

## 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



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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Ā	For the 2	014 calen	dar year, or tax	year begir	nning Sep	1	, 201	4, and en	ding A	Aug 31		. 2015
В	Check if app	olicable	C Name of organ	zation TEN	NNESSEE S	TATE SO	CCER AS	SSOCIA	CION	D Em	ployer ident	ification number
	Addres	s change	Doing business	as						58	3-1571	304
	Name	change	Number and st	reet (or P O bo	x if mall is not delive	ered to street ad	ldress)	Ro	om/suite	E Tele	ephone numi	per
	Initial r	eturn	100 COUNT	RY CLUE	B DRIVE			10	00	(8	300) 3	67-8772
	Final ret	urn/terminated	City or town, st	ate or province,	country, and ZIP o	r foreign postal	code					· · · · · · · · · · · · · · · · · · ·
	Amend	ded return	HENDERSON	IVILLE			TN	3707	5	<b>G</b> Gro	ss receipts	\$1,396,128.
	Applica	ation pending	F Name and add		officer		· · · · · · · · · · · · · · · · · · ·		H(a) 1	s this a group re	turn for sub	ordinates? Yes X No
	ш		HANS HOBSO	ON 100 COUN	TRY CLUB DRIV	E HENDERS	ONVILLE T	rn 3707	5 H(b)	Are all subordina f 'No,' attach a li	ites included	? Yes No
ī	Tax-exe	mpt status	X 501(c)(3)	501(c) (	) <b>▼</b> (in:		4947(a)(1)		,	i No, attach a ii	st. (see mst	ucuons)
J	Websi	<del></del>	W.TNSOCCE				<u> </u>		H(c) (	Group exemption	n number	•
$\overline{K}$	Form of o	organization	X Corporation	Trust	Association	Other >		L Year of form	nation ]	L984	M State of I	egal domicile TN
Pa	art l'	Summar	У									
			e the organizat	ion's missio	n or most sign	ificant activit	ies:	SOCCER	PROMO	TION, E	DUCAT	ON AND SERVICE
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Governance	_				<b></b>	<b></b> -	. <b></b>					
ern							- <del></del>	,-,-				
ò	2 Ch	neck this bo	x ► if the ting members o		n discontinued							1.0
બ્ઇ	A NI		ung members o dependent votin									13
es	5 To		of individuals e									15
Activities	6 To		of volunteers (e									20
Ac	<b>7a</b> To	tal uprelate	d business reve	enue from P	art VIII, columi	n (C), line 12	2				. 7a	0.
	b Ne	et unrelated	business taxab	le income fr	om Form 990-	T, line 34 .					. 7b	0.
										Prior Ye	аг	Current Year
Φ	8 Cc	ontributions	and grants (Pa	rt VIII, line 1	h)						,925.	26,341.
Š		•	ice revenue (Pa							1,294		1,342,413.
Revenue			come (Part VIII,			-			<u> </u>		,865.	1,255.
Œ			e (Part VIII, colu								,487.	26,119.
_			e – add lines 8 t							1,388	<u>,671.</u>	1,396,128.
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			to or for member						_	251	0.60	200 600
S	15 Sa		er compensation							351	,262.	390,627.
ŠĽ	<b>16a</b> Pr	ofessional i	fundraising fees	(Part IX, co	olumn (A), line	11e)			19,000	Maria Alemana	<b>海外</b> 企画でもできます。	and the Marian and American
Expenses	b To	tal fundrais	sing expenses (I	Part IX, colu	mn (D), line 25	5) ►		(	<u> </u>			बुद्ध हैं हैं।
ш	17 Ot		es (Part IX, colu						• •	1,034	,223.	1,039,470.
	18 To	otal expense	es. Add lines 13	-17 (must e	qual Part IX, c	olumn (A), J	ne 25)			1,385	,485.	1,430,097.
		evenue less	expenses Sub	tract line 18	from line 12			NED.	• •		,186.	-33,969.
ð	KI.					35			ျှေ Be	ginning of Cu		End of Year
Assets	20 To		(Part X, line 16)				MAY . 3 1	. 9102. 1	ქწ		<u>,135.</u>	644,882.
2 - 2	일 -	otal liabilitie	s (Part X, line 2	6)				- GO 10	IRS-OSC	172	<u>,</u> 248.	201,964.
Z			fund balances.	Subtract lin	e 21 from line	20		# # # # T	J≌	426	,887.	442,918.
) <del></del>			re Block			<u> </u>						<del></del>
Uno 8 con	der penalties	of perjury, I dec	clare that I have exar rer (other than officer	nined this return	n, including accomp	anying schedule	es and stateme	nts, and to the	e best of my	/ knowledge and	d belief, it is t	rue, correct, and
) —			-1	do						-</th <th>-/:1</th> <th></th>	-/:1	
, C:		Signatu	ure of officer	-ge						5/2 Date	3/10	
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<u>_</u>	<del></del>		preparer's name		Prepare s Igna	ature	$\overline{}$	Date		Check	X if	PTIN
Š _	. • •		•	2	KVV	$\mathcal{M}_{\mathcal{M}}$	)		24/16	self-emp	_	P00427188
	aid	Firm's name	T JENNINGS	NGS & C	TOUSE OF	LC L	$\leftarrow$	103/2	- <del>1</del> /10	3011-01114	,	10072/100
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N.4-	w the IDC	discuss th	GALLA is return with the		hown above?	(see instruct	$\overline{}$				. (01	. X Yes No
			Reduction Act						TEEA0101	05/28/14		Form <b>990</b> (2014)
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_	990 (2014) TENNESSEE STATE SOCCER ASSOCIATION	58-15713	304 Page <b>2</b>
Par			
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	SOCCER PROMOTION, EDUCATION AND SERVICE		
		· <b></b>	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	Form 990 or 990-EZ?	· · · · · <u>· · · · </u>	Yes X No
_	If 'Yes,' describe these new services on Schedule O.		1 🗆
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s <sup>7</sup>	Yes X No
4	If 'Yes,' describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	, as measured by others, the total e	expenses.
	and revenue, if any, for each program service reported.		. ,
<b>4</b> a	(Code: ) (Expenses \$ 1,202,305. including grants of \$ 0.)	Revenue \$	1,368,532.)
74	PROVIDES COACHING CLINICS, REFEREE TRAINING, INSURANCE COVERAGE		1,300,332.
	AND ACTS AS THE GOVERNING BODY FOR YOUTH AND ADULT SOCCER		
	ASSOCIATIONS THROUGHOUT TENNESSEE.		
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4 b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
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4 c	: (Code. ) (Expenses \$ including grants of \$ )	(Revenue \$	• • • • • • • • • • • • • • • • • • • •
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4 d	Other program services (Describe in Schedule O.)		
_	(Expenses \$ including grants of \$ ) (Revenue \$	<u> </u>	)
	Total program service expenses ► 1,202,305.		
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بىي			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	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	,	ige 3
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	15.	Oli 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		X
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		x
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	۱ - پُ
ı	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		×.
•	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		 Х
(	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	Ţ	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
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f		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	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	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	complete Schedule G, Part III	19		 Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

			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? <i>If 'Yes,' complete Schedule J</i>	23		Х
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		Х
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		,43.
c	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
k	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		Ž.
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		x
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		Ý
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
k	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
¢	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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
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	_

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Rank V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V	<del>· · · ·</del>		<del>: _</del> _
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
better the name of a sine very sine			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
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 2 a 6	-		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		L	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
<b>b</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	- 1	100
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)?	4 a		X
b If 'Yes,' enter the name of the foreign country.			Ŀ
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?	5 a		_ <u>x</u>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		_^
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	30		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	-	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	- r	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	4	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year			7
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8		Х
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		-X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	r	- X
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 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.)	42.0		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	اصوت	
bir roo, onto the amount of the second of th			
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?	13 a		Ţ
Note. See the instructions for additional information the organization must report on Schedule O.	. , a		
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			
14.2 Did the organization receive any navments for indoor tanning services during the tax year?	14 a		Х

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

Part Mile Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes Νo 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . . . 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 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? . . . . Х Did the organization make any significant changes to its governing documents Х 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more ŶΧ -10 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following b Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes Nó 10 a Х b If Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their ł Х 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11 a ٠x b 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 . . . . . . . Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х Х X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . 15 a 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . . . . . 16 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Tennessee Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records:

DOUG RONNING

HENDERSONVILLE

37075

100 COUNTRY CLUB DRIVE STE 100

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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.

1 1	Check this box if neither the or	ganization nor any related	d organization compensated a	ny current officer, director, or trustee.
-----	----------------------------------	----------------------------	------------------------------	---

		(C)								
(A) Name and Title		thar	one both	box, ι	unles: fficer truste		n	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) TODD LOCKHART	8.00									1
PRESIDENT		Х		Х				0.	0.	
(2) CLEVELAND GRIMESEXEC VP	_ _8.00	х		х				0.	0.	0.
(3) CARL COOLEY SECRETARY / TREASURER	8.00	х		х				0.	0.	0.
	8.00	х						0.	0.	٠٠٠.
(5) OTEY SMITHSON  VP-ADULTS	8.00	Х						0.	0.	0.
(6) JOHN SNYDER  VP-YOUTH CAMP	8.00	Х						0.	0.	· 0.
_(7)_MIKE_CANDEBATSRA	8.00	х						0.	0.	0.
(8) RICHARD BOONE CENTRAL DISTRICT DIRECTOR	8.00	Х						0.	0.	٠, ١٥.
(9) J MARCO LEE MIDDLE DISTRICT DIRECTOR	8.00	Х						0.	0.	0.
(10) RANDY DENTON EAST DISTRICT DIRECTOR	8.00	x_						0.	0.	0.
(11) GREG_HOPKINS	8.00	Х						0.	0.	0
(12) JOHN MOORE  SE DISTRICT DIRECTOR	8.00	х						0.	0.	ó
(13) DON EUBANKS WEST DISTRICT DIRECTOR	8.00	х						0.	0.	0.
(14) HANS HOBSON EXECUTIVE DIRECTOR	40.00	х				х		73,344.	0.	Ó-

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TEEA0107 02/27/14

Form 990 (2014)

Pant VII  Section A. Officers, Directors, Tru		<u>Key</u>	En		_	es,	and	d Highest Con	pensated Emp	loyees (continued)
	(B)	Ì		•	<b>)</b>					
(A)	Average hours	(do	not c	Pos heck	more	than o	ne	(D)	(E)	(F)
Name and title	per	offi	cer a	nd a c	irecto	or/trust	ee)	Reportable compensation from	Reportable compensation from	Estimated amount of other compensation
	(list any hours	or d	nsu	Officer	€	불	읔	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the
	for related	Individual or director	The last	æ	3	S S	를			organization and related organizations
	organiza - tions	E E	na t		Key employee	l° §				Organizations
	below dotted	ndividual trustee or director	nstitutional trustee		ñ	) Xens				
	line)	"	Ж			Highest compensated employee				
(15)		<del>                                     </del>		_		-	<del> </del>			
					L					
<u>(16)</u>										4
(17)		-			$\vdash$	-	-			
2										
(18)	1									
				<u> </u>	ļ	ļ				
<u>(19)</u>				i						, ,
(20)			-		-	<del>                                     </del>				
·										
(21)	[								•	
(22)		-			-		<del> </del>			
(22)	┨									
(23)				<u> </u>						
					<u> </u>	<u> </u>	<u> </u>		i	-
(24) 	<b>∤</b>									
(25)		-	-		<u> </u>		$\vdash$	-		
<u></u>										-
1 b Sub-total			٠.	٠.			<b></b>	73,344.	0.	0
c Total from continuation sheets to Part VII, Secti							<b>&gt;</b>			
d Total (add lines 1b and 1c)								73,344.	0.	0
2 Total number of individuals (including but not limiter from the organization ►	d to those	listed	abo	ove)	who	rece	eive	d more than \$100,0	000 of reportable cor	npensation - ·
non the organization										Yes No
3 Did the organization list any former officer, director	or truste	e. kev	em/	volar	/ee.	or hi	ahes	st compensated en	nplovee	
on line 1a? If 'Yes,' complete Schedule J for such ii										. 3 X
4 For any individual listed on line 1a, is the sum of re	portable c	ompe	nsa	tion	and	othe	r co	mpensation from		
the organization and related organizations greater to such individual	nan \$150,			res 	com	ріөтө		neaule J tor • • • • • • • • • •		. 4 X
5 Did any person listed on line 1a receive or accrue of										
for services rendered to the organization? If 'Yes,' of Section B. Independent Contractors	complete S	Sched	lule	J foi	r suc	h pe	rsor	1		.  5   X
<ol> <li>Complete this table for your five highest compensa</li> </ol>	ted indepe	nden	t co	ntra	ctors	that	rec	eived more than \$	100,000 of	*
compensation from the organization. Report compe	ensation fo	r the	cale	enda	r ye	ar en	dıng	l		
(A) Name and business addr	ess							Description of	f services	(C) Compensation
								1		
			·							
2 Total number of independent contractors (including	but not lir	nited	to th	nose	list	ed ab	ove	) who received mo	re than	
\$100,000 of compensation from the organization	<b>•</b>									
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Form 990 (2014) TENNESSEE STATE SOCCER ASSOCIATION

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note	to any line in thi	s Part VIII	<u></u>		<u> </u>
			(A) al revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a Federated campaigns 1a					
Tan I	b Membership dues 1 b					
2 E	c Fundraising events 1c					
ifts Ir A	d Related organizations 1 d					
2, iii	e Government grants (contributions) 1 e					
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and	- 241				
흔히	\	5,341.				
투밀	h Total. Add lines 1a-1f	5,041.	26 241			~ '
<u>5 6</u>	Busines		26,341.		<del></del>	
Program Service Revenue			752,502.	752,502.	0.	
ě	2a PLAYER REGISTRATION 611620				0.	<u> </u>
e F	b OLYMPIC DEVELOPMENT PROGRAM 611620		294,091.	294,091.	0.	.0.
Ž	COACHING PROGRAM 611620		30,285.	30,285.	0.	<u>`0.</u>
ઝ	d TOURNAMENTS AND GAMES 611620	<u> </u>	232,714.	232,714.	0.	0.
ran	f All other program service revenue		22 021	22 021	0.	
Ş.	g Total. Add lines 2a-2f	<b>D</b> 1 '	32,821.	32,821.		0.
			342,413.			
	3 Investment income (including dividends, interest ar other similar amounts)	¹a <b>►</b>	1,255.	0.	0.	1,255.
	4 Income from investment of tax-exempt bond proces			<u> </u>		1,233.
	5 Royalties					
		ersonal				
	6 a Gross rents					1
	b Less rental expenses					
	c Rental income or (loss)		į			
1	d Net rental income or (loss)	►			• • • •	ને.
i	1	Other				
	assets other than inventory	0.				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)	0.				
	d Net gain or (loss)					
			0.	0.	0.	0.
Other Revenue	8 a Gross income from fundraising events (not including \$					
ě	of contributions reported on line 1c).					
<u> </u>	See Part IV, line 18 a					
캶	b Less: direct expenses b			i		
0	c Net income or (loss) from fundraising events  9 a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances					
	<b>b</b> Less <sup>-</sup> cost of goods sold <b>b</b>					
	c Net income or (loss) from sales of inventory					
		ss Code				
	11a OTHER REVENUE 611620	)	26,119.	26,119.	0.	<u> </u>
	b				<del></del>	· · · · · · · · · · · · · · · · · · ·
	C					ļ
	d All other revenue					<del> </del>
	e Total. Add lines 11a-11d	<del></del>	26,119.			<del> </del>
	12 Total revenue. See instructions	· · · · •   1.	396.128.l	1.368.532.	0.	1,255.

Part IX | Statement of Functional Expenses

Do I	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments.  See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	76,537.	57,403.	19,134.	ó.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	,0,337.	37,403.	13,134.	0.
7	Other salanes and wages	229,611.	172,208.	57,403.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	62,324.	46,743.	15,581.	0
10	Payroll taxes	22,155.	16,616.	5,539.	0.
11	Fees for services (non-employees)				*** * ***
	Management				
	Legal	4,325.	0.	4,325.	<u> </u>
	: Accounting	11,045.	0.	11,045.	<u>. Ö.,</u>
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				
12	Advertising and promotion	9,584.	9,584.	0.	0.
13	Office expenses	4,513.	0.	4,513.	<u> </u>
14	Information technology				
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy				
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	9,347.	0.	9,347.	<u> </u>
19	Conferences, conventions, and meetings	38,235.	28,276.	9,959.	Ö.
20	Interest				
21	Payments to affiliates				<u></u>
22	Depreciation, depletion, and amortization	6,315.	6,315.	0.	0.
23 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.)	40,417.	30,313.	10,104.	0.
;	YOUTH PLAYER FEES	182,892.	182.892.	0.	0
	PADULT PLAYER FEES	80,034	80.034.	0.	0.
	OLYMPIC DEVELOPMENT PROGRAM	312.449.	312,449.	0.	0.
	1				
	All other expenses	340,314.	259,472.	80,842.	0.
25	Total functional expenses Add lines 1 through 24e	1,430,097.	1,202,305.	227,792.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
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505,736

34,467

799

26,880

10,000.

644,882.

119,449.

99,341

19

20

21

22

23

30

31

32

33

34

426,887

599,135

82,515.

TENNESSEE STATE SOCCER ASSOCIATION 58-1571304 Form 990 (2014) Balance Sheet Beginning of year End of year 1 2 Savings and temporary cash investments 483,405 2 3 3 Pledges and grants receivable, net . . . 4 Accounts receivable, net . . . . . 23,851 Loans and other receivables from current and former officers, directors, 5 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 9 Prepaid expenses and deferred charges 40,045 10 a Land, buildings, and equipment. cost or other basis. 10 a 200 b Less accumulated depreciation . . . . . . . . . . . . 10 b 173 30,884 10 c Investments - publicly traded securities . . . . . 11 11 Investments - other securities See Part IV, line 11 . . . . 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Other assets. See Part IV, line 11 . . . . . 15 20,950 15 Total assets. Add lines 1 through 15 (must equal line 34) . 16 599,135 16 17 17 72,907 18 Grants payable........ 18

	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 of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	172,248.	26	201,964.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ě	27	Unrestricted net assets	416,887.	27	391,973
Bal	28	Temporarily restricted net assets	10,000.	28	50,945.
_	29	Permanently restricted net assets		29	
r Fund		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.			

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Net Assets

30

31

32

33

34

19

20

21

23

Liabilities

Deferred revenue . . . . .

Tax-exempt bond liabilities . . . . . . . . .

Escrow or custodial account liability Complete Part IV of Schedule D . . . . .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.

Secured mortgages and notes payable to unrelated third parties . . .

Capital stock or trust principal, or current funds . . . . . . . . .

Total liabilities and net assets/fund balances . . . . . .

Paid-in or capital surplus, or land, building, or equipment fund . . . .

Retained earnings, endowment, accumulated income, or other funds

644,882 Form 990 (2014)

442,918

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

review, or compilation of its financial statements and selection of an independent accountant? . . . . . . If the organization changed either its oversight process or selection process during the tax year, explain

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ın Schedule O.

Form 990 (2014)

Х

2 c

3 a

3 b

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

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2014

Name o	of the organization					Employer Identifica	ation number			
TEN	NESSEE STATE SOCCER A	SSOCIATION				58-157130	4			
Par	Reason for Public Cha	rity Status (All or	ganizations must co	mplete	this p	art.) See instruction	is.			
The o	organization is not a private foundati	ion because it is: (For l	lines 1 through 11, chect	only on	e box)					
1	A church, convention of church	nes, or association of c	churches described in se	ction 17	0(b)(1)(	A)(i).				
2	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E )							
3	A hospital or a cooperative hos	spital service organizat	tion described in <b>section</b>	170(b)(	1)(A)(iii)	) <b>.</b>				
4	A medical research organization	on operated in conjunc	tion with a hospital desc	nbed in s	section	170(b)(1)(A)(iii). Enter ti	he hospital's			
	name, city, and state:	•	·							
: 5	An organization operated for the 170(b)(1)(A)(iv). (Complete P		or university owned or o	perated t	by a gov	ernmental unit described	d in section 🛊 🥀			
6	A federal, state, or local govern						••			
7	X 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	n section 170(b)(1)(A)	(vi). (Complete Part II.)							
<b>9</b> ,	from activities related to its exemples investment income and unrelated June 30, 1975. See section 50	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	,				, ,, ,				
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.									
а	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	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.									
С	organization(s) (see instruction	ns). You must comple	ete Part IV, Sections A,	D, and E	<b>.</b>					
d	Type III non-functionally inte functionally integrated. The organistructions). You must comp	ganization generally m	ust satisfy a distribution	connecti requirem	on with i	its supported organization attentiveness require	on(s) that is not - ement (see			
е	integrated, or Type III non-fund	ctionally integrated sup	porting organization		s a Туре	I, Type II, Type III functi	onally			
f	Enter the number of supported or	-								
g	Provide the following information	about the supported or	rganization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is organization in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
							,			
(A)										
<u>(B)</u>					!					
(C)										
_										
<u>(D)</u>				-						
<u>(E)</u>										
Total	l		J							

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

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>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')	1,547,969.	1,264,859.	1,298,838.	1,365,319.	1,368,754.	6,845,739.
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	1,547,969.	1,264,859.	1,298,838.	1,365,319.	1,368,754.	6,845,739.
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)						) J (8)
6	Public support. Subtract line 5 from line 4						6,845,739.
<u>Sec</u>	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·	1	1		<del> </del>
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,547,969.	1,264,859.	1,298,838.	1,365,319.	1,368,754.	6,845,739.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,766.	2,774.	2,773.	3,865.	1,255.	13,433.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,627.	13,256.	13,743.	19,487.	26 <b>,</b> 119.	74,232.
11	Total support. Add lines 7 through 10						6,933,404.
12	Gross receipts from related activit	ties, etc (see instru	ctions)			12	
	First five years. If the Form 990 organization, check this box and s	stop here					
	tion C. Computation of Pu					T	<del> </del>
14	Public support percentage for 201	14 (line 6, column (1	f) divided by line 1	1, column (f))		14	98.74%
	Public support percentage from 2						99.06%
	33-1/3% support test — 2014. If and stop here. The organization	qualifies as a publi	cly supported orga	nization			· · · · · · · ► X
t	33-1/3% support test — 2013. If and stop here. The organization	the organization di- qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a anization	and line 15 is 33-1/	3% or more, check	k this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts-	neets the 'facts-and	-circumstances' te	st, check this box a	and <b>stop here.</b> Exi	olain in Part VI hov	v —
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	neets the 'facts-and -circumstances' tes	l-circumstances' te st. The organization	st, check this box a n qualifies as a pul	and <b>stop here.</b> Exp blicly supported org	olain in Part VI hov ganization	v the
18	Private foundation. If the organiz	zation did not chec	к а box on line 13,	16a, 16b, 1/a, or	170, CRECK this box	and see instruction	ons
RΔΔ					Scl	hedule A (Form 99	0 or 990-FZ) 2014

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

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

Sec	tion A. Public Support							
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')							* *.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513		-					· <u>3t.</u>
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
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							
c	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Add lines 10a and 10b						-	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11 and 12.)							
14	Total support. (Add lines 9, 10c, 11 and 12.) First five years. If the Form 990 is organization, check this box and s	top here	<u></u>					▶ □
14	Total support. (Add lines 9, 10c, 11 and 12.)	top here blic Support F	Percentage		· · · · · · · · · · · · · · · · · · ·			
14	Total support. (Add lines 9, 10c, 11 and 12.) First five years. If the Form 990 is organization, check this box and setion C. Computation of Pu Public support percentage for 201	top here blic Support F 4 (line 8, column (f	Percentage ) divided by line 13	3, column (f))			15	ું ૦૦
14 Sec 15 16	Total support. (Add lines 9, 10c, 11 and 12.)	top here blic Support F 4 (line 8, column (f 013 Schedule A, Pa	Percentage ) divided by line 13 art III, line 15	3, column (f))				
14 Sec 15 16	Total support. (Add lines 9, 10c, 11 and 12.)	top here	Percentage ) divided by line 13 art III, line 15 ne Percentag	3, column (f))			15	% %
14 Sec 15 16 Sec 17	Total support. (Add lines 9, 10c, 11 and 12.)	top here	Percentage ) divided by line 13 art III, line 15 ne Percentag	3, column (f))	))		15 16	% %
14 Sec 15 16 Sec 17	Total support. (Add lines 9, 10c, 11 and 12.)	top here	Percentage ) divided by line 13 art III, line 15 ne Percentag lumn (f) divided by A, Part III, line 17	3, column (f))	))		15 16 17 18	96 96 96 96
14 Sec 15 16 Sec 17 18 19 a	Total support. (Add lines 9, 10c, 11 and 12.)	top here	Percentage ) divided by line 13 art III, line 15 me Percentag lumn (f) divided by A, Part III, line 17 id not check the beere. The organiza	e vine 13, column (f)	))	n 33-1/3%, a	15 16 17 18 nd line 1	% % % %
14 Sec 15 16 Sec 17 18 19 a	Total support. (Add lines 9, 10c, 11 and 12.)	blic Support F 4 (line 8, column (f 013 Schedule A, Pa restment Incol 2014 (line 10c, column 2013 Schedule the organization d the organization d the organization d	Percentage ) divided by line 13 art III, line 15  ne Percentag lumn (f) divided by A, Part III, line 17 id not check the beere. The organization of check a box	a, column (f))	line 15 is more that	n 33-1/3%, a organization more than 3	15 16 17 18 nd line 1	% % % %

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.)

36	ection A. All Supporting Organizations			
			Yes	No
	1 Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
	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	3a		)U
	<b>b</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 <b>Part VI</b> when and how the organization made the determination	3b		×
	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 <b>Part VI</b> what controls the organization put in place to ensure such use	3c		1
	4 a 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>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		16
	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 <b>Part VI</b> 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		
	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 <b>Part VI</b> , 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		- X
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
	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 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 Part VI	6		
	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)	7		25
	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)	8		
	9 a 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		
	<b>b</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 <b>Part VI</b>	9b		
	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	ر نظامی مصور	
1	10 a 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	10a	27.5	
	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)	10b		

Pa	祝义 Supporting Organizations (continued)			
14	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			
	governing body of a supported organization?	11a		
	<b>b</b> A family member of a person described in (a) above?	11b		L
	c 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		
Sec	ction 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 or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> 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		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction 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	ction 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		, Ale
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		2.54
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	ction 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 instructions):  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			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ons)	. ·	gir.
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		
	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		**************************************

Par	tyves Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınıza	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	lover tions	nber 20, 1970. <b>See Instruc</b> A through E.	ctions. Ali
Sec	tion 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		
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	6		
7	production of income (see instructions)	7		· 1 298 \$
<del>-</del>		8		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	10	(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):			
а	Average monthly value of securities	1 a		
Ŀ	Average monthly cash balances	1 b		
•	Fair market value of other non-exempt-use assets	1 c		
	l Total (add lines 1a, 1b, and 1c)	1 d		
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 pnor-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_		
2	Enter 85% of line 1	2	2.11	* ;
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	4	, , ,
5	Income tax imposed in prior year	5		<u> </u>
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		
DAA			Sahadula A (Ear	m 000 or 000 E7) 2014

	dule <b>A</b> (Form 990 or 990-EZ) 2014			Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	-
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppor	ted organizations		
4	Amounts paid to acquire exempt-use assets		T I	
5	Qualified set-aside amounts (prior 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 organizat in <b>Part VI</b> ). 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	(li) 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			
а				
b				
С				
d				
е	From 2013		-	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			1
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			·
	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			
а				
b				-
С				
d	Excess from 2013			
е	Excess from 2014	[		

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).

Pt II Ln 10

Other Income Part II, Line 10 Description: SEE PART VII OTHER REVENUE 2010: 1627. 2011: 13256. 2012: 13743. 2013: 19487. 2014: 26119.

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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 2014

Open to Public Inspection Employer identification number

						11
	TENNESSEE STATE SOCCER ASSO				58-1571304	
Par	Organizations Maintaining Donor Complete if the organization answe	r Advised Funds or Otl ared 'Ves' to Form 990. F	her Similar Fund Part IV line 6	ds or Ac	counts.	
	Complete it the organization answer	(a) Donor advised		(b) F	unds and other acco	unte
4	Total number at end of year	(a) Donor advised	idius	(6) 1	unus and other acco	
1	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a	advisors in writing that the ass	ets held in donor adv	ised funds		
6	are the organization's property, subject to the organization inform all grantees, donors, a	and donor advisors in writing the	hat grant funds can b	e used only	,	∐ No
·	for charitable purposes and not for the benefit of t impermissible private benefit?	he donor or donor advisor, or	for any other purpose	e conferrinc	i <u>—</u>	No.
Par	Conservation Easements. Complete if the organization answe	ered 'Yes' to Form 990. F	Part IV line 7			
1	Purpose(s) of conservation easements held by the					** *****
' '	Preservation of land for public use (e.g., recre		_	a historically	y important land area	
	Protection of natural habitat	,	Preservation of a		•	
	Preservation of open space					-
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation c	ontribution in the forr	n of a cons	ervation easement or	n the
	last day of the tax year.					
					Held at the End of the	ne Tax Year
	a Total number of conservation easements					
	<ul> <li>b Total acreage restricted by conservation easement</li> <li>c Number of conservation easements on a certified</li> </ul>					
				20		
•	d Number of conservation easements included in (o structure listed in the National Register					· 1
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguishe	ed, or terminated by t	the organiza	ation during the	
<b>'</b> 4	Number of states where property subject to conse					
5	Does the organization have a written policy regard and enforcement of the conservation easements	ding the periodic monitoring, in the holds?	nspection, handling o	of violations	Yes	No
6	Staff and volunteer hours devoted to monitoring, i	inspecting, and enforcing cons	servation easements	during the	year	
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conserva	ation easements durir	ng the year		-
8	Does each conservation easement reported on lir and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requi	irements of section 1	70(h)(4)(B)	(ı) \ \ \ \ \ \ \ \ \ \ \ \ \ \	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the	s conservation easements in it e organization's financial state	ts revenue and exper	nse stateme s the organi	ent, and balance sheet zation's accounting for	et, and or
	conservation easements.	ctions of Art Historica	I Treasures or	Other Si	milar Assats	
	Complete if the organization answer				· · · · · · · · · · · · · · · · · ·	
1	a 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, educa	tion, or research in fu	tement and irtherance o	balance sheet works of public service, prov	s of ride,
	b If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education	, or research in furthe	erance of pu	iblic service, provide	art, the
	(i) Revenue included in Form 990, Part VIII, line	:1		<b></b>	▶\$	
	(ii) Assets included in Form 990, Part X				▶\$	
2	amounts required to be reported under SFAS 116	6 (ASC 958) relating to these i	items:			
	a Revenue included in Form 990, Part VIII, line 1.				▶\$	
	<b>b</b> Assets included in Form 990, Part X				▶ \$	

а	1	Public exhibition			d 📋	Loan	or exchange programs					
b		Scholarly research			е 🦳	Other						
С	c Preservation for future generations											
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
	to I	nng the year, did the organizatione sold to raise funds rather than	n to be maınta	ined as part	of the	organi	zation's collection?			Yes		No
ഉണ്	) NV	Escrow and Custodia	I Arrangen	nents. Co	mple	te if the	ne organization ansv	vered '\	es' to Form	990, F	art IV	,
		iline 9, or reported an a	mount on F	orm 990, I	Part	X, line	e 21.					
	on	he organization an agent, truste Form 990, Part X?								Yes		No.
b	If"	es,' explain the arrangement in	Part XIII and	complete the	e follov	wing ta	ble	r			•1	<u>;</u>
	_							4-		Amount		
		ginning balance							· · · · · · · · · · · · · · · · · · ·			
		ditions during the year									<del></del>	
		stributions during the year									<del></del>	
		ding balance										1
		I the organization include an am										No
b	lf"	res,' explain the arrangement in	Part XIII Che	ck here if the	e expl	anatior	n has been provided in Pa	ırt XIII		• • • •	· · · Γ	╛
<u> </u>	200				4!_		·····	000 D	N/ I: 4			
Pari	<u>₹ W</u>	Endowment Funds. C										
	_		(a) Current	year	(b) P	rior year	(c) Two years back	(a)	hree years back	(e) F	our years	back
		ginning of year balance										
b	Co	ntributions								<b>-</b>		<del></del>
C		t investment earnings, gains, d losses				_						•
d	l Gr	ants or scholarships								<u> </u>		
е		ner expenditures for facilities d programs							_ <del></del> · · · · ·	ļ		
f	Ad	ministrative expenses										
_		d of year balance	<u> </u>							į.		
2	Pre	ovide the estimated percentage	of the current	year end bal	lance	(line 1g	g, column (a)) held as:					
а	Во	ard designated or quasi-endowr	ment 🟲		_ <sup>&amp;</sup>							
b	Pe	rmanent endowment 🕨	<sup>&amp;</sup>									٠:
c		mporarily restricted endowment										
	Th	e percentages in lines 2a, 2b, ai	nd 2c should e	equal 100%.							, t.	1 -
3 a	Are org	e there endowment funds not in	the possessio	n of the orga	anızatı	on that	are held and administere	d for the		[	Yes	No
	(i)	unrelated organizations								. 3a(i)		
	(ii)	related organizations								. 3a(ii)		
t		Yes' to 3a(ıı), are the related org								. 3b		
		scribe in Part XIII the intended										,
		Land, Buildings, and	<del></del>									
سي م	<u>~</u> _~	Complete if the organiz			' to F	orm 9	990, Part IV, line 11a	. See F	orm 990, Pa	art X, li	ne 10.	
		Description of property		(a) Cost or o	other t	pasis	(b) Cost or other basis (other)	(c) Ac	cumulated reciation		Book va	
1 -	ı la	nd		(IIIVGSI			Dadio (otrior)	<u> </u>				
		uldings										

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	•			
<b>b</b> Buildings				
c Leasehold improvements	17,267.		2,919.	14,348.
d Equipment	183,380.		170,848.	12,532.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, colu	mn (B), line 10c.)	<b>&gt;</b>	26,880.

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Schedule D (Form 990) 2014

Part VII Investments – Other Securities. Complete if the organization answered	Ves' to Form 990	Part IV line 11h See Form 990 P	art X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of	
(1) Financial derivatives	L	(c) Method of Valuation Cost of the of	year market value
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)		+	
(F)			<del></del>
(G) (H)			<u>""</u>
(I)			
Total (Column (b) must equal Form 990, Part X, column (B) line 12) ▶			
Port VIII Investments - Program Related.		D 4 N 4 D 5 000 D	
Complete if the organization answered			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-c	or-year market value
(1)			
(2)			<del></del>
<u>(3)</u> (4)			
(5)			
(6)			
(7)			
(8)			40.0
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13).	<u> </u>	<u> </u>	
Part IX Other Assets. Complete if the organization answered	Yes' to Form 990,	Part IV, line 11d. See Form 990, P	art X, line 15.
	scription		(b) Book value
(1)			<del></del>
(2)	<del> </del>		
(4)			
(5)			
(6)			
(7)			·-········
(8) (9)	<del> </del>		
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15 )		
Part X Other Liabilities.			
Complete if the organization answered 'Yes' to F			
(a) Description of liability	(b) Book value	<u>e</u>	
(1) Federal income taxes (2)		<del></del>	
(3)			
(4)		<u>-</u>	
(5)			
(6)			
(7)			
(8)		<del></del>	
(10)			
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	<b>&gt;</b>		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's fir	nancial statements that reports the organization's liab	ulity for uncertain
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote	has been provided in Part X	(111	

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 additional information.

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . .

BAA

Schedule **D** (Form 990) 2014

430,097

### SCHEDULE M (Form 990)

Name of the organization

25

26

27

28

29

Other ▶

Other ▶

Other >

Other ►

(UNIFORMS

**Noncash Contributions** 

Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

TENNESSEE STATE SOCCER ASSOCIATION

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

► Attach to Form 990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer Identification number

58-1571304

Par	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art - Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				,
6	Cars and other vehicles		·		, , , , , , , , , , , , , , , , , , , ,
7	Boats and planes				Supplied and the supplied of t
8	Intellectual property				
9	Securities - Publicly traded				-
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate - Residential				
16	Real estate - Commercial				1.00
17	Real estate - Other				
18	Collectibles				-
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				`
23	Scientific specimens				-
24	Archeological artifacts				

Yes Nộ~ 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30 a X b If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell 32 a b If 'Yes,' describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

380

55

18,991

6,050

29

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

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

Schedule M (Form 990) (2014)

Schedule M (Form 990) (2014) TENNESSEE STATE SOCCER ASSOCIATION 58-1571304 P

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

### 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 2014

Open to Public Inspection

► Information about Schedule O (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 Employer Identification number 58-1571304

THE BOARD OF DIRECTORS ARE ELECTED EITHER BY THEIR AFFILIATE CLUBS WITHIN THEIR DISTRICT OR BY THE GENERAL MEMBERSHIP AT THE ANNUAL GENERAL MEETING COMPENSATION IS BASED UPON A FORMALIZED ANNUAL REVIEW OF ALL EMPLOYEES WHICH IS CONDUCTED BY THE EXECUTIVE DIRECTOR AND A MINIMUM OF TWO MEMBERS OF THE BOARD OF DIRECTORS. COMPENSATION IS BASED UPON A COMPARISON OF OTHER SOCCER ORGANIZATIONS OF SIMILAR SIZE AND SCOPE OF BUSINESS Pt VI, Line 15b Pt VI, Line 15b Pt VI, Line 11b REFLECT THE FORM 990 IS DISTRIBUTED TO THE BOARD MEMBERS FOR REVIEW: SHOULD THERE BE ANY DISCREPANCIES NOTED, THE FORM 990 IS CORRECTED TO REFLECT THE CHANGE. THE OFFICERS OF THE ORGANIZATION ARE REQUIRED TO JUSTIFY ALL PAYMENTS FOR EXPENSES INCURRED AND ARE HELD ACCOUNTABLE FOR THEIR BUSINESS INTEREST SO THAT IT DOES NOT REFLECT ANY CONFLICT OF INTEREST. THE EXECUTIVE DIRECTOR MONITORS THOSE ACTIONS ON A REGULAR BASIS COMPENSATION IS BASED UPON A FORMALIZED ANNUAL REVIEW OF ALL EMPLOYEES WHICH IS CONDUCTED BY THE EXECUTIVE DIRECTOR AND A MINIMUM OF TWO MEMBERS OF THE BOARD OF DIRECTORS. COMPENSATION IS BASED UPON A COMPARISON OF OTHER SOCCER ORGANIZATIONS OF SIMILAR SIZE AND SCOPE OF BUSINESS. PRIOR TO AND DURING THE ANNUAL GENERAL MEETING ALL FINANCIAL DOCUMENTS ARE DISTRIBUTED TO THE MEMBERSHIP AS PART OF THE AGENDA AND ARE DISCUSSED DURING THE APPROPRIATE TIME. ADDITIONALLY, THE ANNUAL BUDGET PL VI, Line 19 Pt VI, Line 19 TIS PRESENTED TO AND VOTED UPTON BY THE MEMBERSHIP PT VI, Line 80  HAS CONTEMPORANEOUSLY DOCUMENTED EACH MEETING HELD  THE GOVERNING BODY HAS COTEMPORANEOUSLY DOCUMENTED EACH MEETING HELD  THE GOVERNING BODY HAS COTEMPORANEOUSLY DOCUMENTED EACH MEETING BODY  THE GOVERNING BODY HAS COTEMPORANEOUSLY DOCUMENTED EACH MEETING BODY	TENNESSEE STATE S	OCCER ASSOCIATION	58-1571304
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