>	T	commi	1	ļ.,	T		
		+	То	From	-		Yes	No	Yes	No	Yes	No		
		+							 	1	_			
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Гotal	•	•	▶ \$	_	•	•					7			
Part IIII Gran	nts or Assista	nce Benefit	ting Inte	erested F	ersons.		-		•		1			
Com	plete if the orga	ınızatıon ans	swered "Y	es" on For	m 990, Part	: IV, line 27.								
(a) Name of inte		elationship be		:) A mount o	fassistance	(d) Type o	fassıs	tance	(e)	Purpos	e of ass	ıstance		
person	intere	sted person aı organızatıon	nd the											
		organization												
						ı								
						i								

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.									
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?					
				Yes	No				
(1) Don Garber	Pres of Soccer United	11,101,067	Marketing Partner	Yes					

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
Part IV		(A) NAME OF PERSON DON GARBER (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION PRES OF SOCCER UNITED MARKETING/MLS AND BOARD MEMBER OF ORGANIZATION (D) DESCRIPTION OF TRANSACTION Soccer united marketing handles all of U S Soccer Federation's sponsorship agreements except WITH Nike Any amounts collected over \$8,250,000 was subject to a 70/30 split in the organization's benefit Board member is recused from any decision making regarding this arrangement

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493036002124

Inspection

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

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

Noncash Contributions

Name of the organization UNITED STATES SOCCER FEDERATION

Employer identification number

Da	rt I Types of Property				13-5591991			
F G	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	(d Method of d noncash contrib	etermı	_	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock . Securities—Partnership, LLC,							
11	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts Airline							
25	Other (Tickets)	x	1	41,886	Fair Market Value			
	Other ► (Equipment)	X	2	·	Fair Market Value			
	Other ►()			<u> </u>				
	O ther ▶ ()							
29	Number of Forms 8283 received							
	for which the organization comple	eted Form 8	283, Part IV, Donee Ackno	owledgement [29			
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year				d to be used			
_	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part 1	I					
31	Does the organization have a gif	·	. ,	•		31	Yes	
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	noncash • • •	32a		No
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		. (-,, -, -, -, -, -, -, -, -, -, -,	. , ,	,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

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

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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SCHEDULE 0

(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 to provide any additional information. ► Attach to Form 990 or 990-EZ.

DLN: 93493036002124 OMB No 1545-0047

Inspection

Name of the organization UNITED STATES SOCCER FEDERATION

Employer identification number

UNITED STATES	SOCCER FEDERA	ATION	13-5591991
Identifier	Return Reference	Explanation	
Form 990, Part III, LINE 4D, OTHER PROGRAM SERVICES	Reference	OTHER INCLUDES OPEN CUP AND OTHER PROGRAM RELATED EXPENSES OF \$35,075 REVISIUE \$36,341,144 Form \$990, Part VI, Section A, Line 6 Th SOCCER FEDERATION ("the federation") is open to all soccer organizations trainers, managers, administrators and officials without discrimination on the or national origin. The federation has the following categories of membershin the following classifications of members (A) Associate (B) Disabled Servic league (D) National affiliate (E) National Association (F) National Member (League (I)) State Association (2) Life Member (3) Individual Sustaining Men Organization desiring to become an organization member of the federation in membership to the secretary general. The applicant shall specify the categor for and, if applying to be a national association, the youth or adult council this all include with the application copies of its charter or articles of incorpor rules of play, and other governing documents appropriate to understanding organization the secretary general shall prescribe the number of copies of secretary general shall refer an application to be an organization member to consideration the board shall submit the application and accompanying doc committees of the federation for review and report the board shall determine the bylaws, policies and requirements of the federation for the membership does comply, the board may (1) admit the applicant to provisional membership of the national council that the application can be considered and recommen membership of the federation, or (2) if the national council has delegated to application, admit the applicant to full membership in the federation if applicar recommend to the national council that the applicant not be approved for me council or board shall admit an applicant into full membership of the federation for high section of the president of the federation for high section is to be coincil or board shall admit an applicant into full membership of the federation for the member of the federation for membership an individual	the membership of UNITED STATES and all soccer players, coaches, are basis of race, color, religion, age, sex, ip (1) organization member composed of the organization (C) Indoor Professional (G) Other Affiliate (H) Professional mber Organization Member An index organization member being applied the applicant intends to join the applicant ation, bylaws, rules, regulations, any the structure and activities of the each document to be submitted. The other board of directors for the applicant compiles with category applied for if the applicant of the board of directors for the whether the applicant compiles with category applied for if the applicant of the board authority to approve an antidoes not comply, the board shall embership in the federation until the next meeting and that the applicant for full membership at the board authority to approve an antidoes not comply, the board shall embership in the federation the national on by majority vote provisional prove the applicant for full membership at the board authority to approve an antidocent of the secretary general at least 120 onsidered the nomination shall be reeting a majority vote of the national under section 1 of this bylaw a life has no other voting or representational taining member any individual, including the united states may become an orescribe procedures for becoming an individual sustaining member shall have (1) Section A, Line 7A. Section 1 The ion and have the following authority (1) option of amendments to the articles of the federation, including budgets of the member status to individuals as provided and 213 (6) approve fees (7) approve amend policies adopted by the board of A) the following shall be members of the bylaw (1) delegates from the state as determined and weighted under the number of life members at that all affiliate, other affiliate, indoor than one capacity under subsection (a) individual (C) (1) No voting proxy is lividual may cast all or part of the votes however, any individual casting a vote in member (2) for any national a
Form 990, Part VI, Section A, Line 7A Section 2		(A) the number of delegates from each of the organization members in the y shall be determined by the respective councils the number of delegates vot among its organization members based on the following (1) in the youth coistate associations shall be based on the number of players registered and f association, and (B) national associations shall be based on the number of inational association directly to the federation and not through a state associassociation does not register any players directly with the federation, that nat each national council meeting in each case, players registered and fees meeting, as certified by the member of the board of directors authorized to sin the adult council, the number of delegates for (a) state associations shall registered and fees paid to the federation by that state association, and (b) the number of players registered and fees paid directly to the federation by through a state association, however, the national association shall designs members that are not state associations based upon the number of players national association and not through a state association in each case, playing preceding calendar year, january 1 through december 31, as certified by the authorized to serve as the federation's treasurer (3) in the professional coloprofessional league shall be based on the level of competitive division amon members of a council are unable to reach agreement on the number of delegates within a council may be changed by the board of direct (D) to provide equal representation among the youth, adult, and professional from each of those councils shall be multiplied by a council multiplier the coid delegates for the council with the largest number of delegates divided by the council, rounded off to 2 decimal places. Form 990, Part VI, Section A, Line the votes eligible to be cast at a national council meeting, but that individual may number or individual at the meeting the individual may cast the votes as an determined by the athletes' council (D) to ensure at least 20	ting within a council shall be proportional uncil, the number of delegates for (A) fees paid to the federation by that state players registered and fees paid by that station, except that if a national national association shall have one vote paid shall be as of 30 days before the serve as the federation's treasurer (2) be based on the number of players national associations shall be based on that national association and not ate delegate votes to national association registered and fees paid directly to the ers registered and fees paid for the emember of the board of directors uncil, the number of delegates for eaching the professional leagues (B) if the gates for each member under mitted the tors upon agreement with the council all councils, the votes of the delegates uncil multiplier shall equal the number of enumber of delegates of the respective 7A Section 3 (A) at least 20 percent of oard of directors shall make necessary B) athlete delegates to the national ne individual may cast all or part of the ot cast votes for any other organization athlete delegate or by proxy as expresentation on the national council, ultiplier the multiplier shall be calculated means the total weighted vote of all nondelegates at the national council meeting e board retains the services of an reviews the completed form 990 and any the return form 990, part vi, section B, employees are annually required to service to the FEDERATION potential, part vi, section b, line 15 the salary of survey which is then approved by the chickover other organizations and ring them against other similar sized

organizations form 990, part vi, section c, line 19 governing documents and financial statements are available through applicable governmental agencies, the conflict of interest policy is available upon written request to the

FEDERATION