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Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

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В	Check if	applicable	C Nam	e of organiz	ration Natio	nal Asso	ciation of	Competitive	Socce	r Club	os, Inc.	D Employ	er Ident	ification Nur	nber	
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	-				t 8056 G				CA 95	628	H(b) Are all : if 'No,' :	attach a list. (see instr	uctions)		ш
<u> </u>		exempt status	X 501	(C)(3)	501(c) ((insert no)	4947(a)(1)	or	527				_		
<u>J</u>		site: ► N/									H(c) Group					
K		of organization	X Con	oration	Trust	Association	Other •		L Year of	formatio	n 2002	2 M S	State of I	egal domicile	SC_	
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Pa	rt/II	Signatu	re Blo	ck_								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Unde	r penalt	ies of penjury, I de	clare that I	have exam	ened this return,	including ac	companying sch	edules and stateme	ents, and t	to the bes	st of my know	ledge and be	lief, it is t	true, correct,	and	
comp	ete De	claration of prepa	rer (other t	han officer)	is based on all ii	ntormation o	which preparer	has any knowledge	e 							
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		l			E BEACH				577			Phone no	(84	3) 712	-271	9
May	the I	RS discuss th	is return	with the	preparer sh	own abov	e? (see inst	ructions)						· X Ye		No
BA	A For	Paperwork I	Reducti	on Act N	lotice, see t	he separ	ate instruct	ions.		TEE	A0101 11/0	8/13			m 990	

Form 990 (2013) National Association of Competitive Soccer Clubs, Inc.	57-112898	1 Page 2
Part III Statement of Program Service Accomplishments		
Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	x
1 Briefly describe the organization's mission		
To further the identification, education and development of		
competitive youth soccer players in the United States. To train a	nd educate soco	cer_coaches.
See Form 990, Page 2, Part III, Line 1 (continued)		
		
2 Did the organization undertake any significant program services during the year which were not listed on	_	
Form 990 or 990-EZ?		Yes X No
If 'Yes,' describe these new services on Schedule O		v 🗔 v.
3 Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?	Yes X No
If 'Yes,' describe these changes on Schedule O 4 Describe the organization's program service accomplishments for each of its three largest program service.		
Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amothers, the total expenses, and revenue, if any, for each program service reported	ces, as measured by expount of grants and allo	cations to
4a (Code:) (Expenses \$566,447. Including grants of \$0	.) (Revenue \$	699,080.
National Cup - Regional and national competition for youth		
member clubs, boys and girls.		
		
	_) (Revenue \$	0.)
id2 Program - Administration, competition and expenses connec	<u>ted</u>	
with identifying individuals with superior skills capable of		
participating at the highest level of the sport		
		_ ~
An /Code \ \/ Evennes C \ 250 405 includes events of C \ 0	\/Payanya &	102 005)
4c (Code) (Expenses \$ 279,485. including grants of \$ 0		403,925.
National Premiere League - Administration, competition, expen		
and player souting for 18 elite national leagues.		
~		
4 d Other program services. (Describe in Schedule O.)		
(Expenses \$ 2,996,412. including grants of \$ 0.) (Revenue	e \$ 4,301,	855.)
4 e Total program service expenses ► 4,194,806.		

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . 2 3 Х Х 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 Х 5 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, Х 6 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 9 Х Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Х If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a 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......................... Х 11 b Х 11 c Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X. 11 e 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. 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х Schedule D. Parts XI. and XII. 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and X If the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(u)? If 'Yes,' complete Schedule E. 13 Х 14a X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х Х 16 Х 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х 19 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H Х 20 b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 b

Part IV

Checklist of Required Schedules (continued) Yes No ` 21 Х 21 Х 22 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 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d Х 25a 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 Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II Х 26 Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Х 31 Х 32 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a Х 35b Х 36 37 Х

BAA

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

	National Association of Competitive Soccer Clubs, Inc. 57-112898	<u> </u>		age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			<u>. Ш</u>
			Yes	No
	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
ı	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	x	
2 :	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2 a 36 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	Λ	<u> </u>
2.	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	٠		x ·
	b if 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 a		 ^
		3 ь		 -
	a 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)?	4 a		х
	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			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a 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 chantable contributions?	6 a		x
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			 -
á	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		x
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		х
	d if 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
1	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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.			
٠,	a Did the organization make any taxable distributions under section 4966?	9 а	-	
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter	96		 ;
	a Initiation fees and capital contributions included on Part VIII, line 12			
	o Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter			i
	a Gross income from members or shareholders			1
	o Gross income from other sources (Do not net amounts due or paid to other sources			!
	against amounts due or received from them)			! !
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			}
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
á	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	į l		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			;
	Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<u>k</u>	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

FOIII	1990 (2013) National Association of Competitive Soccer Clubs, Inc. 57-1128981		۲	age 6
Pài	described to the described of the second of	v, and in	d for	
•	Check if Schedule O contains a response or note to any line in this Part VI			. <u>x</u>
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
t	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents	<u> </u>		
	since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7 8	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?	7 a	х	
t	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or other persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_		
	The governing body?	8 a	Х	
	Each committee with authority to act on behalf of the governing body?	8 b	Х	
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	х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever			<u> </u>
	The state of the section of the state of the	uo o	Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		X
t	of 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?	10 b	-	
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
t	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
t	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	a The organization's CEO, Executive Director, or top management official	15a	х	
t	Other officers of key employees of the organization	15b	Х	1
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		x
	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 900 is acquired to be filed by		_	
17	List the states with which a copy of this Form 990 is required to be filed California			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply.	for pu	blic	
19	Own website	do 4-		
20	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available 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.			
		on 43) (526-1	2077
BAA				20 <i>7 /</i> 2013)

Form 990 (2013) National Association of Competitive Soccer Clubs, Inc.	57-1128981	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	t Compensated Employe	ees, and
Check if Schedule O contains a response or note to any line in this Part VII		L
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensation	ated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year endir	ig with or within the	

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

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

Check this box if neither the organization	nor any rela	ated o	rgan			compe	nsate	ed any current officer, of	director, or trustee	
				(0	>)				•	
(A) Name and Title	(B) Average hours per week (list	one bo	x, uni cer an	ess p d a di	ersor	more than is both r/trustee	an)	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional trustee		Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations		
_(1) Phil Wright	10.00									<u> </u>
Chair		Х		Х				0.	0.	0.
(2) John Rennie Vice Chair	10.00	x		х				0.	0.	0.
(3) Mike Sweeney	10.00									
Director	1	х		х				0.	0.	0.
	10.00	х						0.	0.	0.
(5) Mark Mackain	10.00		П							
Director	 -	х						0.	0.	0.
(6) Tim Lesiak Director	10.00	х						0.1	0.	0.
(7) Shawn Blakeman	10.00									
Director (2) Toronto	10.00	Х	\vdash	_				0.	0.	0.
(8) Tom Atencio Director	10.00	х						0.	0.	0.
(9) John Borozzi Employee	100.00					х		131,476.	0.	0.
(10) Gabriel Rood	100.00					x		128,242.	0.	0.
(11)								,		
(12)										
(13)										
(14)										

Part VII (Section A. Officers, Directors, Trus		es, Key Employees, and (B) (C)						a Highest Con	pensated Em	oloyee	S (continu	ed)
(A) Name and title	Average hours per week (list any hours for related organiza - tions	Position theok more is officer and a director lingth thought on the control of th				s both an		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amo com fi org an	(F) stimated int of other pensation om the anization d related anizations	
	below dotted line)	stee	ustee			ensated						
(15)											-	
(16)	 											_
(17)							_			 	·	
(18)										ļ		
(19)										_		
(20)	 									 		
(21)							-					
(22)		 						<u>, , , , , , , , , , , , , , , , , , , </u>		 		
(23)	 											
(24)						_						
(25)						<u> </u>			-			
1 b Sub-total		<u> </u>				<u></u>	>	259,718.	0.	1		0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							▶	259,718.	0.	ļ		
2 Total number of individuals (including but not limited										mpensa		0.
from the organization 2								 .			Yes I	No.
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such ind	or trustee	e, key 	em	ploy	ee,	or hig	hes	st compensated em	ployee	3	41 7	X
For any individual listed on line 1a, is the sum of reporting the organization and related organizations greater the such individual	ortable co an \$150,0	mpe 000?	nsat <i>If 'Y</i>	ion a 'es' d	and com	other plete	coi Sch	mpensation from nedule J for		4		_
5 Did any person listed on line 1a receive or accrue confor services rendered to the organization? If 'Yes,' co	mpensati	on fr	om a	any i	unre	lated	org	anization or individ	lual			X
Section B. Independent Contractors	rripiete S	cneu	uie .	101	Suc	n pei	SOII	<u> </u>		3		Х
1 Complete this table for your five highest compensate compensation from the organization Report compen	d indepersation for	nden r the	t cor cale	ntrac	tors	that ar en	rec	eived more than \$1 with or within the	00,000 of organization's tax y	ear		
(A) Name and business addres	ss							(B) Description o			C) nsation	
CC&C Management Group 716 8th Ave N. M	ement Group 716 8th Ave N. Myrtle Beach SC 2957								Services	9	12,02	- 0.
	yrtle							Marketing S			44,86	_
												_
Total number of independent contractors (including b \$100,000 of compensation from the organization		nited	to th	ose	liste	d ab	ove) who received mor	re than		· ;	
\$100,000 of compensation from the organization	2				_					ķ ;		

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions . . .

3,750,000

3,750,000

0

1,657,172

3,750,000

0

0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) an	d 501(c)(4) organizations must complete all col	plumns_All other organizations must complete column (A)

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21			дене и екрепсе	САРОПОСС
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	928,693.	928,693.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	_			
7	Other salaries and wages	1,167,598.	1,052,986.	114,612.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,740.	22,740.	0.	0.
9	Other employee benefits	156,925.	156,925.	0.	0.
10	Payroll taxes	87,710.	87,710.	0.	0.
11	Fees for services (non-employees)	07,710.	67,710.	0.	
а	Management	2,652,614.	0.	2,652,614.	0.
	Legal	9,814.	0.	9,814.	0.
c	Accounting	27,000.	0.	27,000.	0.
c	Lobbying			2,7,000.	
е	Professional fundraising services See Part IV, line 17 .				
f	Investment management fees				****
	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	319,708.	319,708.	0.	0.
	, .	9,070.	9,070.	0.	0.
13	Office expenses	21,651.	7,199.	14,452.	0.
14	Information technology	85,371.	0.	85,371.	0.
15	Royalties				
16	Occupancy	264,529.	104,533.	159,996.	0.
17	Travel	345,778.	273,669.	72,109.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	354,497.	0.	354,497.	0.
21	Payments to affiliates	409,818.	409,818.	0.	0.
22	Depreciation, depletion, and amortization				
23	Insurance	18,614.	17,745.	869.	0.
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					
b	,				
c					· · · · · · · · · · · · · · · · · · ·
d	'[
е	All other expenses	1,046,026.	804,010.	242,016.	0.
25	Total functional expenses. Add lines 1 through 24e.	7,928,156.	4,194,806.	3,733,350.	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** (A) (B) Beginning of year End of year 1 22,856 31,024. 2 1,039,867 1,562,696. 3 3 4 4 6,373. Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . 6 7 8 8 Prepaid expenses and deferred charges 9 9 10 a 10 a 10 c 11 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,069,096 16 1,593,720 17 17 18,625 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons 6,908,534 22 23 23 24 17,764 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . 25 3,930,039. Total liabilities. Add lines 17 through 25............ 6,927,159 26 3,947,803 Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 õ Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. FUXC 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds -5,858,063 32 -2,354,083

BAA

33

34

1,593,720. Form **990** (2013)

-2,354,083.

-5,858,063

1,069,096

33

34

1 0111	1990 (2013) National Association of Competitive Soccer Clubs, Inc. 57-	L128	981		۲a	ige 12
Pá	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	1,43	2.1	36.
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,92		
3	Revenue less expenses Subtract line 2 from line 1	3		3,50		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,85		
5	Net unrealized gains (losses) on investments	5			• , •	
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	-	2,35	4,0	83.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. П
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		ſ			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 :	were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			-		
	Separate basis Consolidated basis Both consolidated and separate basis					
ı	Were the organization's financial statements audited by an independent accountant?		L	2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					į
•	: If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audir review, or compilation of its financial statements and selection of an independent accountant?			2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
3 8	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?		[3 a		х
ı	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au		Γ			-
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b	i	
BAA				Form 9	90 (2	2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer Identification number

				ive Soccer Clu						128981			
Part				(All organizations				oart.) S	ee inst	truction	s		
		-		is (For lines 1 through		•	•						
1				ation of churches describ		ction 17	0(6)(1)(A)(i).					
2				ii). (Attach Schedule E)									
3				organization described in				-					
4	_		rganization operated in	conjunction with a hosp	ntal desc	nbed in	section	170(b)(1)(A)(iii)	Enter th	e hospital's		
5	An	ne, city, and state organization opera I(b)(1)(A)(iv). (Coi	ated for the benefit of a	college or university ow	ned or o	perated	by a gov	emmen	ital unit d	escribed	in section		
6	_		•	ernmental unit described	ın sectio	on 170(t)(1)(A)(v).					
7	∏ An in s	organization that neection 170(b)(1)(/	iormally receives a sub A)(vi). (Complete Part	estantial part of its suppo	ort from a				m the ge	eneral pu	blic describ	ed	
8	∐ A ≎	ommunity trust des	scribed in section 170	(b)(1)(A)(vi). (Complete	Part II)								
9	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
10				clusively to test for public	-								
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
	_ a	Type I b	Type II c	1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			•				nctionally in	tegrate	əd
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
f	If th	ne organization rec	eived a written determ	ınation from the IRS that	t is a Typ	e I, Type	ell or Ty	pe III su	pporting	organiza	ation,		. 🗆
9	Sin	ce August 17, 200	6, has the organization	accepted any gift or co	ntributio	n from a	ny of the	following	ng perso	ns?	ı		
	(i)	A person who d	rectly or indirectly con	trols, either alone or togorted organization?	ether with	person	s descril	bed ın (ı	ı) and (iii)	11 g (i)	Yes	No
	(ii)			d in (i) above?							1		
		*	•	• • •							. 11 g (ii)		
	(iii) Pro		•	scribed in (i) or (ii) above supported organization(s			• • • • •	• • • •			11 g (iii)		
h				· · · · · · · · · · · · · · · · · · ·	í 		r		T				
	(1)	lame of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is organiza column (i) your gor docur	ation in Itisted in Verning	(v) Did yo the organi column (i) supp	zation in	(vi) I: organiz colun organize U :	ation in I	(vli) Amount sup		tary
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
```					†·				ļ-···				
(C)		· . -			ļ		-				.		
(D)													
(E)													
Total	D	and Dade 11	A -4 N -4	<u> </u>	1	<u> </u>	<u> </u>	<u> </u>					
DAA I	or Pa	perwork Keauctio	III ACT NOTICE, SEE the	Instructions for Form	990 or 9	YŲ-EZ.			cnedule	A (Form	990 or 990	-EZ) 2	.013

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

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

Sec	ction A. Public Support			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		<u> </u>
Cale beg	endar year (or fiscal year inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale beg	endar year (or fiscal year inning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4		··				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		-				
11	Total support. Add lines 7 through 10		" "	THE STATE OF			
12	Gross receipts from related activiti	es, etc (see instruc	tions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organization top here	on's first, second, (third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ □
Sec	ction C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 2013		-	* * * * * * * * * * * * * * * * * * * *			%
15	Public support percentage from 20	112 Schedule A, Pa	art II, line 14	• • • • • • • • •		15	<u> %</u>
16	a 33-1/3% support test — 2013. If it and stop here. The organization q	the organization de qualifies as a public	d not check the bo ly supported orga	x on line 13, and the	ne line 14 is 33-1/3	% or more, check th	nis box
1	b 33-1/3% support test — 2012. If the and stop here. The organization of	he organization did qualifies as a public	not check a box only not check a box orga	on line 13 or 16a, a nization	ind line 15 is 33-1/3	3% or more, check t	his box
17:	a 10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	st, check this box a	ind stop here. Exp	lain in Part IV how	▶ 📋
	b 10%-facts-and-circumstances te or more, and if the organization me organization meets the facts-and-	eets the 'facts-and- circumstances' test	circumstances' tes The organization	st, check this box a n qualifies as a pub	ind stop here. Exp licly supported org	lain in Part IV how t anization	he ►
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see instruction	s ▶ []
RAA	· — — — — — — — — — — — — — — — — — — —	-			0.4	odulo A /Form 000	222 == 1 22 12

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

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

Sec	tion A. Public Support	,,,						
	ndar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include					· · · · · ·		
2	any 'unusual grants ')	3,234,724.	3,852,039.	4,640,224.	5,705,381.	6,024,9	64.	23,457,332.
3	related to the organization's tax-exempt purpose Gross receipts from activities	1,488,162.	1,569,009.	1,651,463.	1,107,720.	1,654,8	60.	7,471,214.
	that are not an unrelated trade or business under section 513.							
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
J	facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5	4,722,886.	5,421,048.	6,291,687.	6,813,101.	7,679,8	24.	30,928,546.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6)			1 - 32 lb		-	v	30,928,546.
<u>Sec</u>	tion B. Total Support							
Calen	idar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	3	(f) Total
	Amounts from line 6	4,722,886.	5,421,048.	6,291,687.	6,813,101.	7,679,8	24.	30,928,546.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,645.	2,403.	2,689.	2,721.	2,3	12.	15,770.
b	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b	5,645.	2,403.	2,689.	2,721.	2,3	12.	15,770.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total Support. (Add Ins 9,10c, 11 and 12)	4,728,531.	5,423,451.	6,294,376.	6,815,822.	7,682.1	36.	30,944,316
14	First five years. If the Form 990 is organization, check this box and s	s for the organization to be seen the seen the seen to be seen to	on's first, second, t	hird fourth or fifth	tay year as a sect	ion 501/c\/3\		
<u>Sec</u>	tion C. Computation of Pu							
15	Public support percentage for 2013						15	99.95 %
16	Public support percentage from 20	12 Schedule A, Pa	art III, line 15	<u> </u>	· · · · · · · · · · · · · · · · · · ·	[16	99.93 %
	tion D. Computation of Inv							
	Investment income percentage for						17	0.05 %
18	Investment income percentage fro						18	0.07 %
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the 22-1/2%	his box and stop h	ere. The organizat	lion qualifies as a p	oublicly supported	organization		▶ X
	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%, o	check this box and	stop here. The or	ganizatıon qualıfie	s as a publicly sup	ported organ	ızatıoı	n ▶
20	Private foundation. If the organization	ation did not check	a box on line 14,	19a, or 19b, check	this box and see i	nstructions.		▶ □

	(Form 990 or 990-EZ) 2013	National Asso	ciation of Comp	etitive Socce	r Clubs, Inc.	57-1128981	Page 4
Part IV	Supplemental Informa or 17b; and Part III, line (See instructions).	tion. Provide the 12. Also complete.	ne explanations ete this part for	s required by r any addition	Part II, line 10 al information.	; Part II, line 17a	
		-					
			·				
			· 				
			. _				
							
			· 				
							
			· -				
			· 				
			. -				
			. 				
			· -				
				· 			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection
Employer Identification number

Nat	ional Association of Competiti	ve Soccer Clubs.	Inc.		57-1128981	
Par		Advised Funds or O	ther Similar Fund	ds or Ac		
		(a) Donor advise		(b)	Funds and other acco	unts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor are the organization's property, subject to the organization and the organization informs all donors and donors are the organization informs all donors are the organization informs all donors are the organization informs are the organization inf	dvisors in writing that the as nization's exclusive legal co	sets held in donor adv	vised funds	· \ \ Yes	No
6	Did the organization inform all grantees, donors, air for charitable purposes and not for the benefit of the impermissible private benefit?	nd donor advisors in writing ne donor or donor advisor, o	that grant funds can b	e used onl	ly g ∏Yes	□No
Par	t II Conservation Easements.		·	- · · · · · · · · · · · · · · · · · · ·		
	Complete if the organization answer					
1	Purpose(s) of conservation easements held by the	-	apply)			
	Preservation of land for public use (e.g., recreated	ation or education)	L		ally important land are	а
	Protection of natural habitat		Preservation of a	a certified h	nistoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization he last day of the tax year	eld a qualified conservation	contribution in the fort	n of a cons	servation easement or	the
	last day of the tax year				Held at the End of the	a Tay Year
	a Total number of conservation easements				Held at the Elia Of th	le lax leal
	Total acreage restricted by conservation easemen					
	Number of conservation easements on a certified l					
	d Number of conservation easements included in (c)		• •			
•	structure listed in the National Register			2 d		
3	Number of conservation easements modified, tran- tax year ►	sferred, released, extinguisl	ned, or terminated by t	the organiz	cation during the	
4	Number of states where property subject to conse	rvation easement is located	•			
5	Does the organization have a written policy regard and enforcement of the conservation easements it					No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing cor	nservation easements	during the	year	_
7	Amount of expenses incurred in monitoring, inspect ►\$	cting, and enforcing conserv	ation easements during	ng the year	•	
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the req	uirements of section 1	70(h)(4)(B))(ı) · · · · · □Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements	conservation easements in organization's financial sta	its revenue and exper tements that describes	nse stateme s the organ	ent, and balance shee nization's accounting fo	t, and or
Par	dill Organizations Maintaining Collections Complete if the organization answer	tions of Art, Historic red 'Yes' to Form 990,	al Treasures, or Part IV, line 8.	Other Si	milar Assets.	
1 8	a If the organization elected, as permitted under SF/ art, historical treasures, or other similar assets hel in Part XIII, the text of the footnote to its financial s	d for public exhibition, educ	ation, or research in fu	tement and	d balance sheet works of public service, prov	of ide,
ı	b If the organization elected, as permitted under SF, historical treasures, or other similar assets held for following amounts relating to these items	AS 116 (ASC 958), to report r public exhibition, education	in its revenue statem n, or research in furthe	ent and ba erance of p	lance sheet works of a ublic service, provide	art, the
	(i) Revenues included in Form 990, Part VIII, line				·	
	(ii) Assets included in Form 990, Part X					
2	amounts required to be reported under SFAS 116	(ASC 958) relating to these	items [.]			
;	a Revenues included in Form 990, Part VIII, line 1				▶\$	
ı	b Assets included in Form 990 Part X				- ¢	

			Soccer Clubs, Inc.	57-112		Page 2
Part III Organizations Mainta	ining Collection	ons of Art, Histo	orical Treasures, c	or Other Similar As	sets (contin	ued)
 Using the organization's acquisition items (check all that apply) 	n, accession, and c	other records, check	any of the following that	are a significant use of i	ts collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future general						
4 Provide a description of the organic Part XIII	zation's collections	and explain how the	ey further the organization	on's exempt purpose in		
5 During the year, did the organization to be sold to raise funds rather than	on solicit or receive n to be maintained	donations of art, his as part of the organ	storical treasures, or other is a contract of the state o	er sımılar assets 	Yes	No
Part IV Escrow and Custodia line 9, or reported an a	I Arrangemen mount on Form	ts. Complete if t 990, Part X, lin	he organization ans e 21.	wered 'Yes' to Forn	1 990, Part I	V,
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian, or ot	ner intermediary for	contributions or other as	sets not included	Yes	□No
b If 'Yes,' explain the arrangement in						
					Amount	
c Beginning balance						
d Additions during the year				1 d		
e Distributions during the year						
f Ending balance				[1f]		
2 a Did the organization include an am	ount on Form 990,	Part X, line 21? .			Yes	No
b If 'Yes,' explain the arrangement in	Part XIII Check h	ere if the explantion	has been provided in Pa	art XIII	 ,	
Part V. Endowment Funds. C	complete if the	organization ans	wered 'Yes' to Form	n 990, Part IV, line 1	10.	
	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four yea	ars back
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses	:					
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses		<u> </u>				
g End of year balance		• • •				
2 Provide the estimated percentage	of the current year	end balance (line 1	column (a)) held as	<u> </u>		
a Board designated or quasi-endowr	-	8	g, column (a)/ nela as			
b Permanent endowment ►	9					
c Temporarily restricted endowment	<u> </u>	윰				
The percentages in lines 2a, 2b, a						
The percentages in lines 2a, 2b, a	na ze snoula equal	100%				
3 a Are there endowment funds not in	the possession of	the organization that	t are held and administer	red for the	_ ;	
organization by					Yes	No
(i) unrelated organizations					. 3a(i)	-
(ii) related organizations					3a(ii)	-
b If 'Yes' to 3a(II), are the related org		•			. 3b	_1
4 Describe in Part XIII the intended i		ation's endowment f	unds			
Part VI Land, Buildings, and Complete if the organization		d 'Yes' to Form 9	990 Part IV line 11	a See Form 990 P	art X line 10	า
Description of property			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	/aiue
1a Land	├			人名 飘 化磷酸钾	 	
b Buildings						
c Leasehold improvements	· · · · · · <u> </u>					
d Equipment	· · · · · · [
e Other	· · · · · · · · · ·					
Total. Add lines 1a through 1e (Column	(d) must equal Fo	rm 990, Part X, colu	mn (B), line 10(c).)	<u> </u>		
BAA					dule D (Form 99	90) 2013

Schedule D (Form 990) 2013 National Association of (Competitive Soccer	Clubs, Inc.	57-1128981	Page :
Part VII Investments — Other Securities. Complete if the organization answered 'Ye			e Form 990, Part X, line	± 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation. Cost or end-of-year market	/alue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other			·	
(A)				
(B)				
(C)				
(D) (E)	-		<u> </u>	
(F)		···	<u> </u>	
(G)	·			
(H)		· <u>-</u>		
(I)		····	75-72 -	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) . ▶				
Part VIII Investments - Program Related.	14 5 000 5	4.15.4.4.6		
Complete if the organization answered 'Ye (a) Description of investment type	es' to Form 990, Pa (b) Book value			
	(b) Book value	(c) Method of Valua	tion Cost or end-of-year man	ret value
<u>(1)</u> (2)				
(3)				
(4)				
(5)		 -		
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) .► Part IX Other Assets.			· · · · · · · · · · · · · · · · · · ·	,
Part IX Other Assets. Complete if the organization answered 'Ye	es' to Form 990. Pa	art IV. line 11d. Se	e Form 990 Part X line	15 د
(a) Desc		<u> </u>	(b) Boo	
(1)				
(2)	· · · · · · · · · · · · · · · · · · · 			
(3)				
<u>(4)</u> (5)				
(6)				
(7)		· · · · · · · · · · · · · · · · · · ·		
(8)				
(9)				
(10)	451			
Total. (Column (b) must equal Form 990, Part X, column (B), line Part X Other Liabilities.	<u> </u>			
Complete if the organization answered 'Yes' to Fore		e or 11f. See Form 990), Part X, line 25	
(a) Description of liability (1) Federal income taxes	(b) Book value	_		
(2) Accounts Receivable*	4,848	\exists		
(3) Accounts Payable*	72,394			
(4) Due to C2S	3,280,962			
(5) Due to CC&C	571,835	5.		
(6)		\dashv		
<u>(7)</u> (8)	 	\dashv		
(9)	+	\dashv		
(10)	 	\dashv		

2. Liability for uncertain tax positions in Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

3,930,039.

Schedule D (Form 990) 2013 National Association of Competitive Soccer Clubs, Inc.	57-1128981	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	124	
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recovenes of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	. 942.7.13	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	_	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII)		
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	` -	
a Donated services and use of facilities		
b Pnor year adjustments	<u>-</u>	
c Other losses	-	
d Other (Describe in Part XIII)	-	
e Add lines 2a through 2d	 2e	
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII)	— <u> </u>	
c Add lines 4a and 4b	- 4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
Part XIII' Supplemental Information.		
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		
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 part XIII, lines 2d and 4b.	itional information.	
		
		
		
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		 ·
PAA	0.1.1.7.7	2001 55:5
BAA	Schedule D (Form !	990) 2013

Schedule D	(Form 990) 2013 National Association of Competitive Soccer Clubs, Inc.	57-1128981	Page 5
Part XIII	Supplemental Information (continued)	37 1120501	
	·		
		- -	
			_
			

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

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

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is

2013

Department of the Treasury Internal Revenue Service

at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Part I

National Association of Competitive Soccer Clubs,

Employer Identification number

57-1128981 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Co	rrected?
		person and organization		Yes	No
(1)		,	1		T
(2)					
(3)					
(4)			<u> </u>		
(5)					
(6)					

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶\$

Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loa from organi	in to or the zation?	(e) Onginal principal amount	(f) Balance due	(g) In default? (h) Approved by board or committee?		(i) Written agreement?			
			То	From			Yes	No	Yes	No	Yes	No
(1) CC&C Management	Management Firm	Cash Flow Needs	Х		1,207,536.	571,835.	1	Х	Х		Х	
(2) C2S Marketing	Marketing Firm	Cash Flow Needs	Х		5,133,996.	3,280,962.		X	Х		Х	
(3)					- ~		Ī					
(4)												
(5)												
(6)							t					
(7)							T					
(8)	1				·		 -					
(9)							†					
(10)				<u> </u>		· ·	 			\vdash		\vdash
Total				<u></u>	▶\$	3,852,797.				!		<u> </u>

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
				-
(2)				
(3)				
(4)				
(5)				
(6)		. ===		
(7)]		
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2013

Part IV:	L (Form 990 or 990-EZ) 2013 Nati	onal Association of Competit	ive Soccer Clubs, Inc	57-1128981		Page 2
	Complete if the organization answ	ered 'Yes' on Form 990, Part I	V, line 28a, 28b, or 28	C		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
				·	Yes	No
(1)			_			
(3)		 		<u> </u>	_	\vdash
(4)				-	_	<u> </u>
(5)						
(6)						<u> </u>
(7) (8)						├
(9)		-			_	
(10)	· · · ·				_	╁
Part V	Supplemental Information					<u> </u>
	Provide additional information for re-	sponses to questions on Sche	dule L (see instruction	s).		
					- 	
- 						
- 						

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013 Open to Public

Employer Identification number

National Association of Competitive Soccer Clubs, Inc 57-1128981 Pt VI, Line 6 ___Members consist of soccer clubs and leagues, and players and coaches. Pt VI, Line 7a The board members are elected annually by the member clubs in good standing. Pt_VI, Line 11b 990 is prepared and circulated to all board members for questions and comments. Pt VI, Line 12c In addition to annual disclosures, conflict of interest policies are discussed at board meetings several times each year. Pt_VI, Line 15a The board of directors completed a comprehensive, independent _study of compensation levels for both marketing and management ____companies and senior staff, and independently established _____compensation_levels_as_a_result, which are reviewed as part of the annual budget approval process. Pt_VI, Line 15b The board of directors completed a comprehensive, independent _____study of compensation levels for both marketing and management _companies and senior staff, and independently established __compensation_levels_as_a_result, which are reviewed ____as part of the annual budget approval process. Pt VI, Line 19 Organization bylaws and policies are posted on its website. The tax returns are available online.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

To help in the development, promotion, and administration of the game of soccer, at both the youth competitive and recreational, and at the adult levels, through supporting and assisting member clubs and leagues.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code:	Description:	Other Program Services	
Expenses	2,996,412.		
Grants Of	0.		
Revenue.	4,301,855.		

Schedule O (Form 990) Supplemental Information to Form 990 Form 990, Page 6, Line 9 (continued)

Name	Address	City	St	ZIP
Phil Wright	8056 Glenbar Way	Fair Oaks	_CA_	95628
John Rennie	36 Clearwater Dr	Durham	NC	27707
Mike Sweeney	7239 Forestwood Dr	Independence	OH	44131
Leighton Walters	2232 Brookview Pl	Elkins Park	PA	19027
Mark Mackain	970 Chivencester Ct	Suwanee	GA	30024
Tim Lesiak	4489 Dogwood Dr	Batavia	ОН	45103
Shawn Blakeman	2000 Daphne Ave	Sacramento	CA	95864
Tom Atencio	3572 NW 112th Pl	Portland	OR	97229

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
EVENT EXPENSES - id2:Bus Rental	21,324.	21,324.		
EVENT EXPENSES - id2:Equipment/Equipment Rental	550.	550.		
EVENT EXPENSES - id2:Meals	5,530.	5,530.		
EVENT EXPENSES - id2:Meals - Staff & Athletes	49,392.	49,392.		
EVENT EXPENSES - id2:Parking	1,800.	1,800.		
EVENT EXPENSES - id2:Postage & Freight	8,886.	8,886.		
EVENT EXPENSES - id2:Referee Expenses - non 1099	245.	245.		
EVENT EXPENSES - id2:Screen Printing/Embroidery	6,265.	6,265.		
EVENT EXPENSES - id2:Supplies	563.	563.		
GENERAL EVENT EXPENSES:C2S Event Commission - CUP	35,397.	35,397.		
GENERAL EVENT EXPENSES:C2S Hotels Commissions	71,895.	71,895.		
GENERAL EVENT EXPENSES C2S In-Kind Product Commission	90,101.	90,101.		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Continued

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
GENERAL EVENT EXPENSES: C2S Other Sponsorships	30,018.	30,018.		
GENERAL EVENT EXPENSES: Event Equipment & Signage	27,512.	27,512.		
GENERAL EVENT EXPENSES: Ford Escape Challenge	44,864.	44,864.		
GENERAL EVENT EXPENSES: Inter Liga	125.	125.		
GENERAL EVENT EXPENSES:NPL Patches	9,401.	9,401.		
GENERAL EVENT EXPENSES:OH Cup:OH Cup - 1099	2,580.	2,580.		
id2 FOREIGN TRIP: Auto Expense	385.	385.		
id2 FOREIGN TRIP: Awards	1,997.	1,997.		
id2 FOREIGN TRIP: Meals	4,722.	4,722.		
id2 FOREIGN TRIP:Miscellaneous	100.	100.		
id2 FOREIGN TRIP Parking & Tolls	17.	17.		
id2 FOREIGN TRIP: Phone/Fax/Internet	27.	27.		
id2 FOREIGN TRIP: Postage & Freight	603.	603.		
id2 FOREIGN TRIP:Screen Printing/Embroidery	567.	567.		
id2 FOREIGN TRIP: Supplies	257.	257.		
id2 SENIOR PROGRAM: Meals	304.	304.		
id2 SENIOR PROGRAM: Miscellaneous	17.	17.		
id2 SENIOR PROGRAM: Postage & Freight	282.	282.		
id2 SENIOR PROGRAM: Supplies	10.	10.		· · · · · · · · · · · · · · · · · · ·
National Cup:Awards	20,636.	20,636.		
National Cup: Equipment/Equipment Rental	43,814.	43,814.		·
National Cup:Lodging	15,296.	15,296.		
National Cup:Maintenance	3,650.	3,650.	-	
National Cup: Meals	12,641.	12,641.		
National Cup:Merchant Fees	11,947.	11,947.		-
National Cup:Phone/Fax/Internet	12.	12.		
National Cup:Postage & Freight	27,948.	27,948.		
National Cup: Printing & Copies	1,554.	1,554.		-
National Cup:Screen Printing/Embroidery	5,098.	5,098.		-
National Cup: Security	2,970.	2,970.		
National Cup: Supplies	9,525.	9,525.		-
NPL Events:Awards	6,182.	6,182.		
NPL Events:Event Equipment & Signage	4,259.	4,259.		
NPL Events: Event Staff - non 1099	1,150.	1,150.		
NPL Events:Lodging	10,068.	10,068.		
NPL Events:Meals	6,112.	6,112.		
NPL Events:Merchant Account Fees	573.	573.		
NPL Events:Miscellaneous	169.	169.		
NPL Events: Phone/Fax	21.	21.		
NPL Events:Postage & Freight	12,689.	12,689.		
NPL Events:Referee Assignor - non 1099	1,468.	1,468.		
NPL Events:Screen Printing/Embroidery	2,456.	2,456.		
NPL Events:Supplies	937.	937.		1
NPL FINALS Advertising & Admin Site	495.	495.		
NPL FINALS: Auto Expenses	43.	43.		
NPL FINALS: Awards	4,940.	4,940.		
NPL FINALS: Event Equipment & Signage	7,227.	7,227.		
NPL FINALS: Event Staff - non 1099	1,910.	1,910.		
NPL FINALS: Event Support Staff	556.	556.		
NPL FINALS: Field Rental & Repairs	13,125.	13,125.		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Continued

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
NPL FINALS:Gas (Rental Car)	184.	184.		
NPL FINALS:Meals	2,092.	2,092.		
NPL FINALS:Referee Assignor - non 1099	2,160.	2,160.		
NPL FINALS.Referee Expenses - non 1099	25,586.	25,586.		
NPL FINALS Screen Printing & Embroidery	1,417.	1,417.		
NPL FINALS:Supplies	3,168.	3,168.		
NPL FINALS:Trainers	5,491.	5,491.		
OTHER EXPENSES: AGM Expenses	16,103.	16,103.		
OTHER EXPENSES: Board Expenses	27,234.	27,234.		
OTHER EXPENSES.C2S Commission - On-Line Sales	39.	39.		
OTHER EXPENSES C2S Commission - Product Sales	11,781.	11,781.		
OTHER EXPENSES: Retail Product Sales Expenses: Cost of Go	ds 54,242.	54,242.		
OTHER EXPENSES.Retail Product Sales Expenses:Miscellane	us Expenses 2,544.	2,544.		
OTHER EXPENSES.Retail Product Sales Expenses:Travel Exp	nses 6,023.	6,023.		
SALARIES & FRINGES:Direct Deposit Fee	739.	739.		
ACCOUNTING & LEGAL EXPENSES:Donations	18,750.		18,750.	
ACCOUNTING & LEGAL EXPENSES:Licenses & Permits	180.		180.	
ACCOUNTING & LEGAL EXPENSES: Penalty	124.		124.	
MARKETING & COMMUNICATIONS.Advertising	13,572.		13,572.	
MARKETING & COMMUNICATIONS Printing & Reproduction	3,373.		3,373.	
MARKETING & COMMUNICATIONS Promo Materials	23,703.		23,703.	
NPL ADMINISTRATION League Operations	8,423.		8,423.	
OFFICE EXPENSES: Bad Debt Write Off	325.		325.	
OFFICE EXPENSES: Bank Service Charges	158.		158.	
OFFICE EXPENSES Employee Parking	9,895.		9,895.	
OFFICE EXPENSES.Equipment/Service Agreements	779.		779.	
OFFICE EXPENSES: Merchant Account Fees	114,582.		114,582.	
OFFICE EXPENSES.Office Equipment	5,272.		5,272.	
OFFICE EXPENSES: Postage & Freight	3,250.		3,250.	
OFFICE EXPENSES: Property Tax	350.		350.	
OFFICE EXPENSES: Repairs & Maintenance	7,543.		7,543.	
OFFICE EXPENSES Subscriptions & Registrations	1,296.		1,296.	
OFFICE EXPENSES: Telephone & Fax	30,441.		30,441.	

Supporting Statement of:

Form 990 p 11/Line 1, column (A)

Description	Amount
Cash and Cash Equivalents:First Citizens Checking	13,786.
Cash and Cash Equivalents: South Atlantic Checking	6,921.
Cash and Cash Equivalents: Wells Fargo Checking	2,149.
Total	22,856.

Supporting Statement of:

Form 990 p 11/Line 1, column (B)

Description	Amount
First Citizens Checking	19,807.
South Atlantic Checking	9,418.
Wells Fargo Checking	1,799.

Supporting Statement of:

Form 990 p 11/Line 2, column (A)

Description	Amount
Cash and Cash Equivalents:First Citizens MM Account	31,683.
Cash and Cash Equivalents:South Atlantic MM Account	444,315.
Cash and Cash Equivalents:TD Bank Money Market	261,688.
Cash and Cash Equivalents: Wells Fargo Money Market	302,181.

Supporting Statement of:

Form 990 p 11/Line 2, column (B)

Description	Amount
First Citizens MM Account	147,683.
South Atlantic MM Account	793,152.
TD Bank Money Market	332,027.
Wells Fargo Money Market	289,834.

Total 1,562,696.

Supporting Statement of:

Form 990 p 11/Line 17, column (A)

Description	Amount
Accounts Payable	1,724.
Payroll Liabilities	16,901.

Total 18,625.