

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





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



OMB No 1545-0047

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.lrs.gov/form990.

	al Revenue S		Mile									
Α	For the 20	14 calen	dar year, or tax yea	r beginning		, 2014, a	nd endin	g			,	
В	Check if applic	cable 🎾	C Name of organization	National Associ	ation of Compe	titive So	ccer Clu	bs, Inc	D Emplo	yer identi	fication number	
	Address	change	Doing business as	U.S. Club	Soccer				57-	1128	981	
	Name ch	ange	Number and street (o	rPO box if mail is not deli	vered to street address)	Room/	suile	E Telephi	one numb	er	
	Initial ret	urn	716 8th Ave	N.					(84	3) 6:	26-2077	
	Final return	n/terminated		province, country, and ZIP	or foreign postal code				_,,,_			
	Amende	d return	Myrtle Beach	1		SC.	29577		G Gross r	eceipts :	\$8,598,35	51.
	\vdash	on pending	F Name and address of					H(a) Is this a				x X No
			Phil Wright 8	056 Glenhar Wa	v Fair Oaks	. CA	95628	H(b) Are all If 'No,'	subordinates	included?	Ye	
	Tax-exem	nt status				17(a)(1) or	527	If 'No,'	attach a list ((see instru	octions)	
	Website	<u> </u>	 	, , , , , , , , , , , , , , , , , , ,	150111101)		1 1027	H(c) Group	evernolion ni	mber ►		
K	Form of org	<u></u>	7-1	ust Association	Other >	II va	ar of formalic	<u> </u>			gal domicile C	
				ust Association	Other	10.10	ar Orionnaid	200	2 101 3	State of le	gar domicie C	<u>:</u> A
Pa		ummar	y oe the organization's	mission or most sign	oificant activities	To f	wethor th	o identif	iastian	advast i	on and davial	opposit of
		•	ive youth socc	_							on and devel	
Activities & Governance			the development									
na.			ational, and at									
Ϋ́e			if the organ								1000 0101	ragaco.
යි ්			ting members of the							3		7
વ્ય			dependent voting me							4		
ties	5 Tota	al number	of individuals employ	yed in calendar year	2014 (Part V, line	e 2a)				5		40
tivi	6 Tota	al number	of volunteers (estimate	ate if necessary)						6		75
Ac			ed business revenue	·	•					7a		0.
	b Net	unrelated	business taxable inc	come from Form 990	-T, line 34					7b		0.
									rıor Year		Current	Year
9			and grants (Part VIII									
Revenue	_	_	rice revenue (Part VII						,679,8			6,487.
eve			come (Part VIII, colu							312.	<u> </u>	<u>1,864.</u>
Œ			e (Part VIII, column (<u>,750,0</u>			
			- add lines 8 through						,432,1	136.	8,59	8,351.
			imilar amounts paid (
			to or for members (F						928,6	593.	94	4,206.
ø	15 Sala	впеs, othe	er compensation, em	ployee benefits (Part	: IX, column (A), li	nes 5-10)		1	,434,9	73.	1,55	5,992.
Expenses	16a Prof	fessional	fundraising fees (Par	t IX, column (A), line	11e)			.		j		
per	b Tota	al fundrais	sing expenses (Part I	X. column (D), line 2	5) ►		0.					
Щ	1		ses (Part IX, column (,564,4	100	6 121	E 104
	1	•	es Add lines 13-17 (-	. 量					5,194.
	18 Tota	ai expens	es Add illes 13-17 (i s expenses Subtract	line 19 from line 22		ED···	-		,928,1			5,392.
	19 Rev	enue less	s expenses Subtract	ine to nontines,2	· · · · · · · · · · · · · · · · · · ·		<u> </u>		,503,9			7,041.
18 Q		al acceta	(Dod V. line 16)	ee		015	in C		g of Curre		End of	
Asse Bala			(Part X, line 16) s (Part X, line 26)	<i> </i> ≥	= (1) (1) 12 -		<u></u> -		,593,7			2,584.
4 E	Į			9			<u></u>		,947,8			3,708.
@ <u>*</u>			fund balances. Subt	ract line 21 from line	20 SPESNO) , :G/A .	<u>· : </u>		,354,0	83.	-2,38	1,124.
			re Block			·						
Jinde Com	er penalties of	pegury, I de	clare that I have examined the rer (other than officer) is based	his return, including according	panying schedules and ch preparer has any kr	statements, a owledge	nd to the bes	it of my knowl	edge and be	lief, it is tn	ue, correct, and	
Z	pieto Decisiai	1	Na a (A .	}					- n/a	100		
W	·	<u> </u>	the min	٧				l Da	8/1	112		
Sig	gn	Signati	ure of officer	•				Ua	ie			
¥⁄2 He	re		l Wright									
ಕು			or print name and title	 								
3		Print/Type	preparer's name	Preparer's sign	ature		Date	1	Check	_]	PTIN	
ື ⋑ Pa	id	C Nic	holas Diez	C_Nicho	las Diez	1	07/14/	15	self-employ	ed]	P0088938	4
	eparer	Firm's nam	• ►C. NICHO	LAS DIEZ CPA	, LLC							- <u></u>
	e Only	Firm's addr			ite 103				Firm's EIN	52-	2420201	
ক্স	·	1	MYRTLE B		SC	29577			Phone no	(843		719
Ma	v the IRS	liscuss th	is return with the prep							• • •	. X Yes	No

	990 (2014) National Association of Competitive Soccer Clubs, Inc.	57-1128981	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u> </u> X
1	Bnefly describe the organization's mission		
	To further the identification, education and development of		
	competitive youth soccer players in the United States. To train and	educate soccer	coaches.
	See Form 990, Page 2, Part III, Line 1 (continued)		
2	Did the organization undertake any significant program services during the year which were not listed on the	orior	
	Form 990 or 990-EZ?		X No
	If 'Yes,' describe these new services on Schedule O	Ш	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	X No
•	If 'Yes,' describe these changes on Schedule O	Ц	<u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expensi	ec .
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers, the total expenses	3,
	and revenue, if any, for each program service reported		
		·	
4 a	(Code) (Expenses \$ 3,582,133, including grants of \$ 0.) (F	Revenue \$ 6,40	7,928.)
	Membership Dues - Dues paid by members in order to further the		
	purpose of the organization.		
41	(Code) (Expenses \$ 542,890. including grants of \$ 0.) (F	Povenue & Co	7 045 \
			1,045.)
	National Cup - Regional and national competition for youth		
	member clubs, boys and girls.		
4 0	c (Code) (Expenses \$	Revenue \$ 1,14	7,664.
	Sponsorship Revenue - Revenue from sponsors in order to further		
	the purpose of the organization.		
	d Other program services (Describe in Schedule O)		
71	(Expenses \$ 707,668. including grants of \$ 0.) (Revenue \$	409,850.	1
	a Total program service expenses A 932 691	409,830.	

Form 990 (2014) National Association of Competitive Soccer Clubs, Inc. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
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		х
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		х
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		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		х
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		x
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		x
	e Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X	11 e	х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FiN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
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		х
	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		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		x
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		x
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		х
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		х
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		х
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		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 Ь	<u> </u>	
_				

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
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		x
24 a	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
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 pnor Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x
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 'Yes', complete Schedule L, Part II	26	х	
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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		x
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		х
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		х
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		х
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		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	<u> </u>	х
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2014) National Association of Competitive Soccer Clubs, Inc. Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable. 63 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 1 c 2 a 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 4.0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . Х b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4 a b If 'Yes,' enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? x 5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Х 7 a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?...... X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.... Х g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter 11 a b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?. 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13 b 3.

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14a

Par	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below	, an	d for	
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	7		
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		$\neg \neg$	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad]		ĺ
	authority to an executive committee or similar committee, explain in Schedule O		, '	ĺ
þ	Enter the number of voting members included in line 1a, above, who are independent	- 1		ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			v
_	· · · · · · · · · · · · · · · · · · ·	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	<u></u>
4	Did the organization make any significant changes to its governing documents			
_	since the pnor Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	_6	X	
7 a	members of the governing body?	7 a	х	
	· · · · · · · · · · · · · · · · · · ·	- 1 4		
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 Ь	х	ĺ
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	1),	١٣,،	
8	the following			
	The governing body?	8 a	X	
	Each committee with authority to act on behalf of the governing body?	8 b	Х	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ie C	ode.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
t	of Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
Ł	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	х	ĺ
t	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
ď	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	х	
13	Did the organization have a written whistleblower policy?	13	$\frac{x}{x}$	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	,,1		-
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			,
	The organization's CEO, Executive Director, or top management official	15a	Х	
ŀ	Other officers or key employees of the organization	15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	ž ,		1
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
t	o 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	ì.	, ,	
	organization's exempt status with respect to such arrangements?	16b	,	Ĺ. '
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► California			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply	vailab	le	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	the public during the tax year	to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Joan Chartier 716 8th Ave N Myrtle Beach SC 29577 (84	<u>3) (</u>	<u> 526-2</u>	2077

Form 990 (2014) National Association of Competitive Soccer Clubs, Inc.	57-1128981	Page
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Contractors	Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		L
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensate	d Employees	

1a Complete this table for all persons required to be listed. Report companyation for the calendar year ending with or within the

- 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

				(C)						
(A) Name and Title	(B) Average hours per	Pos thar	s both	an of	ficer : truste			(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
		or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Phil Wright Chair	10.00	х		х				0.	0.1	0
(2) John Rennie Director	10.00	х		x				0.	0.	0
(3) Mike Sweeney Vice Chairman	10.00	х		х				0.	0.	0
(4) Leighton Walters Director	10.00	х						0.	0.	0
	10.00	х						0.	0.	0
	10.00	х						0.	0.	0
(7) <u>Shawn Blakeman</u> Director	10.00	х						0.	0.	0
(8) Tom Atencio Director	10.00	х						0.	0.	0
(9) John Borozzi Employee	100.00					х		127,694.	0.	0
(10) Michael Gould Employee	100.00					х		109,175.	0.	0
(11) Gabriel Rood Employee	100.00					х		115,658.	0.	0
(12)										
(13)										
(14)										

Trait VII Section A. Officers, Directors, The		1				ÇS,	am	ingliest con	ipensated Li	inproyees (continued)
	(B)			•	(C) Position			(5)	,	
(A) Name and title	Average hours	box	, unle:	heck ss pe	more rson	than o	an	(D) Reportable	(E) Reportable	(F) Estimated
Name and the	per week	offi	cer ar	nd a c	directo	or/trust	ee)	compensation from the organization	compensation from related organizations	amount of other
	(list any hours for	S S	뜙	Officer	6		18	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related organiza	or director	뤛	G K	employee	yee co	₽.			and related organizations
	- tions below	individual trustee or director	nshibitional trustee		yee) mge				
	dotted line)	8	8			Highest compensate employee				
						E.				
(15)										
		ļ				<u></u>	_			
(16)										
(17)		┼	\vdash		├					
	┪一									
(18)		╁	\vdash		 					
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(23)										
	ļ	_				_	<u> </u>			
(24)										
(25)		╁	-		├		-			
(25)	 	1								
1 b Sub-total	 			٠.	'		>	352,527.		0.
c Total from continuation sheets to Part VII, Secti	on A						▶			
d Total (add lines 1b and 1c)								352,527.		0.
2 Total number of individuals (including but not limite	d to those	listed	abo	ove)	who	rece	ive	d more than \$100,0	000 of reportable	compensation
from the organization > 3								·		
2. Did the accounting list and former office disease.	4 4			_•		.				Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in										3 X
4 For any individual listed on line 1a, is the sum of re	oortable co	ompe	nsat	ion .	and	other	COL	mpensation from		1. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
the organization and related organizations greater t	han \$150,	000?	If 'Y	'es'	com	plete	Sch	nedule J for		
										· · · 4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	ompensat complete S	ion n Schea	ule .	J for	unre ' <i>suc</i>	iated h per	org son	janization or individ		1 1 1
Section B. Independent Contractors										
Complete this table for your five highest compensa- compensation from the organization. Report compe	led indepe Insation fo	nden r the	t cor cale	ntrac nda	ctors r vez	that ar end	rec	eived more than \$1	00,000 of	vear
(A)					,,,,,		9	(B)		(C)
Name and business addr	ess							Description o	f services	Compensation
CC&C Management Group 716 8th Ave N.	Myrtle	Bea	ıch	SC	2	2957	77	Management	Services	935,687.
C2S Marketing 716 8th Ave N.	Myrtle	Bea	ach	SC	2 2	95	77	Marketing S	Services	2,298,462.
	 -							<u> </u>		
2 Total number of independent contractors (including	but not lin	nited	to th	050	liste	d ah	OV-) who received mor	re than	् प्राचीत्र
\$100,000 of compensation from the organization	► 2		"					, 10001100 11101	- 11GH	
BAA		TEEAC	108	03/0	9/15					Form 990 (2014)

	. V 11	Check if Schedule O contains a response or note to any li	ne in this Part VIII .	<u> </u>	<u></u>	<u></u> [
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts.	c b	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d				
tions, Gi er Simila	е	Government grants (contributions) 1 e All other contributions, gifts, grants, and		į.	*	
ontribu nd Othe	g	Noncash contributions included in lines 1a-1f: \$				
9 G	n	Total. Add lines 1a-1f	<u> </u>	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	x 1 1. 20 9 2 4	1 12 Sept 1
ž	2-		┥		'	`
ce Reve	2a b c	Membership Dues 711210	6,407,928.	6,407,928.	0.	0.
Program Service Revenue	d					
gra	f	All other program service revenue	2,188,559.	2,188,559.	0.	0.
P	q	Total. Add lines 2a-2f	8,596,487.	2,100,333.	<u> </u>	· · · · · · · · · · · · · · · · · · ·
-	3	Investment income (including dividends, interest and other similar amounts)	1,864.	1,864.	0.	0.
	5	Royalties				
	b	Gross rents Less rental expenses				
	r	Rental income or (loss)	ا ود المحادث الله الله	1 -1,	1 1 1 2 2 2	17 - 自44 代的 A
	d	Net rental income or (loss)				
		Gross amount from sales of assets other than inventory (i) Secunties (ii) Other		Fig. 12		
		Less cost or other basis and sales expenses			ا الله المراجع br>المراجع المراجع	
	d	Net gain or (loss)			',''' (30,', ',',')	1 22/08/ 21/ 22
venue	l	Gross income from fundraising events (not including. \$ of contributions reported on line 1c)		大震 できるから こうかん こうかん こうかん こうかん こうかん こうかん こうかん こうかん		
Other Rev	ь	See Part IV, line 18 a Less direct expenses b	The state of the s			李温
Ö	c	Net income or (loss) from fundraising events		P. Charles		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
		Gross income from gaming activities. See Part IV, line 19 a				
		Less direct expenses b	Maria Ser Series Control		[2] [[] [[] [[] [] [] [] [] []	同門を動う
	c	Net income or (loss) from gaming activities ▶		-		•
		Gross sales of inventory, less returns and allowances	15. 1. 1		,	
		Less cost of goods sold b	1		1	· '
	_ 0	Net income or (loss) from sales of inventory ▶			<u> </u>	
		Miscellaneous Revenue Business Code				
	11 a		1			
	t					
	c				İ	
	ا ا	I All other revenue				
		Total. Add lines 11a-11d		* , 1°		.,
		Total revenue. See instructions	0.500.355			
	<u></u>	Total 10 Volido: Oco illos dollollo 1	<u>8,598,351.</u>	8,598,351.	<u> </u>	<u>l </u>

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX . . . (B) (D) (A) Total expenses Do not include amounts reported on lines Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16. ٤, Benefits paid to or for members. 944,206 944,206 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 7 Other salaries and wages. Ο. 1,266,540 1,094,043 172,497 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 21,802 21,802 0 0. Other employee benefits 17<u>9,414</u> 179,414 0 0. 10 88,236 88,236 0 0. Fees for services (non-employees) 2,797,269 0. 0 797,269 24,680 0. 24,680 0. c Accounting 0. 12,500 12,500 0. e Professional fundraising services See Part IV, line 17 . f Investment management fees Other (If line 11g amt exceeds 10% of line 25, column 324,870 324,870 O n (A) amount, list line 11g expenses on Schedule () . . . Advertising and promotion 9,380 9,380 0 0. 13 12,131 1,936 10,195 0. Information technology 34,925 0 34,925 0. 14 291,437 116,139 175,298 0. 300,781 17 437,132 136,351 0. Payments of travel or entertainment expenses for any federal, state, or local Conferences, conventions, and meetings . . . 19 0_. 131,302 131,302 20 440,658 440,658 21 0 0 Depreciation, depletion, and amortization . . . 22 975 ο. 23 Other expenses Itemize expenses not covered above (List miscellaneous expenses 15. in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) d 1,607,935 1,311,226 296,709 0. e All other expenses 8,625,392. 3,792,701 4,832,691 0. 25 Total functional expenses. Add lines 1 through 24e. . Joint costs. Complete this line only the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► If following SOP 98-2 (ASC 958-720). . . .

(B) End of year Beginning of year 1 31,024 40,758. 2 2 1,326,240. 1,562,696 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 255,586. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 8 Prepaid expenses and deferred charges 9 10 a 10b 10 c 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Other assets See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,593,720 1,622,584 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees. 3,852,797 22 3,899,374. 23 Unsecured notes and loans payable to unrelated third parties 17,764 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D $\,$. 25 77,242 104,334 Total liabilities. Add lines 17 through 25........ 26 3,947,803 4,003,708. 清明 Organizations that follow SFAS 117 (ASC 958), check here ► and complete 'र्जुह Fund Balances lines 27 through 29, and lines 33 and 34. 27 Temporarily restricted net assets 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. ᡖ 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 <u>-2,354,083</u> 2,381,124. Total net assets or fund balances. 33 33 -2,354,083 -2,381,124. 34 593,720 34 1,622,584.

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Part X

Balance Sheet

Form 990 (2014)

Form	1990 (2014) National Association of Competitive Soccer Clubs, Inc. 57-	L12898	1	Pag	ge 12					
Par	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>		. П					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,5	98,3	51.					
2	Total expenses (must equal Part IX, column (A), line 25)	2		25,3						
3										
4										
5	Net unrealized gains (losses) on investments	5		9.70	55.					
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Pnor period adjustments	8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9								
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,									
	column (B))	10	-2,3	81,1	24.					
Pai	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII				. П					
				Yes	No					
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			- :	,					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O									
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a	ľ	х					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a									
	separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis									
ı	b Were the organization's financial statements audited by an independent accountant?		2 6		Х					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			-						
	basis, consolidated basis, or both		1							
	Separate basis Consolidated basis Both consolidated and separate basis		ĺ,	1.1						
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	,	2 c							
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			Sach.						
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	123474	X					
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	dıt								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 Ь							
BAA		· · · · · · · · · · · · · · · · · · ·	_	990 (2	(014					

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.

► 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. Department of the Treasury Internal Revenue Service Name of the organization

OMB No 1545-0047

Open to Public Inspection Employer Identification number

		al Association of					_	57-112898				
Part		Reason for Public Cha						art.) See instruction	is.			
The o	_	ization is not a private foundat	·	_	-	•						
1	_	A church, convention of church				ction 17	'0(b)(1)(A)(i).				
2		A school described in section		•								
3		A hospital or a cooperative hos										
4	_	A medical research organization	on operated in conjunc	tion with a hosp	oital desc	nbed in s	section	170(b)(1)(A)(ui) Enter ti	ne hospital's			
5	\Box	name, city, and state An organization operated for the complete P	ne benefit of a college	or university ow	ned or o	perated i	oy a gov	ernmental unit described	d in section			
6		A federal, state, or local govern	•	I unit described	ın sectio	on 170(b)(1)(A)(\	v).				
7	П	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)										
9	-	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
10	_	An organization organized and	•	•	•			A M. A M.				
11	ш	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										
а	a 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.											
b												
C												
d	—	Type III non-functionally inte functionally integrated The organistructions) You must comp	panization generally m	ust satisfy a dis	tribution i	connecti requirem	on with i ent and	its supported organization an attentiveness require	n(s) that is not ment (see			
θ		Check this box if the organizat integrated, or Type III non-fund	ion received a written optionally integrated sup	determination fr	om the IF ation.	RS that is	з а Туре	I, Type II, Type III functi	onally			
f	Ent	ter the number of supported or	ganizations									
g	Pro	ovide the following information a	about the supported or	ganization(s).					<u> </u>			
		(I) Name of supported organization	(ii) EIN	(iii) Type of orga (described on lir above or IRC s (see instruction	nes 1-9 ection	(Iv) Is organization in your go document	on listed everning	(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see instructions)			
						Yes	No					
(A)												
(B)				,			:					
75/												
(C)												
(D)												
(E)												
			34°	139.7	1515	1.	• , -					
Total	_		The state of the s		<u></u>	<u> </u>	3 4					
RAA	ror	Paperwork Reduction Act N	otice, see the Instruc	tions for Form	990 or 9	90-EZ.		Schedule A (Forn	n 990 or 990-EZ) 2014			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					· · · · · · · · · · · · · · · · · · ·	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	. 1	. <u> </u>		1		.
Sec	tion B. Total Support						'
Calendar year (or fiscal year beginning in) ►		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10					建筑市市	
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	top here	• • • • • • • • •	third, fourth, or fifth	tax year as a sect	on 501(c)(3)	▶ 🔲
Sec	tion C. Computation of Pu						
14	Public support percentage for 201						%_
15	Public support percentage from 20	-	•				%
16 a	33-1/3% support test – 2014. If and stop here. The organization of	the organization de qualifies as a public	d not check the bo ly supported organ	x on line 13, and the nization	ne line 14 is 33-1/3	% or more, check	this box
ŧ	33-1/3% support test – 2013. If t and stop here. The organization o	he organization dic qualifies as a public	I not check a box only supported organ	on line 13 or 16a, a nization	nd line 15 is 33-1/3	3% or more, check	this box
17 a	10%-facts-and-circumstances to or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	circumstances' tes	st, check this box a	nd stop here. Evo	lain in Part VI how	
t	10%-facts-and-circumstances to or more, and if the organization morganization meets the facts-and-	eets the 'facts-and-	circumstances' tes	st icheck this box a	nd stop bere. Evn	lain in Part VI how	the
18	Private foundation. If the organiz						
=							

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)

<u>Sect</u>	tion A. Public Support						
	dar year (or fiscal yr beginning in) 🕨 👚	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include		•				
_	any 'unusual grants ')	3,852,039.	4,640,224.	5,705,381.	6,024,964.	6,407,928.	26,630,536.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,569,009.	1 651 463	1 107 720	1 654 860	2 100 550	0 171 611
3	Gross receipts from activities that are not an unrelated trade or business under section 513	1,303,003.	1,031,403.	1,107,720.	1,034,000.	2,188,339.	8,171,611.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	•	T 403 040	6 001 607	6 010 101			
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	5,421,048.	6,291,687.	6,813,101.	7,679,824.	8,596,487.	34,802,147.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	1818	ان معمل ان ان مانو	的特别。	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	34,802,147.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	5,421,048.	6,291,687.	6,813,101.	7,679,824.	8,596,487.	34,802,147.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,403.	2,689.	2,721.	2,312.	1,864.	11,989.
	acquired after June 30, 1975						
	Add lines 10a and 10b	2,403.	2,689.	2,721.	2,312.	1,864.	11,989.
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11 and 12.)	5,423,451.	6,294,376.	6,815,822.	7,682,136.	8,598,351.	34,814,136.
	First five years. If the Form 990 i organization, check this box and s	top here	· · · · · · · · ·	inira, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ 🗍
	tion C. Computation of Pu						
15	Public support percentage for 201						99.97 %
16	Public support percentage from 20				· · · · · · · · · · · · · · · · · · ·	16	99.95 %
Sec	tion D. Computation of Inv	<u>restment Incor</u>	ne Percentage	9			
17	Investment income percentage for	2014 (line 10c, co	lumn (f) divided by	line 13, column (f)) · · · · · · · · · · ·	17	0.03 %
18	Investment income percentage from	m 2013 Schedule	A, Part III, line 17			18	0.05 %
	33-1/3% support tests — 2014. If is not more than 33-1/3%, check t	his box and stop h	ere. The organizat	tion qualifies as a j	publicly supported	organization	∍ 17 ► X
	33-1/3% support tests - 2013. ii					more than 33-1/39	
	line 18 is not more than 33-1/3%, Private foundation. If the organiz	check this box and	stop here. The or	ganızatıon qualıfie	s as a publicly sup	ported organizatio	n ≻

57-1128981

Part IV 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.)

	ction A. All Supporting Organizations	\neg	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing 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	,		
2	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		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3 a		
	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	3 c	a), 694	·
4		4a	7 A ()	
	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	4 b		事の
	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	4c		5
5	a 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 ElN 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	1317	. :
		5 c		
6	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 chantable 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 Part VI			(明天)
7	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)	1	4.4	
8	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)	- 1	n) ,	
9	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?	9a	21 47 2 22 2 28 2	31 3
	b 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	9 b	· : ;	, ,.
		9c	严重	17 ,
10	Da 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 organizations)? If 'Yes,' answer (b) below	0a	A STATE OF THE PARTY OF THE PAR	1
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	٦	4.44	ا - ' نفياً ال

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Par	t IV Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	140		
	governing body of a supported organization?	11a		
	o A family member of a person described in (a) above?	11b	 	
	tion B. Type I Supporting Organizations	1110	<u> </u>	L
<u>3ec</u>	tion B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint	[103	
	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or 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	. 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 VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	. 2		ļ
<u>Sec</u>	tion 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 or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	. 1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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	7. 4.	* 1 th
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	建	Train the
3	By reason of the relationship described in (2), did the organization's supported organizations have a 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	. 3		,
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction			
•		·3 <i>)</i> .		
	- H			
	The organization is the parent of each of its supported organizations. Complete line 3 below			
(The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instri	ictions).		
2	Activities Test Answer (a) and (b) below.		Yes	No
•	a 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	1.10	
!	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 Part VI 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.		· ,,	
	a 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	· 3a		
	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 Part VI the role played by the organization in this regard	. 3b	75 - 5	

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ıniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	lovem tions	nber 20, 1970 See instruct A through E	tions. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of pnor-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		· . · · · · · · · · · · · · · · · · · ·
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 maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		·
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		· · · · · · · · · · · · · · · · · · ·
	Total (add lines 1a, 1b, and 1c)	1 d		
	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	Recovenes of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	·八姓· 化沙林树 深	
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-functionally-integrate (see instructions)	d Typ	e III supporting organization	n
BAA			Schedule A (Forr	n 990 or 990-EZ) 2014

	dule A (Form 990 or 990-EZ) 2014		 	Page 7
Par		ipporting Organiza	tions (continued)	
Sec	tion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ns, 	
_ 3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations	<u> </u>	
_4	Amounts paid to acquire exempt-use assets	<u> </u>	<u> </u>	
5	Qualified set-aside amounts (pnor IRS approval required)	 		
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion 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	and the second s	11.	' , , 4 ,	- 121 1318
ь	- 1 4 4	200 A . 3 7 . 15		1 28 71 10 51
		21,3%		- 15 P F - 1
d	· · · · · · · · · · · · · · · · · · ·	7 3 71	Terry Pa	, , , , , , , , , , , , , , , , , , , ,
	From 2013			11,
	Total of lines 3a through e			, , , ,
	Applied to underdistributions of prior years	13118		1 1 2 1 1 1 1 1
	· · · · · · · · · · · · · · · · · · ·	1,71,2	,	\$ 5° asin 2° 4° "
	Applied to 2014 distributable amount			1 11 4 55 51 1 57
	Carryover from 2009 not applied (see instructions)	3 24 131 12	7 (1)21 (1 4) 7 (1)24 (1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Remainder. Subtract lines 3g, 3h, and 3i from 3f	establish mala in a continu	I will the world	
4	Distributions for 2014 from Section D, line 7 \$	建 模技术(图)	1917 海南北北海	
	Applied to underdistributions of prior years			在解析的可以表现
	Applied to 2014 distributable amount	14.5 美元 编程 25	The Above Still	
	Remainder. Subtract lines 4a and 4b from 4		"二、"是接近秦(4)	, A. 181 Williad & State 181 18
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		A SAN COME OF A PROPERTY OF A SAN COMMENT	T的数据,所示数数数数1.5%
8	Breakdown of line 7:	Property of the second	: 编 50 维 1 2 4	The Monday of the
a	2 2 2 2 3 3 4 4 5 1 5 1 5 1 5 1 5 1	1. K. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	F 35 1 2 2 1 3 2 3	1. (b) 1. (c) 1. (c) 1. (d) 1
		State of the state		., ,
				4 4 4
-	Excess from 2013			,
	· · · · · · · · · · · · · · · · · · ·			
e	Excess from 2014	<u> </u>	l	1

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

n990. Open to Public Inspection
Employer Identification number

	National Association of Com	petitive Soccer	Clubs, Inc.	57-1128981
art	Organizations Maintaining Dono	r Advised Funds or C	ther Similar Fu	
	Complete if the organization answe	ered 'Yes' to Form 990	, Part IV, line 6	
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			_
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (dunng year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor are the organization's property, subject to the org	advisors in writing that the a anization's exclusive legal c	ssets held in donor a ontrol?	dvised funds
6	Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor, d	or for any other purpo	ose conferring
)ar	II Conservation Easements.			
aı	Complete if the organization answer	ered 'Yes' to Form 990	Part IV, line 7.	
1	Purpose(s) of conservation easements held by th			·
	Preservation of land for public use (e.g., recre	eation or education)	Preservation o	f a historically important land area
	Protection of natural habitat	·	⊢ ⊸∤	of a certified historic structure
	Preservation of open space		—	
2	Complete lines 2a through 2d if the organization I	held a qualified conservation	contribution in the fo	orm of a conservation easement on the
	last day of the tax year	•		
				Held at the End of the Tax Yea
	Total number of conservation easements			
t	Total acreage restricted by conservation easeme	nts		. 2b
C	Number of conservation easements on a certified	d historic structure included i	n (a)	. 2 c
(Number of conservation easements included in (o structure listed in the National Register			. 2 d
3	Number of conservation easements modified, tra tax year ►	_		y the organization during the
4	Number of states where property subject to cons	ervation easement is located	· ·	_
5	Does the organization have a written policy regar and enforcement of the conservation easements	ıt holds?		Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing co	nservation easement	ts during the year
7	Amount of expenses incurred in monitoring, inspenses	ecting, and enforcing conser	vation easements du	ring the year
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the red	quirements of section	170(h)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	s conservation easements in ne organization's financial sta	its revenue and expatements that describ	ense statement, and balance sheet, and es the organization's accounting for
2aı	Organizations Maintaining Colle Complete if the organization answer	ctions of Art, Historic ered 'Yes' to Form 990	al Treasures, o	r Other Similar Assets.
1:	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	eld for public exhibition, educ	ation, or research in	tatement and balance sheet works of furtherance of public service, provide,
1	o If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items:	FAS 116 (ASC 958), to report for public exhibition, education	rt in its revenue state on, or research in furtl	ment and balance sheet works of art, herance of public service, provide the
	(i) Revenue included in Form 990, Part VIII, line			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, it amounts required to be reported under SFAS 110	6 (ASC 958) relating to these	e items	- '
;	Revenue included in Form 990, Part VIII, line 1 .			• • • • • • • • • • • • • • • • • • •
	Assets included in Form 990. Part Y			

Schedule D (Form 990) 2014 National Associat	ion of Competitive S	Soccer Clubs, Inc	57-1128	3981 Page 2
Part III Organizations Maintaining Colle	ctions of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (continued)
3 Using the organization's acquisition, accession, a items (check all that apply)	and other records, check a	any of the following that	are a significant use of its	collection
a Public exhibition	d Loan o	r exchange programs		
b Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's collect Part XIII	·			
5 During the year, did the organization solicit or red to be sold to raise funds rather than to be mainta	ined as part of the organi	zation's collection?		Yes No
Part IV Escrow and Custodial Arrangen line 9, or reported an amount on F	orm 990, Part X, line	e 21.	wered Yes to Form	990, Part IV,
1 a Is the organization an agent, trustee, custodian, on Form 990, Part X?	or other intermediary for o	ontributions or other as	sets not included	Yes No
b If 'Yes,' explain the arrangement in Part XIII and	complete the following tat	ole		
				Amount
c Beginning balance				<u></u>
d Additions during the year				
e Distributions during the year				
f Ending balance			1f	
2 a Did the organization include an amount on Form	990, Part X, line 21, for e	scrow or custodial acco	unt liability?	Yes No
b If 'Yes,' explain the arrangement in Part XIII Che	eck here if the explanation	has been provided in F	Part XIII	····· 🔲
Part V Endowment Funds. Complete if	the organization ansi	wered 'Yes' to Forn	n 990, Part IV, line 10	0.
(a) Current	year (b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance				
b Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance				T
2 Provide the estimated percentage of the current	year end balance (line 1g	, column (a)) held as		
a Board designated or quasi-endowment	*			
b Permanent endowment ► %				
c Temporarily restricted endowment	*			
The percentages in lines 2a, 2b, and 2c should e	equal 100%			
,	•	ore bald and administra	and for the	
3 a Are there endowment funds not in the possession organization by	in of the organization that	are neid and administer	red for the	Yes No
•				3a(ı)
(ii) related organizations				. 3a(II)
b If 'Yes' to 3a(ii), are the related organizations list				3b
4 Describe in Part XIII the intended uses of the org	*			
Part VI Land, Buildings, and Equipmen				
Complete if the organization answ		90. Part IV. line 11	a. See Form 990. Pa	rt X. line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	 	Dadia (dale)	deprediation	
b Buildings			 '' 	
c Leasehold improvements			 	
d Equipment			 	
			 	
e Other		(D) /: 40:1	1	
Total. Add lines 1a through 1e (Column (d) must equi	ai rorm 990, Part X, colum	nn (B), line 10c)		L. D. (F 000) 0011
BAA			Sched	ule D (Form 990) 2014

Complete if the organization answered "	Yes' to Form 990, F	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	· · · · · · · · · · · · · · · · · · ·	
(2) Closely-held equity interests		
(3) Other		
(A)	 	
(B)	-	
(C)		
(D)	· · · · · · · · · · · · · · · · · · ·	
(E)		
(F)		
(G)	·	<u> </u>
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)		<u></u>
Part VIII Investments - Program Related.	Vac' to Form 000 F	Port IV June 11a, See Form 000, Bort V Sine 12
		Part IV, line 11c See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
	······································	
(6)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) >		·大學 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Part IX Other Assets.		
Complete if the organization answered		Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6) (7)		
(8)	··	···
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B), I	ine 15)	
	<i></i>	
Other Liabilities. Complete if the organization answered 'Yes' to Fe	orm 990. Part IV. line 1	le or 11f See Form 990 Part X line 25
(a) Description of liability	(b) Book value	for the object of the object o
(1) Federal income taxes	<u> </u>	
(2) Accounts Payable*	104,33	
(3) Accrued Expenses		0.
(4)		• • • • • • • • • • • • • • • • • • • •
(5)		
(6)		<u> </u>
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	► 104,33	14.
Luability for uncertain tax positions. In Part XIII, provide the text of the footing the second		
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote I	nas been provided in Part XIII	· · · · · · · · · · · · · · · · · · ·

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	. 1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	ू ३०	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	_ e 5a	
c Recovenes of prior year grants	- `	
d Other (Describe in Part XIII.)	- '	
e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	. 2 e	
3 Subtract line 2e from line 1	. 3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a	1	
b Other (Describe in Part XIII)	<u>-</u>	
c Add lines 4a and 4b	. 4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	, •	
a Donated services and use of facilities	'	
b Prior year adjustments	-	
c Other losses	- .	
d Other (Describe in Part XIII)	<u>-</u> j j	
e Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	. 2 e	
3 Subtract line 2e from line 1	. 3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	_[
b Other (Describe in Part XIII)	_	
C Add lines 4a and 4b		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V,		
line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	nai information	

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public

Department of the Treasury Internal Revenue Service at www.irs.gov/form990. Inspection Name of the organization Employer Identification number National Association of Competitive Soccer Clubs, Inc. Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction 1 person and organization Yes No (1) (2)(3)(4) (5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year under 2 ▶\$ Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (d) Loan to or from the organization? (i) Written agreement? (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (f) Balance due (g) In default? (e) Original principal amount (h) Approved by board or committee? Tο From No No Yes Yes Х Cash Flow Needs X Х X (1) CC&C Management Management Firm 1,207,536 264,992 X (2) C2S Marketing Marketing Firm Cash Flow Needs X Х 5,133,996 3,634,382 Х (3)(4) (5) (6) (7) (8) (9) (10) Total . 3,899,374. Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 27. (b) Relationship between interested person and the organization (a) Name of interested person (c) Amount of assistance (d) Type of Assistance (e) Purpose of assistance (1) (2)(3)(4) (5) (6)(7)(8)(9)(10)

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

Schedule L (Form 990 or 990-EZ) 2014

Schedule L (Form 990 or 990-EZ) 2014	National Association of Competitive Soccer Clubs	. Inc

57-1128981

Page 2

Part IV Business Transactions Involving Interested Persons.

_	Complete if the ord	ganization a	nswered 'Yes'	on Form 990,	Part IV,	line 28a,	28b, or 28c.
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(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shar organiza reveni	nng of ation's ues?
				Yes	No
(1)					
(2)					
(3)		· · · · · · · · · · · · · · · · · · ·			
(4)					
(5)					
(6)		-			
(7)					
(8)					
(9)					
(10)					T

Part V Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions).

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.

Attach to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public

Employer Identification number

Department of the Treasury Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

National Association of Competitive Soccer Clubs, Inc. 57-1128981 The organization delegates certain routine functions to a management Pt VI, Line 3 company. Pt VI, Line 6 Members consist of soccer clubs, leagues, players and coaches. The board of directors are elected annually by the member clubs in good Pt VI, Line 7a The 990 is prepared and circulated to all board members for questions Pt VI, Line 11b and comments. In addition to annual disclosure, conflict of interest policies are Pt VI, Line 12c discussed at board meetings throughout the year. The board of directors completed a comprehensive, independent study of compensation levels for marketing and management contracts as well as senior staff members and established compensation levels as a result, which were reviewed and approved as part of the annual budget approval Pt VI, Line 15a process. The board of directors completed a comprehensive, independent study of compensation levels for marketing and management contracts as well as senior staff members and established compensation levels as a result, which were reviewed and approved as part of the annual budget approval Pt VI, Line 15b process. Organization bylaws and policies are posted on its website. Organizatin conflict policy and financial statements are available on request. Pt VI, Line 19

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

Briefly describe the organization's mission:

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

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

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

Code:	Description:	Other Program Services
Expenses	707,668.	
Grants Of	0.	
Revenue.	409,850.	

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

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
General Event Expenses	778,362.	778,362.	0.	0.
NPL Events	60,012.	60,012.	0.	0.
NPL Finals	73,599.	73,599.	0.	0.
National Cup	149,146.	149,146.	0.	0.
id2 Expenses	114,908.	114,908.	0.	0.
Merchant Account Fees	170,895.	0.	170,895.	0.
Other Expenses	261,013.	135,199.	125,814.	0.

Supporting Statement of:

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

Description	Amount
First Citizens Checking	19,807.
South Atlantic Checking	9,418.
Wells Fargo Checking	1,799.
Total	31,024.

Supporting Statement of:

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

Description	Amount
First Citizens Checking	27,935.
South Atlantic Checking	10,438.
Wells Fargo Checking	2,385.
Total	40,758.

Supporting Statement of:

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

Description	Amount
First Citizens MM Account	147,683.
South Atlantic MM Account	793,152.
TD Bank Money Market	332,027.
Wells Fargo Money Market	289,834.
Total	1,562,696.

Supporting Statement of:

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

Description	Amount
First Citizens MM Account	237,716.
South Atlantic MM Account	516,028.
TD Bank Money Market_	282,069.
Wells Fargo Money Market	290,427.

Total ____1,326,240.