

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public ▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning 2013, and ending 20 14 August 1 C Name of organization Texas Soccer Foundation D Employer identification number Check if applicable: Doing Business As 75-2335987 Address change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change Initial return 972-370-9694 City or town, state or province, country, and ZIP or foreign postal code Terminated **G** Gross receipts \$ Amended return F Name and address of principal officer: H(a) is this a group return for subordinates? 🔲 Yes 🗹 No Application pending H(b) Are all subordinates included? 🔲 Yes 🔲 No 501(c)(3) If "No," attach a list. (see instructions) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status: Website: ▶ H(c) Group exemption number ▶ Form of organization: Corporation Trust Association ☐ Other ▶ L Year of formation: M State of legal domicile: Part I Briefly describe the organization's mission or most significant activities: Provide support to female youth soccer Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 3 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 3 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h) . . . 1,760 1,332 Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 8 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 100,775 81,239 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 102.571 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must-equal Part IX) column (A); tine 25) 47,502 34,445 19 Revenue less expenses. Subtract line 18 from line 12 55.069 48,134 Beginning of Current Year 20 Total assets (Part X, line 16) 1,267,577 1,272,910 21 Total liabilities (Part X, line 26) . 559,853 517,052 Net assets or fund balances. Subtract line 21 from line 20 707,724 755,858 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of pregajer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of office STOURE TODAS Here Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check ___ if self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

🗌 Yes 🔲 No

Form **990** (2013)

Form 99	0 (2013) Page 2
Part	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Mission is to provide financial and physical support to women's youth soccer
	Did the annual still and add a second significant arrangement of the s
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	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.
4a	(Code:) (Expenses \$ 36,164 including grants of \$) (Revenue \$ 117,403)
	Owned and leased to a third party soccer club a soccer training facility which was used to train and advance girls youth soccer
	·
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	***************************************
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
40	(Code) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶

Form **990** (2013)

Part	V Checklist of Required Schedules			
_	1. 11		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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
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		,
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		,
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		,
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		,
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		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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	9		v
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		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	V	
	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		~
С	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		~
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<u>ر</u>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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 if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	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		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
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		,
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		~
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		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

	0 (2013)			Page 4
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants or 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		,
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		,
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	24a		v
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		v
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		v
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		v
26	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	26		v
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		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		~
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		v
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		v
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		v
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		v
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		v
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		v
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			,
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	37	V	
		-	- 000	(2013)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	.		1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		,
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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			İ
	account)?	4a		V_
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		7
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		V
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		<del> </del>
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		į	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	_		
ь.	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		~
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		
	required to file Form 8282?	7c		,
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		······
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
0	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		<b>.</b>
9	Sponsoring organizations maintaining donor advised funds.			<del>-</del>
а	Did the organization make any taxable distributions under section 4966?	9a		~
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		V
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:			
a	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.)			•
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<b> </b>
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
IJ	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
		Form	990	(2013)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.
Coati	on A. Governing Body and Management	• •	•	. <u>v</u>
Secu	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		v
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		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6	ļ	~
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		,
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		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		~
b	Each committee with authority to act on behalf of the governing body?	8b		1
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	~	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		V
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	<del> </del>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<u> </u>	<del></del>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>,</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<del></del>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		~
14 15	Did the organization have a written document retention and destruction policy?	14		~
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		-
b	Other officers or key employees of the organization	15b		~
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  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		ر
b	If "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 take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed   none  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.		•	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Rex Stewart 6124 Highview Dr, Plano TX	of the	•	

		-3
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, 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 no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
		(C) Position								
(A)	(B)			neck	more	than o		(D)	(E)	(F)
Name and Title	Average hours per week (list any	office	box, unless person is both an officer and a director/trustee)					Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)William Kinder	1							:		
President		~		~		•			0	0
(2)Rex Stewart	11					,	ł	ł		
Treasurer		~		~		ļ	<u> </u>		0	0
(3)James Watson	11			İ				ł		
Board Memeber		~	_	<u> </u>	<u> </u>				0	0
(4)										
(5)										**
(6)										
(7)										
(8)			-						-	
(9)										
(10)										
(11)										
(12)		,								
(13)										
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
			<u> </u>		•	C)								
	(A)	}	(B) Position (do not check more than o						(F) able Estimated					
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation to			mated ount of	
		week (list any hours for						<u> </u>	from the	related organization			ther ensatio	<b>.</b> .
		related	divid	stitu	Officer	9 9	ghe	Former	organization	(W-2/1099-MI			m the	41
		organizations below dotted	cto	ion	•	Key employee	8 8	٦	(W-2/1099-MISC)				nization related	
		line)	Individual trustee or director	al to		yee	mpe						ization	
			\$	Institutional trustee			Highest compensated employee		•					
			<u> </u>	Ľ			8.	L						
(15)		ļ							-					
44.00			-	$\vdash$	ļ		ļ	<u>.                                    </u>	<u> </u>					<del></del>
(16)			ł		ŀ.						-			
(17)		ļ <u>.</u>						$\vdash$			$\dashv$			
V::/		†	1											
(18)														
			L					L	<u> </u>					
(19)														
								_			<u> </u>			
(20)		<del> </del>												
(21)			ļ	-	H	-		$\vdash$				<del></del>		
<u>12.17</u>		<del> </del>							1					
(22)		<del> </del>		Н										
3									<u> </u>					
(23)														
(24)											1			
			<u> </u>	$\vdash$										
(25)									}					
1b	Sub-total	L,	L	نــــا		L		<u> </u>						
c	Total from continuation sheets to Part							<b>•</b>						
d	Total (add lines 1b and 1c)	-						▶						
2	Total number of individuals (including but	t not limited						) w	ho received m	ore than \$10	0,000 (	of		
	reportable compensation from the organi	zation >												
•	Did the constant of the constant of	r											Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete to							mp	oloyee, or high	est compen	sated			
4	For any individual listed on line 1a, is the								nd other comm	onnation fra	m tha	3		~
-	organization and related organizations													ĺ
	individual											4		<b>,</b>
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fror	n any	un	related organiz	ation or indi-	vidual			
	for services rendered to the organization	? If "Yes," c	ompl	ete :	Sch	edu	ıle J f	or s	uch person			5		~
Section	on B. Independent Contractors													
1	Complete this table for your five highest													
	compensation from the organization. Rep	ort compe	nsatio	n to	or tr	ne c	aiena	ar y	ear ending wit	n or within tr	ie orga	inizatio	on's ta	ЭX
	year.							_	<b>(7)</b>	<del></del>		(0)		
	(A) Name and business address							(B) Description of s	ervices	С	(C) compens	ation		
								$\vdash$	<del></del>	<del></del>				
								L_						
2	Total number of independent contractor							th	ose listed abo	ove) who				
	received more than \$100,000 of compens	sation from	u18 0	gar	uza	uon								

Par	t VIII					anulina in thia	Dort VIII		
		Check if Schedule C	CORTAINS a	ı resp	onse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	s T	1a			1976/109		312-314
퉏	ь	Membership dues .	-	1b		j			
۾ چ	c	Fundraising events .	-	1c	<del></del>	į			
##	d	Related organizations	-	1d					
s, E	e	Government grants (cor	-	1e					
Sign	f	All other contributions, g							
P E		and similar amounts not in		1f	1,333				
草豆	g	Noncash contributions inclu	Ļ		1,000				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1				1,333			
	<del>                                     </del>		<u> </u>		Business Code	1,000			<del> </del>
en en	2a			Ì			İ		
<u>\$</u>	Ь	******************************		ſ			<del></del>		<del>                                     </del>
8	c							<del></del>	<del> </del>
Ž	ď					<del></del>			
S	e								· · · · · · · · · · · · · · · · · · ·
Program Service Revenue	f	All other program ser							
ξ	g	Total. Add lines 2a-2			•			<del> </del>	<u> </u>
	3	Investment income							
	•	and other similar amo							
	4	Income from investmen	·=		L	<del></del>	8		<del></del>
	5			•	· · · · · · · · · · · · · · · · · · ·	<del></del>			<del> </del>
	"	noyames	(i) Real		(ii) Personat	·			<del> </del>
	60	Gross rents	<del></del>	7 400	(.,,				
	6a			7,403	<del></del>				
	b	Less: rental expenses		6,164					
	C.	Rental income or (loss)		1,239					
	d	Net rental income or	<del></del>	<u>.</u>		81,239	81,239	<del></del>	
	7a	Gross amount from sales of	(i) Securitie	~	(ii) Other				
	١.	assets other than inventory	ļ						
	b	Less: cost or other basis							
	ľ	and sales expenses .							
	C	Gain or (loss)	L			1			
	d	Net gain or (loss) .		٠,	<u> </u>				
enue	8a	Gross income from fu	undraising						
Other Rev	i i	of contributions reporte See Part IV, line 18	ed on line 1c	).					
ŧ	ь	Less: direct expenses			····	1			
0		Net income or (loss) f		_	events .		•		
		Gross income from ga			erits .				<del> </del>
	Ja	See Part IV, line 19 .			:				
	_	Less: direct expenses					j		
		Net income or (loss) f			ation				
	100			_	nues				
	Iva	Gross sales of in returns and allowance	iventory, ie	ess	1		ł		
						İ			
	1	Less: cost of goods s					1		
	C	Net income or (loss) f		finve					
		Miscellaneous F	Revenue		Business Code				
	11a								<u> </u>
	ь			L			l		
	С				<u>_</u>				
	d	All other revenue .							
	e	Total. Add lines 11a-							
	12	Total revenue. See in	nstructions.	_	▶ [	82 580	81 239		

		_
Part IY	Statement of Functional Expenses	•
I ditin.	Culternerit Of Fully dollar Expenses	•

Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		🔲
	et include amounts reported on lines 6b, 7b, o, 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		· · · · · · · · · · · · · · · · · · ·		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22			<u> </u>	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> 5	Benefits paid to or for members				
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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11 a	Fees for services (non-employees):  Management				
b	Legal				
C	Accounting				
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	,		***	
13	Office expenses	343		343	······································
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			· · · · · · · · · · · · · · · · · · ·	
19	Conferences, conventions, and meetings .				
20	Interest	25,187	25,187		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	5,507	5,507		
23	Insurance	3,408		3,408	
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.)				
a					
b					·····
c d				<del></del>	
	All other eveness				
e 25	All other expenses Total functional expenses. Add lines 1 through 24e				
25 26	Joint costs. Complete this line only if the	34,445	30,694	3,751	<u> </u>
20	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) End of year Beginning of year 1 23,146 73,981 2 2 54,288 14,294 3 3 4 4 160 160 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 Assets 7 R 8 Prepaid expenses and deferred charges . . 9 Ω 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b 1,189,136 10c 47,504 1,184,475 Investments—publicly traded securities . . . . . 11 11 12 Investments—other securities. See Part IV, line 11 . . . 12 13 Investments—program-related. See Part IV, line 11 . . . . . . . . . 13 14 14 15 15 847 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,267,577 17 Accounts payable and accrued expenses . . . . . . . 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. . . . . . . . 22 23 Secured mortgages and notes payable to unrelated third parties 569,853 23 517,052 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 . . . . 569.853 26 517,052 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Net Assets or Capital stock or trust principal, or current funds . . . . . . . . . 30 500 **30** 500 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 707,224 32 755,358 33 33 707,724 755,858 1,267,577 **34** 1,272,910

orm 9	90 (2013)			Pa	age 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			31,239
2	Total expenses (must equal Part IX, column (A), line 25)	2			34,445
3	Revenue less expenses. Subtract line 2 from line 1	3			48,135
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		70	7,724
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		75	55,859
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<i>.</i>		. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ir	<u> </u>		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	İ	~
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		V
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	a		
	separate basis, consolidated basis, or both:		ŀ	ļ	
	Separate basis Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versigh	t		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c		,
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ir	ı 🗀		
	Schedule O.				Ì
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	n		}
	the Single Audit Act and OMB Circular A-133?		3a		V
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ergo the			Γ
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		

Form **990** (2013)

### SCHEDULE A (Form 990 or 990-EZ)

# **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.

20**14** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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. Open to Public

Inspection Name of the organization Employer identification number Texas Soccer Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (ii) EIN (i) Name of supported organization (iv) is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in vour governing (described on lines 1-9) support (see other support (see document? above or IRC section instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify und	er the tests li	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	r <del></del>		<u> </u>	T *··		
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and				ĺ		
	membership fees received. (Do not include any "unusual grants.")						
_				<del> </del>		<del></del>	ļ
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf		1				
3	The value of services or facilities		<del> </del>	<del> </del>		<del> </del>	<del>                                     </del>
•	furnished by a governmental unit to the			1			
	organization without charge				}		
4	Total. Add lines 1 through 3					<u> </u>	<del> </del>
_	<del>-</del>		<del> </del>			<del> </del>	<del></del>
5	The portion of total contributions by each person (other than a		]			ľ	}
	governmental unit or publicly		i				
	supported organization) included on				1	1	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	1		}			
6	Public support. Subtract line 5 from line 4.				<u> </u>	1	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,			<u> </u>			
	payments received on securities loans,		1		•		
	rents, royalties and income from similar		1	Ì			ļ
_	sources	· · · · · · · · · · · · · · · · · · ·					
9	Net income from unrelated business		1			1	
	activities, whether or not the business is regularly carried on		i				
40	<del>-</del> ,						
10	Other income. Do not include gain or		Ī				1
	loss from the sale of capital assets (Explain in Part VI.)						-
11	Total support. Add lines 7 through 10			· · · · · · · · · · · · · · · · · · ·		ļ	
12	Gross receipts from related activities, etc.	(see instruction	l ons)		I	12	l
13	First five years. If the Form 990 is for the						n 501(c)(3)
	organization, check this box and stop he	re					▶ □
Secti	on C. Computation of Public Suppor	t Percentag	е		*	- <del></del>	<u></u>
14	Public support percentage for 2014 (line 6			1, column (f))		14	%
15	Public support percentage from 2013 Sch	nedule A, Part	II, line 14 .			15	%
16a	331/3% support test-2014. If the organiz						heck this
	box and stop here. The organization qual						
Ь	331/3% support test-2013. If the organ					15 is 331/3%	or more,
	check this box and stop here. The organi	zation qualifie	s as a publicly	supported org	janization .		🕨 🔲
17a	10%-facts-and-circumstances test — 20						
	10% or more, and if the organization med						
	Part VI how the organization meets the "fa			•	ation qualifies	as a publicly s	upported
	organization						. ▶ 🛚
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m					n qualifies as a	a publicly
10	supported organization	 		40- 40- 47			. • 🗀
18	instructions						
		· · · ·					· - L

## 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,381	794	1,039	1,760	1,332	6,306
2	Gross receipts from admissions, merchandise						,
	sold or services performed, or facilities furnished in any activity that is related to the					i	
	organization's tax-exempt purpose	80,408	75,553	92,678	100,775	81,239	430,653
3	Gross receipts from activities that are not an	ł					
	unrelated trade or business under section 513	319	156	86	36	8	605
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						<del></del>
5	The value of services or facilities	ł					
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5	82,108	76,503	93,803	102,571	82,579	437,564
7a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons .	<del></del>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000					İ	
	or 1% of the amount on line 13 for the year					1	
_	Add lines 7a and 7b						· · · · · · · · · · · · · · · · · · ·
8	Public support (Subtract line 7c from				· · · · · · · · · · · · · · · · · · ·		
-	line 6.)						437,564
Secti	on B. Total Support	<u> </u>		<del></del>			407,004
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	82,108	76,503	93,803	102,571	82,579	437,564
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					i	
	royalties and income from similar sources .	319	156	86	36	8	605
b	Unrelated business taxable income (less				Į.		
	section 511 taxes) from businesses				Ī		
	acquired after June 30, 1975						
	Add lines 10a and 10b	319	156	86	36	8	605
11	Net income from unrelated business	<u> </u>	1	}			
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets	}	İ				
	(Explain in Part VI.)		}				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	82,427	76,659	93,889	102,607	82,587	438,169
14	First five years. If the Form 990 is for the						501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2014 (line 8	3, column (f) div	ided by line 13	3, column (f))		15	99 8 %
16	Public support percentage from 2013 Sch			<u></u>	·	16	99 71 %
	on D. Computation of Investment In						
17	Investment income percentage for 2014 (					17	0 %
18	Investment income percentage from 2013					18	0 %
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box	-	-	-		=	
ь	331/s% support tests—2013. If the organiz line 18 is not more than 331/s%, check this I						
20	Private foundation. If the organization di						

### Part IV Supporting Organizations

Section A. All Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

1	Are all	of th	he	organization	n's :	supported	organizations	listed	by	name	in	the	organ	ization's	governing

Yes No documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. За b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes." describe in Part VI when and how the organization made the determination. 3ь c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Зс Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9ь c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f).

(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

organizations)? If "Yes," answer (b) below.

determine whether the organization had excess business holdings.)

10a

10b

<b>-</b>	_	_	1
۲a	a	8	ē

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		ŀ
_	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	Ĺ
Secu	on B. Type I Supporting Organizations		W	
	Did the directors to retors as more breaking of one or more proported argenizations have the negroup to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			i
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	ļ		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			,
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	١.		
Section	on D. All Type III Supporting Organizations	1 1	L	L
<del>OCOU.</del>	on D. All Type III Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
·	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	}		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ļ		
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Sooti	on E. Type III Functionally-Integrated Supporting Organizations	3	L	
Secui				<del></del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s):
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	structio	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
	•	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20	$\vdash$	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
~	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing of the containing o			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		<u> </u>
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	l		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	· · · · · · · · · · · · · · · · · · ·	<del></del>
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	······································	
Section B - Minimum Asset Amount	1 -	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	T		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		···
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-in	tegrated Type III supporti	ng organization (see

Part		3) Supporting Organi	zations (continued)			
Sect	ion D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted			
	organizations, in excess of income from activity					
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations					
4						
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.	<del></del>				
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive			
	(provide details in Part VI). See instructions.	<del></del>				
9	Distributable amount for 2014 from Section C, line 6			· · · · · · · · · · · · · · · · · · ·		
10	Line 8 amount divided by Line 9 amount		Arr.			
S-	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014		
1_	Distributable amount for 2014 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2014:					
a	Excess distributions carryover, it arry, to 2014.			··· /		
b			····			
				· · · · · · · · · · · · · · · · · · ·		
c d	· · · · · · · · · · · · · · · · · · ·	<u> </u>		·- <del></del>		
	From 2013	<u> </u>				
<u>e</u>	Total of lines 3a through e					
f	Applied to underdistributions of prior years	<u> </u>	<del> </del>			
<u>g</u>	Applied to underdistributions of prior years  Applied to 2014 distributable amount		*. # **			
<u>h</u> i	Carryover from 2009 not applied (see instructions)			<del></del>		
<del></del>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	·				
				<del></del>		
4	Distributions for 2014 from Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2014 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).					
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			-		
7	Excess distributions carryover to 2015. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a						
b						
С						
d	Excess from 2013					
е	Excess from 2014					

### 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.

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

20**14** 

Open to Public Inspection

Name of the organization Employer identification number 75-2335987 Texas Soccer Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . . . Aggregate value of contributions to (during year) 2 3 Aggregate value of 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 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No 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 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 a historically important land area Preservation of a certified historic structure □ Protection of natural habitat ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. a Total number of conservation easements . . . . Total acreage restricted by conservation easements . . . . . . . . Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a **2**d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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 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) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 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: Assets included in Form 990, Part X

_	^
Page	-

Part	III Org	anizations Maintaining	Collections of	Art, His	torical 1	reasures	, or Ot	her Similar A	ssets (cor	tinued)
3		organization's acquisition, tems (check all that apply):		her reco	rds, chec	k any of th	e follov	ving that are a	significant	use of its
а	☐ Public e	exhibition		d	☐ Loan	or exchang	je prog	rams		
ь	☐ Scholar	ty research								
C	☐ Preserv	ation for future generations	s			***************************************				
4	Provide a c	description of the organiza	tion's collections a	and expl	ain how t	hey further	the org	anization's exe	empt purpos	e in Part
5		year, did the organization							ilar	
		e sold to raise funds rather		ained as p	part of the	organizati	on's co	llection? .	· ☐ Yes	□ No
Part		row and Custodial Arra							_	_
		nplete if the organization	answered "Yes	" to For	n 990, P	art IV, line	9, or 1	reported an a	mount on f	·om
		, Part X, line 21.	austadian ar ath	ar intern	andian, fo	- contribut	iono or	other essets		
1a		nization an agent, trusteen Form 990, Part X?								Na
<b>.</b>		plain the arrangement in P					• •		те:	s ∐ No
Þ	11 165, 68	piani the arrangement in r	art Am and Compi	ote the ic	mownig to	abie.	<b></b>		Amount	
С	Reginging I	balance					10	_		
ď		furing the year					1d	+		
e		ns during the year					1e			<del></del>
f		ance					1f	<del></del>	<del></del>	<del></del>
2a		anization include an amou					ustodia	l account liabili	ty? 🗌 Yes	□ No
b		plain the arrangement in P								
Par		owment Funds.				•	•			
	Con	nplete if the organization	answered "Yes	" to Foп	n 990, P	art IV, line	10.			
			(a) Current year	<b>(b)</b> Pn	or year	(c) Two year	s back	(d) Three years ba	ick (e) Four y	ears back
1a	Beginning of	of year balance								
b	Contributio									
С		nent eamings, gains, and								
d	Grants or s	cholarships								
e	Other expe	enditures for facilities and								
	programs .									
f		tive expenses								
9	•	r balance	<u> </u>	L		L				
2		e estimated percentage of t	•	nd balanc	e (line 1g	, column (a	)) held a	as:		
a		gnated or quasi-endowme		%						
b		endowment >	%							
С		y restricted endowment		00/						
2-		stages in lines 2a, 2b, and 2			-ation the	at ara bald	and ad	municatored for	th a	
Sa	organizatio	endowment funds not in th	e possession or tr	ie organi	zauon ma	at are neid	and ad	ministered for	_	/   Al-
	•	•								es No
		ed organizations organizations							. 3a(i) . 3a(ii)	
ь		3a(ii), are the related organ			 n Schad	 ula B2			. 3b	
4		Part XIII the intended use		-			• •		. [30]	
Part		d, Buildings, and Equip		5 5/13(				<del></del>		<del></del>
		nplete if the organization		" to Fon	n 990. P	art IV. line	11a. S	See Form 990	. Part X. lir	e 10.
		Description of property	(a) Cost or ot (investm	her basis	(b) Cost o	or other basis ther)	(c)	Accumulated epreciation	(d) Book	
1a	Land			1,043,407						1,043,407
b				89,669				14,990		74,679
c		improvements			T				,	
d				90,674				29,531		61,143
е	Other	<u> </u>	•	8,201	<del> </del>			2,984		5,217
Total.	Add lines 1	a through 1e. (Column (d) r	nust equal Form 9	90, Part	X, column	(B), line 10	)c.)	▶		1,184,476

· · · · · · · · · · · · · · · · · · ·	Complete if the organization ans  (a) Description of security or category	y	(b) Book value	(c) Me	thod of valuation:
	(including name of security)			Cost or en	d-of-year market value
) Financial	derivatives				
•	neld equity interests		·	,	
Other	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				<del> </del>
(A)			··-···	<del></del>	<del></del>
(B)				<del> </del>	
(C)					
(D)					
(E)			<del></del>		
(F)					
(G)		·	·		
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			<u> </u>	<del> </del>
Part VIII	Investments - Program Related				
	Complete if the organization ans	wered "Yes" to For	n 990, Part IV, line	e 11c. See Form	990, Part X, line 1
	(a) Description of investment		(b) Book value		ethod of valuation: d-of-year market value
1)		,,			<del></del>
2)		· · · · · · · · · · · · · · · · · · ·			
3)		—			
4)					
5)					
6)			_		
7)				į.	
<u>'                                    </u>					
(8)					
(8) (9)	b) must equal Form 990, Part X, col. (B) line 13.) ▶				
(8) (9) otal. (Column (	Other Assets.		4		
(8) (9)	Other Assets. Complete if the organization ans	<del></del>	n 990, Part IV, line	e 11d. See Form	<del></del>
(8) (9) otal. (Column (	Other Assets. Complete if the organization ans	wered "Yes" to Fon	n 990, Part IV, lin	e 11d. See Form	n 990, Part X, line (b) Book value
8) 9) otal (Column ( Part IX	Other Assets. Complete if the organization ans	<del></del>	n 990, Part IV, lin	e 11d. See Form	<del></del>
8) 9) otal (Column (i Part IX	Other Assets. Complete if the organization ans	<del></del>	n 990, Part IV, lin	e 11d. See Form	<del></del>
8) 9) Datal. (Column (i Part IX	Other Assets. Complete if the organization ans	<del></del>	n 990, Part IV, lin	e 11d. See Form	<del></del>
(8) (9) otal. (Column (	Other Assets. Complete if the organization ans	<del></del>	n 990, Part IV, lin	e 11d. See Form	<del></del>
8) 9) otal. (Column () Part IX  (1) (2) (3)	Other Assets. Complete if the organization ans	<del></del>	n 990, Part IV, line	e 11d. See Form	<del></del>
8) 9) btal. (Column (i Part IX  1) 2) 3) 4)	Other Assets. Complete if the organization ans	<del></del>	n 990, Part IV, lin	e 11d. See Form	<del></del>
8) 9) otal. (Column () Part IX  1) 2) 3) 4) 5)	Other Assets. Complete if the organization ans	<del></del>	m 990, Part IV, line	e 11d. See Form	<del></del>
8) 9) ttal. (Column (i Part IX  1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization ans	<del></del>	m 990, Part IV, line	e 11d. See Form	<del></del>
8) 9) btal. (Column () Part IX  1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization ans	a) Description	n 990, Part IV, line	e 11d. See Form	<del></del>
8) 9) otal. (Column () Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column ()	Other Assets.  Complete if the organization ans  (i)	a) Description	m 990, Part IV, line	e 11d. See Form	<del></del>
8) 9) otal. (Column () Part IX  1) 2) 3) 4) 5) 6) (7) 8) 9) otal. (Column ()	Other Assets.  Complete if the organization ans  (i)  mn (b) must equal Form 990, Part X, c  Other Liabilities.	a) Description  ol. (B) line 15.)			(b) Book value
8) 9) otal. (Column () Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column ()	Other Assets.  Complete if the organization ans  (i)	a) Description  ol. (B) line 15.)			(b) Book value
8) 9) otal. (Column (in part IX) 1) 2) 3) 4) 5) 6) 77 8) 9) otal. (Column (in part X)	Other Assets.  Complete if the organization ans  (i)  mn (b) must equal Form 990, Part X, c  Other Liabilities.	a) Description  ol. (B) line 15.)			(b) Book value
8) 9) otal. (Column (in Part IX  1) 2) 3) 4) 5) 6) 77 8) 9) otal. (Column (in Part X	mn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	a) Description  ol. (B) line 15.)			(b) Book value
8) 9) btal. (Column (in part IX  1) 2) 3) 4) 5) 6) 77 8) 9) otal. (Column (in part IX	mn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25.	a) Description  ol. (B) line 15.)  wered "Yes" to Fon			(b) Book value
8) 9) tal. (Column (i Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (i Part X	mn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	a) Description  ol. (B) line 15.)  wered "Yes" to Fon			(b) Book value
8) 9) tal. (Column (i Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X	mn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	a) Description  ol. (B) line 15.)  wered "Yes" to Fon			(b) Book value
B) B) Call (Column () Part IX  1) Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column () Call (Column	mn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	a) Description  ol. (B) line 15.)  wered "Yes" to Fon			(b) Book value
8) 9) tal. (Column () Part IX  1) 2) 3) 4) 5) 6) 77 8) 9) otal. (Column () Part X  1) Federal in 2) 3) 4)	mn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	a) Description  ol. (B) line 15.)  wered "Yes" to Fon			(b) Book value
8) 9) tal. (Column () Part IX  1) 2) 3) 4) 5) 6) 77 8) 9) otal. (Column () Part X  1) Federal in 2) 3) 4)	mn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	a) Description  ol. (B) line 15.)  wered "Yes" to Fon			(b) Book value
8) 9) tal. (Column () Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column () Part X  1) Federal in 2) 3) 4) 55) 6)	mn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	a) Description  ol. (B) line 15.)  wered "Yes" to Fon			(b) Book value
8) 9) otal. (Column () Part IX  1) 2) 3) 4) 5) 6) 77 8) 9) otal. (Column () Part X	mn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	a) Description  ol. (B) line 15.)  wered "Yes" to Fon			(b) Book value
(8) 9) otal. (Column (in Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (in Part X)	mn (b) must equal Form 990, Part X, c Other Liabilities. Complete if the organization ans line 25.  (a) Description of liability	a) Description  ol. (B) line 15.)  wered "Yes" to Fon			(b) Book value

Part			Return.
	Complete if the organization answered "Yes" to Form 990		
1	Total revenue, gains, and other support per audited financial statement	s	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	.   2a	] [
b	Donated services and use of facilities	. 2b	1
C	Recoveries of prior year grants	. 2c	1
d	Other (Describe in Part XIII.)	. 2d	1
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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	
ь	Other (Describe in Part XIII.)		1 }
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12.)	5
Part	XII Reconciliation of Expenses per Audited Financial State	ements 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:		
а	Donated services and use of facilities	.   2a	1 1
b	Prior year adjustments		7
С	Other losses	. 2c	1
d	Other (Describe in Part XIII.)	. 2d	]
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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.)	. 4b	]
c	Add lines 4a and 4b		4c
с 5	Add lines 4a and 4b		4c 5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.	line 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	line 18.)	5 p; Part V, line 4; Part X, line

### SCHEDULE O (Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization		Employer identification number
Texas Soccer Foundation	ł	75-2335987
Part VI Section C Line 19 No documents are generally made available to the public. The foundation	on has neve	r received a request for the documents
Tall VI Decisir o Line 13 No documents are generally made available to the public. The foundation	OII III III III III III III III III III	received a request for the documents
It has no objection to providing documents to an organization or inidividual if they are requested		
Part VI B Line 11 The form 990 is provided to board members before it is filed. An inquiry is made	regarding o	omments before it is filed
Part IV Line 9 Directors not at the organization mailing address can be reached at		
Tak IV Line o oncoloro no actio organization maining address out to record at		
William Kinder 2662 Daffodil, Richardson, TX 75082		
James Watson 203 Bridge Canyon Ct , Richardson, TX 75080		