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DLN: 93493045004257

## OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**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 <u>www IRS gov/form990</u>

Open to Public Inspection

		<del></del>					
		C Name of organization	inning 04-01-2015 , and ending 03-31-20	16	D Emple	over id	entification number
	eck if applicab Idress change	UNITED STATES SUCCER FEDER	RATION			-	
•	me change	% ERIC GLEASON CFO			_ 13-5	59199	∌1
_	tial return	Doing business as					
Fir		Number and street (or P O bo:	x if mail is not delivered to street address) Room/si	ııte	E Teleph	one nui	mber
	terminated ended return	1801 S PRAIRIE AVENUE	, , , , , , , , , , , , , , , , , , , ,		(312	808 (	1300
  Apr	olication pendi		, country, and ZIP or foreign postal code				
		CHICAGO, IL 60616			<b>G</b> Gross	receipts	\$ 126,747,525
		F Name and address of pr	incipal officer	H(a) Is	this a group	retur	n for
		DANIEL T FLYNN 1801 S PRAIRIE AVENUE	E		bordinates?		Yes 🗸
		CHICAGO,IL 60616		N H(b) Are	o e all subord	ınates	·
[ Tax	k-exempt stat	:us	) ◀ (Insert no )	inc	luded?		res   No
ı w	ebsite: ▶ v	www ussoccer com			·		(see instructions)
					oup exemp		
<b>∢</b> Fom	n of organizat	ion	ssociation   Other ▶	— L Tear of	formation 1	914	<b>M</b> State of legal domicile N
Pa	it I Su	ımmary					
		•	ssion or most significant activities				
	<u>To pron</u>	note and govern soccer in the l	United States in order to make it the preem	nnent sport			
)Ce							
Governance	<b>2</b> Check	this box 🕨 🥅 if the organization	on discontinued its operations or disposed	of more tha	n 25% of it	s net a	assets
		5 1 51				۱ ـ	1
<b>ĕ</b> ∴		-	verning body (Part VI, line 1a)			3	14
Activities &		· -	ers of the governing body (Part VI, line 1b) d in calendar year 2015 (Part V, line 2a)			4 5	14
		• •	e if necessary)			6	1,184
ď		·	m Part VIII, column (C), line 12			7a	0
			ne from Form 990-T, line 34			7b	
	<u> </u>				rior Year	1,5	Current Year
	<b>8</b> Cor	ntributions and grants (Part VII	II, line 1h)		5,698	,426	2,694,279
ğ			II, line 2g)		94,870	-	122,655,465
Rəvenue	<b>10</b> Inv	estment income (Part VIII, co	Iumn (A), lines 3, 4, and 7d)		1,557	,971	1,335,346
ã	<b>11</b> Oth	ner revenue (Part VIII, column	(A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	(
		_	h 11 (must equal Part VIII, column (A), Irr	ie	102,127	.196	126,685,090
	12)						
		· · ·	Part IX, column (A), lines 1–3)		113	,679	75,736
		·	art IX, column (A), line 4) ployee benefits (Part IX, column (A), lines	•			
8	5-1		proyect benefits (Fart IX, column (A), mes		31,851	,935	32,918,850
Expenses	<b>16a</b> Pro	fessional fundraising fees (Par	t IX, column (A), line 11e)			0	(
3	<b>b</b> Tota	ıl fundraısıng expenses (Part IX, colum	nn (D), line 25) ▶ <mark>0</mark>				
_	<b>17</b> Oth	ier expenses (Part IX, column (	(A), lines 11a-11d, 11f-24e)		61,565	,650	77,016,790
	<b>18</b> Tot	al expenses Add lines 13-17	(must equal Part IX, column (A), line 25)		93,531	,264	110,011,376
(5	<b>19</b> Rev	enue less expenses Subtract	line 18 from line 12	•	8,595	,932	16,673,714
Net Assets or Fund Balances				Beginnin	g of Current	Year	End of Year
alar	<b>20</b> Tot	al assets (Part X, line 16) .			104,124	.735	121,939,719
A B		al liabilities (Part X, line 26)			21,041	_	23,935,317
Z E		•	ract line 21 from line 20		83,082		98,004,402
Par	t III Si	gnature Block		· ·			
ny kr	nowledge ar		e examined this return, including accompai I complete Declaration of preparer (other t				
	<b>\</b> +	 ****			2016-08-01		
Sign	Si	ignature of officer			Date		
Here		ANIEL T FLYNN CEO					
	<u> </u>	ype or print name and title					
_		Print/Type preparer's name Rebekuh Eley	Preparer's signature Rebekuh Eley		heck [ if	PTIN P012	47672
Paic		Firm's name BDO USA LLP			elf-employed irm's EIN ►		
	parer	Firm's name BDO USA LLP Firm's address 330 N Wabash Sui	ute 3200		Phone no (31	2) 856-	9100
Use	Only	CHICAGO, IL 606		[ ]	110 (31	_, 550-	
		LITEAGO, IL 000	·	1			

. ✓Yes No

Par	t 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$ ?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III "	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	<b>11</b> b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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	<b>12</b> b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	<b>14</b> b	Yes	
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	Yes	
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
202	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
		20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24h		

24c

24d

25a

25b

26

27

28a

28h

28c

29

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33

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

Nο

Νo

Νo

Νo

Νo

Nο

Nο

Νo

Nο

Νo

Nο

Nο

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

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 . . . 💆 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 🗦 🕏

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🐄 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance Check of Schodule O contains a response or note to any line in this		v.			_
		Check if Schedule O contains a response or note to any line in this	Part	v		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	240			-110
b	Enter	the number of Forms W-2G included in line 1a Enter -0 - if not applicable	<b>1</b> b	0			
c	Did th	e organization comply with backup withholding rules for reportable payments to	venc	lors and reportable			
	-	g (gambling) winnings to prize winners?			<b>1</b> c		
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	2a	1,184			
b	If at le	east one is reported on line 2a, did the organization file all required federal emp If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			<b>2</b> b	Yes	
За	Did th	e organization have unrelated business gross income of \$1,000 or more during	g the y	/ear <sup>?</sup>	3a		No
b	If "Ye	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>	on in S	ichedule O	3b		
4a	over,	y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc nt)?			4a		No
b		s," enter the name of the foreign country   structions for filing requirements for FinCEN Form 114, Report of Foreign Bank  )	and I	Financial Accounts			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Dıd ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
6a		the organization have annual gross receipts that are normally greater than \$10			5c 6a		No
b	If"Ye	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th not tax deductible?	atsu	ch contributions or gifts	6b		
7		izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribution provided to the payor?		d partly for goods and	7a	Yes	
		s," did the organization notify the donor of the value of the goods or services pi			<b>7</b> b	Yes	
	file Fo	e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?	٠.	which it was required to	<b>7</b> c		Νo
d	If"Ye	s," indicate the number of Forms 8282 filed during the year $\dots$	7d				
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal be	enefit contract?	7f		No
g	If the requir	organization received a contribution of qualified intellectual property, did the o	rganız • •	ation file Form 8899 as	<b>7</b> g		
h	Form	organization received a contribution of cars, boats, airplanes, or other vehicles	, did 1 •	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus the year?	siness	s holdings at any time	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 49667			9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson?	9b		
10	Section	on 501(c)(7) organizations. Enter					
		tion fees and capital contributions included on Part VIII, line 12	10a				
Ь	Gross facilit	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	Income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them )	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
b	If "Ye year	s," enter the amount of tax-exempt interest received or accrued during the	<b>12</b> b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
	addıtı	organization licensed to issue qualified health plans in more than one state? <b>N</b> onal information the organization must report on Schedule O	o <b>t e.</b> S ،	ee the instructions for	13a		
	ın whi	the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
D	TI Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	นบท เท	Scriedule U	14b		

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

6-	Check if Schedule O contains a response or note to any line in this Part VI		•	🗸
36	ction A. Governing body and management		Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax			.10
	year 14			
	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 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	<b>8</b> a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	Yes	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		Yes	
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a		
b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a	Yes	
b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b	Yes	
b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b	Yes Yes	
b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	
b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b 16a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  List the States with which a copy of this Form 990 is required to be filed.	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ►ERIC GLEASON CFO 1801 S PRAIRIE AVENUE CHICAGO, IL 60616 (312) 528-1236

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					;	<b>(D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					<b>S</b>		<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See	Additional Data Table						<del>                                     </del>				
							1				
							1				
							-				
							1				
<b>1</b> b	Sub-Total						▶				
C	Sub-Total	.    .   .   . heets to Part VII. S	· · · ection A	٠.	•		•				
d	Total (add lines 1b and 1c	·			٠.		•		6,867,970	0	147,273

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	1 03	No.

### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization. Report compensation for the calendar year ending	with or within the organization's	s tax year
(A)	(B)	(C)
Name and business address	Description of services	Compensa

, , , , , , , , , , , , , , , , , , , ,	5	•
(A) Name and business address	(B) Description of services	(C) Compensation
LATHAM WATKINS, PO BOX 894256 LOS ANGELES, CA 901894256	LEGAL	3,206,539
GTC SPORTS, 2936 INDIANWOOD ROAD WILMETTE, IL 60091	MEDICAL	180,000
THOMAS TURFGRASS, 3931 CR 154 WHARTON, TX 77488	SOD INSTALL	136,850

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  $\blacktriangleright$  3

Form 99								Page <b>9</b>
Part V	Ш	Statement o						_
		Check If Schedu	ile O contains a respon	se or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s ts	1a	Federated camp	paigns 1a	5,685				
ant un	b	Membership du	es <b>1b</b>					
. Gr	с	Fundraising eve	ents <b>1c</b>					
ifts. ar ⊄	d	Related organiz	ations 1d					
s, G mil	e	Government grants	s (contributions) <b>1e</b>					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	2,688,594				
irib Oth	g	Noncash contribution	ons included in lines	80,186				
Cont	h	Total. Add lines	s 1a-1f		2,694,279			
EI e	3-	CDONCODCUTO A D	OVALTIC	Business Code				
Program Service Revenue	2a	SPONSORSHIP & R	OYALITES  IT GAMES OPEN CUP	711300	49,698,623	49,698,623		
ı Çξ	b c	MEMBERSHIP DUES		711210 900099	61,133,320	61,133,320		
Z NC	d	COACHING SCHOO		711300	10,193,538 1,169,968	10,193,538 1,169,968		
₹	e	OTHER REVENUE		900099	460,016	460,016		
ranı	f		ım service revenue	300033	400,010	400,010		
γog								
	g 3		s 2a-2f ome (including dividend		122,655,465			
		and other simila	aramounts)		1,335,346			1,335,346
	4		tment of tax-exempt bond p	proceeds >	0			
	5	Royalties	(ı) Real	(II) Personal	٥			
	6a	Gross rents	(I) Real	(II) Personal				
	ь	Less rental expenses						
	С	Rental income	0	0				
	d	or (loss) Net rental incoi	me or (loss)		0			
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	62,435					
	b c	Less cost or other basis and sales expenses Gain or (loss)	62,435					
	d	Net gain or (los	s)		o			0
Other Revenue	<b>8</b> a	Gross income f events (not inc \$	luding reported on line 1c) e 18					
Other	b		a penses b					
	C 9a		loss) from fundraising e rom gaming activities	events >	0			
	, Ju	See Part IV, lin						
	b		penses b		0			
	С	Net income or (	loss) from gaming activ	/ities <b>▶</b>	, and the second			
	10a	Gross sales of returns and allo						
	b c	Net income or (	oods sold b		0			
	11a	Miscellaneous	s kevenue	Business Code				
	11a b							
	С							
	d	All other revenu						
	e	Total. Add lines	L s 11a-11d					
	12	Total revenue.	See Instructions	· · · •	126,685,090	122,655,465		1,335,346

#### 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)

		I	(B)	(C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	61,736	61,736		
2	Grants and other assistance to domestic individuals See Part IV, line 22		02,700		
_		0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	14,000	14,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	6,179,927	3,830,339	2,349,588	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	23,297,912	21,166,903	2,131,009	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	230,627	208,534	22,093	
9	Other employee benefits	1,709,237	1,304,627	404,610	
10	Payroll taxes				
11	Fees for services (non-employees)	1,501,147	1,260,491	240,656	
a	Management	0			
b	Legal	3,592,505		3,592,505	
c	Accounting	61,093		61,093	
d	Lobbying	0		01,033	
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	153,859		153,859	
g	Other (If line 11g amount exceeds 10% of line 25, column (A)	9,521,475	7,656,443	1,865,032	
12	amount, list line 11g expenses on Schedule O) Advertising and promotion	2,155,330	2,101,292	54,038	
13	Office expenses	179,667	108,908	70,759	
14	Information technology	1,890,566	221,229	1,669,337	
15	Royalties	0	,	, ,	
16	Occupancy	1,555,108	1,535,280	19,828	
17	Travel	27,906,367	26,314,969	1,591,398	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	5,083,711	4,720,364	363,347	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	627,618	264,177	363,441	
23	Insurance	874,142	622,360	251,782	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	EQUIPMENT RENTAL & MAINTENANCE	6,107,237	5,737,698	369,539	0
b	APPEARANCE FEES	4,560,025	4,560,025		
c	TICKET EXPENSE	1,236,851	1,227,433	9,418	
d	PROFESSIONAL REF ORGANIZATION	1,175,753	1,175,753	2.25	
e SE	All other expenses	10,335,483	7,497,460	2,838,023	
25	Total functional expenses. Add lines 1 through 24e	110,011,376	91,590,021	18,421,355	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)				

Par	990 (2 t X	Balance Sheet			Page <b>11</b>
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year	_	End of year
	1	Cash-non-interest-bearing	13,192,602	1	2,520,211
	2	Savings and temporary cash investments	2,203,146	2	1,485,520
	3	Pledges and grants receivable, net	500,000	3	250,000
	4	Accounts receivable, net	16,219,931	4	15,288,995
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
Assets	6	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	0	5	0
SSI			0	6	0
4	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	2,305,143	9	1,636,930
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a  9,337,836	4		
	b	Less accumulated depreciation <b>10b</b> 5,996,394	3,520,011	<b>10</b> c	3,341,442
	11	Investments—publicly traded securities	63,271,352	11	94,950,763
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	234,606	14	62,575
	15	Other assets See Part IV, line 11	2,677,944	15	2,403,283
	16	Total assets.Add lines 1 through 15 (must equal line 34)	104,124,735	16	121,939,719
	17	Accounts payable and accrued expenses	9,699,832	17	11,367,636
	18	Grants payable	0	18	0
	19	Deferred revenue	9,517,435	19	10,841,184
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0	21	0
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabil		persons Complete Part II of Schedule L	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)  Complete Part X of Schedule D			
			1,824,704	25	1,726,497
	26	Total liabilities.Add lines 17 through 25	21,041,971	26	23,935,317
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶			
aland	27	Unrestricted net assets	82,042,764	27	96,964,402
<u>~</u>	28	Temporarily restricted net assets	1,040,000	28	1,040,000
Ĕ	29	Permanently restricted net assets	0	29	0
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
يز ح	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	83,082,764	33	98,004,402
	34	Total liabilities and net assets/fund balances	104,124,735	34	121,939,719

126,685,090

110,011,376

16,673,714

83,082,764

-1,752,076

98,004,402

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

1

2

3

4

5

6

7

8

9

10

#### **Reconcilliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI							. Г

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

✓ Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Total revenue (must equal Part VIII, column (A), line 12) . . . . Total expenses (must equal Part IX, column (A), line 25) . . .

Revenue less expenses Subtract line 2 from line 1 . . .

Check if Schedule O contains a response or note to any line in this Part XII . . . . . .

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments . . . .

Other changes in net assets or fund balances (explain in Schedule O) .

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Software ID: Software Version:

**EIN:** 13-5591991

Name: UNITED STATES SOCCER FEDERATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an	checl , unle office ustee	ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation from the
	for related organizations below dotted line)	Inghest compensated amployee  (ey employee  Those  Institutional Trustee  or director  or director		Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations		
Sunil Gulati President	5 0	×		x				0	0	C
S Robert Contiguglia Past President	50	×						0	0	C
Jeff Agoos Athlete Representative	5 0	x						0	0	C
Don Garber Pro Council Rep	5 0 0 0	x						0	0	C
John Motta 	5 0	x						0	0	d
Evelyn Gill Youth Council Rep	5 0	×						0	0	C
Carlos Cordeiro EXECUTIVE VICE PRESIDENT	5 0	x		х				0	0	C
Fabian Nunez Independent Director	5 0	×						0	0	C
Donna Shalala Independent Director	5 0	×						0	0	Q
Arthur Mattson Adult Council Rep	5 0	×						0	0	C

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Inde	penaent Co	ntrac	ctor	S				i	Ī	i
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer tor/t	not one n is and	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Cindy Cone Athlete Representative	5 0	x						0	0	1
Chris Ahrens Athlete Representative	5 0	x						0	0	ı
Alec Papadakıs Pro Council	5 0 0 0	x						0	0	ı
John Collins At Large Rep	5 0	×						0	0	ı
James Harrell Youth Council Rep	5 0	×						0	0	ı
John Sutter-062015 youth council rep	5 0	×						0	0	ı
DAN FLYNN CEO	40 0			×				694,745	0	14,80
BRIAN REMEDI CAO	40 0			×				287,329	0	20,09
ERIC GLEASON	40 0									

0 0

CFO

LISA LEVINE

188,086

208,095

14,252

5,529

0

225,450

225,450

225,450

225,450

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Х

Х

Form 990, Part VII - Compensation Compensated Employees, and Inde					iru!	stee	s, F	(ey Employe	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pos mo unles	sition iore th ss pe	(C) than ersor tcer a tor/t	not one on is and trust		, an Forme	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
TOM KING  Managing Director Admin	40 0		 	х				300,101	0	19,819
JAY BERHALTER CcO	40 0		<del>-  </del>	х				531,601	0	22,039
JUERGEN KLINSMANN MNT Head Coach	40 0				х			3,050,813	0	17,981
JILLIAN ELLIS WNT Head Coach	40 0				x			306,407	0	13,125
ANDREAS HERZOG ASSISTANT MNT HEAD COACH	40 0					×		398,993	0	19,620

40 0

0 0 40 0

0 0 40 0

0 0 40 0

0 0

LAUREN HOLIDAY

MEGHAN KLINGENBERG

ALEXANDRIA KRIEGER

WNT Player

WNT Player

WNT Player

TOBIN HEATH

WNT PLAYER

efile GRAPHIC pr	int - DO NOT PROCESS	As Filed Data
SCHEDULE A	Public Ch	arity Status

DLN: 93493045004257 OMB No 1545-0047

**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.

13-5591991

Open to Public

Inspection

hospital's name, city, and state

Department of the Internal Revenue Service Name of the organization

UNITED STATES SOCCER FEDERATION

(Form 990 or

990EZ)

Part I

1

2

Treasury

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

6	_	A federal, state, or loc	•	•	described in s	ection 170(b)	(1)(A)(v).	
7		An organization that n	ormally receiv	ves a substantial part	of its support f		mental unit or from the g	jeneral public
_	_	described in section 1						
8		A community trust des			• •	•		f
9	<b>▽</b>	receipts from activitie from gross investmen organization after Jun	es related to it t income and e 30, 1975 S	ts exempt functions—s unrelated business tax See <b>section 509(a)(2).</b>	subject to cert xable income ( (Complete Par	ain exceptions less section 5 t III )	itributions, memberships, and (2) no more than 1511 tax) from businesse	331/3% of its support
10		An organization organi		•		•		
11 a	Г	one or more publicly s the box in lines 11a th <b>Type I.</b> A supporting o	upported orga irough 11d tha rganization op n(s) the power	inizations described in at describes the type o perated, supervised, oi r to regularly appoint o	section 509(a of supporting o r controlled by r elect a major	rganization ar its supported	unctions of, or to carry on 509(a)(2) See <b>sectio</b> nd complete lines 11e, 1 organization(s), typical ctors or trustees of the	on <b>509(a)(3).</b> Check . 1f, and 11g lly by giving the
b	Γ	Type II. A supporting	organization s pporting orgai	supervised or controlle	d in connectio		ported organization(s), t r manage the supported	
c			ntegrated. A	supporting organizatio			th, and functionally integ <b>D, and E.</b>	grated with, its
d e	Г Г	not functionally integral (see instructions) <b>You</b> Check this box if the contegrated, or Type III	ated The orga <b>I must comple</b> organization re I non-function	anization generally mu ete Part IV, Sections A eceived a written deter ally integrated suppor	st satisfy a dis and D, and Pa mination from ting organizati	stribution requ art V. the IRS that i on	on with its supported orgirement and an attentiv	eness requirement
f	Ente	r the number of support	5				· · · · · · · · · · · · · · · · · · ·	
g		Provide the following in	nformation ab	out the supported orga	inization(s)			
Nam	ne of s	(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization Iisted in your governing document?		A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					Yes	No		
						1		
Γota	<u> </u>							
or P	aperv	vork Reduction Act Noti	ce, see the In	nstructions for Form 99	00 or 990EZ.	Cat No 1		990 or 990-EZ) 2015

Page 2 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.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) ▶ 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 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar vear (d)2014 (a)2011 (b)2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources 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) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶□ 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Section A. Public Support

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

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

	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	<b>(d)</b> 2014	(e)2015	(f)Total
-	iscal year beginning in) ▶	(a)2011	(6)2012	(6)2013	(u)2014	(6)2013	(i)iotai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1,424,760	1,275,703	2,079,698	5,698,426	2,726,308	13,204,895
2	grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt	54,722,112	63,876,013	74,514,430	94,870,799	122,623,436	410,606,790
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513						C
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						C
5	The value of services or facilities furnished by a governmental unit to the organization without charge						(
6	<b>Total.</b> Add lines 1 through 5	56,146,872	65,151,716	76,594,128	100,569,225	125,349,744	423,811,685
	A mounts included on lines 1, 2, and 3 received from disqualified	, ,	, ,	, ,	, ,	, ,	, ,
b	persons A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	20,011,697	22,756,083	27,505,424	36,643,612	40,931,777	147,848,593
c	Add lines 7a and 7b	20,011,697	22,756,083	27,505,424	36,643,612	40,931,777	147,848,593
8	<b>Public support.</b> (Subtract line 7c from line 6)			2.7-2.7	,,	,====,	275,963,092
Se	ction B. Total Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	(f)Total
or i	iscal year beginning in) ► A mounts from line 6	56,146,872	65,151,716	76,594,128	100,569,225	125,349,744	423,811,685
э 0а	Gross income from interest,	30,140,072	03,131,710	70,334,120	100,303,223	123,343,744	423,011,000
b	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	58,306	52,657	162,968	290,164	1,335,346	1,899,441
	income (less section 511 taxes) from businesses acquired after June 30, 1975						C
c	Add lines 10a and 10b	58,306	52,657	162,968	290,164	1,335,346	1,899,441
l1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						C
L2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						C
L3	Total support. (Add lines 9,	56,205,178	65,204,373	76,757,096	100,859,389	126,685,090	425,711,126
L4	10c, 11, and 12)  First five years. If the Form 990 is			, ,			
6.	check this box and stop here	blic Support P	ercontage				<u> </u>
	ction C. Computation of Pu Public support percentage for 201		<del>-</del>	12 column (6)		4-	
L5 	· · · · -	•	• •	13, column (1))		15	64 824 %
L6	Public support percentage from 20	*	*			16	66 320 %
	ction D. Computation of In						
L7	Investment income percentage fo	•	7.7	•	nn (f))	17	0 446 %
18	Investment income percentage from	om <b>2014</b> Schedule	A, Part III, line 1	17		18	0 309 %
L9a	33 1/3% support tests-2015.If th	ne organization dic	I not check the bo	x on line 14, and	line 15 is more t	han 33 1/3%, and	line 17 is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19 a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

#### 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, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V )			
Se	ction 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		<u> </u>
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below	3a		
D	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?	<b>3</b> c		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use			ı
	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
	by or in connection with its supported organizations			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	<b>4</b> c		
	organization was used exclusively for section 170(c)(2)(B) purposes			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
_	the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<b>5</b> 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 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 <b>Part VI</b> .	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		
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 II of Schedule L (Form 990)	8		
9a	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 <b>Part VI</b> .	9a		
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> .	<b>9</b> b		
С	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 <b>Part VI</b> .	<b>9</b> c		
0a	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		
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)	<b>10</b> b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

#### Part IV Supporting Organizations (continued)

Section B.	Type	I Supportina	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		
Se	ection 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
	· · · · · · · · · · · · · · · · · · ·			
Se	ection 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		
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		
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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3		

#### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	y 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
- The organization supported a governmental entity Describe in Part VI how you supported a government entity (see

instructions)

	Activities Test Answer (a) and (b) below.		Yes
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?		
	If "Yes," then in <b>Part VI</b> 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
- 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*
  - **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

2b

No

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting C	rganizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying ti	rust on	Nov 20, 1970 <b>See inst</b> i	ructions. All other
	Type III non-functionally integrated supporting organizations must complete S	Sections	A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
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		
	Section 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)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
c	Fair market value of other non-exempt-use assets	<b>1</b> c		
d	Total (add lines 1a, 1b, and 1c)	<b>1</b> d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> 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-instructions)	integrat	ed Type III supporting c	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ıctions		
	200.0110		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6		110 2022	711110411111111111111111111111111111111
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a .			
b c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7  \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
<b>d</b> From 2014			
e From 2015			
		Calcadada A	(F 000 000 F7) (201 F

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#### **SCHEDULE D**

(Form 990)

Department of the

**Supplemental Financial Statements** 

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

DLN: 93493045004257 OMB No 1545-0047

	nal Revenue Service   Information about Sche	dule D (Form 990) a	nd its instructions is at	<u>www.irs.c</u>	ov/fo	orm990.	Inspection	ı
Na	ame of the organization				Emplo	yer ident if ica	tion number	-
UN	ITED STATES SOCCER FEDERATION				12.5	-		
Рa	art I Organizations Maintaining	Donor Advised	Funds or Other Sin	nilar Fur		591991 r Accounts.		-
	Complete if the organization a							
		(a) Donor a	advised funds		(b)F	unds and othe	r accounts	
1	Total number at end of year							
2	Aggregate value of contributions to (du year)	rıng						
3	Aggregate value of grants from (during	year)						
4	Aggregate value at end of year							
5	Did the organization inform all donors and funds are the organization's property, subj		_		advis	ed	Yes N	o
6	Did the organization inform all grantees, d used only for charitable purposes and not conferring impermissible private benefit?	for the benefit of the	donor or donor advisor,	, or for any	other		┌ Yes ┌ N	0
Pa	rt II Conservation Easements. C	Complete if the or	ganization answered	"Yes" on	Form	990, Part IV	/, line 7.	_
1	Purpose(s) of conservation easements he	· -	n (check all that apply)					
	Preservation of land for public use (e education)	g , recreation or	☐ Preserva	tion of an l	nistori	cally importan	t land area	
	Protection of natural habitat		<u>-</u>			l historic struc		
	Preservation of open space		,					
2	Complete lines 2a through 2d if the organi	ızatıon held a qualıfı	ed conservation contribi	ution in the	form	of a conservat	ion	
	easement on the last day of the tax year			_				
				L		Held at the	End of the Year	_
а	Total number of conservation easements			L	2a			_
b	Total acreage restricted by conservation				2b			_
<b>c</b>	Number of conservation easements on a c		• •	F	2c			_
d	historic structure listed in the National Re	egister		L	2d			_
3	Number of conservation easements modifi	ied, transferred, rele	ased, extinguished, or t	erminated	by the	organization o	Juring the	
	tax year ▶							
4	Number of states where property subject t	to conservation ease	ement is located ▶		_			
5	Does the organization have a written polic		2	ion, handlı	ng of		<b>—</b>	
	violations, and enforcement of the conserv			d anfarain		Ye		
6	Staff and volunteer hours devoted to moni	toring, inspecting, in	andling of violations, and	a emorcing	CONS	ervation easen	nems during the	
	<b>&gt;</b>							
7	A mount of expenses incurred in monitorin	g, ınspecting, handlı	ng of violations, and enf	orcing con	servat	ion easements	s during the <b>y</b> ear	
	<b>▶</b> \$							
В	Does each conservation easement reports $(B)(I)$ and section $170(h)(4)(B)(II)$ ?	ed on line 2(d) above	e satisfy the requiremen	ts of secti	on 17(	)(h)(4)	es No	
9	In Part XIII, describe how the organizatio balance sheet, and include, if applicable, the organization's accounting for conserva	the text of the footno				•		
ar	rt IIII Organizations Maintaining		rt. Historical Treas	sures. o	r Oth	er Similar A	Assets.	_
	Complete if the organization a							
1a	If the organization elected, as permitted u works of art, historical treasures, or other service, provide, in Part XIII, the text of t	sımılar assets held	for public exhibition, edi	ucation, or	resea	rch ın furthera		
b	If the organization elected, as permitted u works of art, historical treasures, or other service, provide the following amounts rela	sımılar assets held						
(	(i) Revenue included on Form 990, Part VII	II, line 1		•	· \$			
	ii) Assets included in Form 990, Part X			•				
-				F.				

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t IIII	Organizations Maintaining (continued)	Collections of A	rt, His	torica	al Tre	easures, (	or O	ther Simi	lar As	ssets
3		the organization's acquisition, acce ction items (check all that apply)	ession, and other rec	ords, ch	neck an	y of th	e following t	hat a	re a signific	ant use	e of its
а	<b>✓</b>	Public exhibition		d		Loan o	r exchange	prog	rams		
b		Scholarly research		e		Other					
c	<b>✓</b>	Preservation for future generations									
4		de a description of the organization's	s collections and exp	olaın ho	w they f	urther	the organiz	atıon	's exempt po	urpose	ın
5		g the year, did the organization solic s to be sold to raise funds rather tha								┌ Yes	s √ No
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990, P	art IV	, line 9, oi	r rep	orted an a	moun	
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inter	mediary	for con	itributi	ons or othe	rass	ets not	┌ Yes	s
b	If'	'Yes," explain the arrangement in Pa	art XIII and complet	e the fol	llowina i	table				Amo	ount
c		ginning balance	Tre ATTI and complete	c (110 101				<b>1</b> c			
d		ditions during the year					•	1d			
e		stributions during the year					-	1e			
f		ding balance						1f			
2a	Did th	ne organization include an amount or	n Form 990, Part X, I	line 21,	for esci	row or	ı custodıal ad	ccour	nt liability?	☐ Yes	. □ No
b	If"Y∈	es," explain the arrangement in Part	XIII Check here ıf t	he expl	anation	has be	een provide	d ın P	art XIII .		🗆
Pa	rt V	Endowment Funds. Complet									
			(a)Current year	<b>(b)</b> Pr	or year	Ь (	<b>c)</b> Two years b	back	<b>(d)</b> Three year	s back	(e)Four years back
1a	_	nning of year balance									
ь	Cont .	ributions									
c	Net i Iosse	nvestment earnings, gains, and es									
d	Gran	ts or scholarships									
е		r expenditures for facilities programs									
f	A d m	inistrative expenses									
g		of year balance									
_						-1	/- \\				
2		de the estimated percentage of the o	current year end baia	ance (III	ie 1g, c	olumn	(a)) neid as				
а		I designated or quasi-endowment <b>&gt;</b>									
b		anent endowment ▶									
С		orarily restricted endowment ercentages on lines 2a, 2b, and 2c s	should equal 100%								
3a		nere endowment funds not in the pos lization by	session of the organ	nization	that are	held a	and adminis	tered	l for the		Yes No
	<b>(i)</b> un	related organizations								За	(i)
		lated organizations									(ii)
b		es" on 3a(II), are the related organiza	·							. 3	b
4 051	rt VI	ribe in Part XIII the intended uses o <b>Land, Buildings, and Equip</b> i		enaowm	ent fune	as					
نكتا	L VI	Complete if the organization a		Form 9	90, Pa	rt IV,	line 11a.S	See F	orm 990,	Part X	, line 10.
		Description of property			(a) ost or oth (investm	er basis	(b)	er bas	Accun	nulated	(d)Book value
1a	Land										
b	Buildin	gs					ĺ	570,37	'0	477,38	7 92,983
c	Leasel	nold improvements		. [			5,9	922, <b>1</b> 4	.5 3	3,083,17	5 2,838,970
d	Equipn	nent					2,3	360,02	4 1	,995,72	6 364,298

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

45,191

3,341,442

440,106

. . .

485,297

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the organiz	ation answered 'Y	es' on Form 990, Part IV	, line 11b.
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valu	
(1)Financial derivatives			,	
(2)Closely-held equity interests (3)Other				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII Investments—Program Related.  Complete if the organization answered "	Yes' on Form 990, I	Part IV, line 11c.s	ee Form 990. Part X. lini	e 13.
(a) Description of investment		(b) Book value	(c) Method of value	uation
			Cost or end-of-year m	arket value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>&gt;</b>			
Part IX Other Assets. Complete if the organization		m 990, Part IV, line		
(a) Descrip	otion		(b) Book val	lue
Total. (Column (b) must equal Form 990, Part X, col (B) line 15	)		•	
Part X Other Liabilities. Complete if the organ	nization answered '	res' on Form 990,	Part IV, line 11e or 11f.	
See Form 990, Part X, line 25.  1. (a) Description of liability	(b) Book value			
Codomb was bound				
Federal income taxes		0		
DEFERRED COMPENSATION	1,726,49	7		
		7		
		$\dashv$		
		4		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	2/1.20/13		de Grand	
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under FIN	tne text of the footnot   48 (ASC 740) Chec	e to tne organizatior k here if the text of t	rs financial statements that he footnote has been provid	t reports the ed in Part

Schedule D (Form 990) 2015

1

124,730,999

1

2	Amounts included on line 1 but	t not on Form 990, Part VIII, line 12						
а	Net unrealized gains (losses) o	on investments		2a		-1,752,076		
b	Donated services and use of fa	cilities	. [	2b				
c	Recoveries of prior year grants		. [	<b>2</b> c				
d	Other (Describe in Part XIII )							
			L	2d				
e	Add lines <b>2a</b> through <b>2d</b>			•			2e	-1,752,076
3	Subtract line <b>2e</b> from line <b>1</b> .					-	3	126,483,075
4	Amounts included on Form 990	O, Part VIII, line 12, but not on line 1						
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	. [	4a		153,859		
b	Other (Describe in Part XIII )		. [	4b		48,156		
c	Add lines <b>4a</b> and <b>4b</b>						<b>4</b> c	202,015
5	Total revenue Add lines 3 and	4c.(This must equal Form 990, Part	I, line	12)			5	126,685,090
Part		cpenses per Audited Financia					s per	Return.
	·	ization answered 'Yes' on Form S			•	a.		
1	Total expenses and losses per	audited financial statements					1	109,809,361
2	A mounts included on line 1 but	t not on Form 990, Part IX, line 25						
а		icilities	•	2a				
b	Prior year adjustments			2b				
c	Other losses			<b>2</b> c				
d	Other (Describe in Part XIII )			2d				
e	Add lines 2a through 2d						2e	
3	Subtract line $\mathbf{2e}$ from line $1$ .						3	109,809,361
4	Amounts included on Form 990	O, Part IX, line 25, but not on line 1:						
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b		4a		153,859		
b	Other (Describe in Part XIII )			4b		48,156		
c	Add lines 4a and 4b						4c	202,015
5	Total expenses Add lines 3 an	nd <b>4c.</b> (This must equal Form 990, Pai	rt I, lır	ne 18	)		5	110,011,376
			-				l l	<u> </u>
c 5 Part	Add lines 4a and 4b  Total expenses Add lines 3 and XIII Supplemental Information of the descriptions required for		ies 1a	ne 18	, Part IV , Iı	nes 1b and 2	<b>5</b>	110,011,37
ınfor	mation	· · · · · · · · · · · · · · · · · · ·					'	, 
	Return Reference	Explana	tion					
Part I	II	THE NATIONAL SOCCER HALL OF LOCATION IN ONEONTA, NEW YOU FEDERATION, MAINTAINS THE HIS PROMOTES SOCCER THROUGH EN FAME IS AN ORGANIZATION EXE (3) OF THE INTERNAL REVENUE CONTINUES OF THE TOURNAMENTS AND HOSTING CORTION AND HOSTING CONTINUES OF THE TOURNAMENTS OF THE T	ORK BI ISTOF DUCA MPT F CODE OPHII	UT ST RICAL TION ROM THE F ES RE	ILL, WITH ARCHIVE AL PROGR INCOME T EEDERATI PRESENT:	COOPERATI S OF AMERI AMS AND NE AXES PURSI ON AND THE	ON FR CAN S EWSLE JANT HALL LLY WI	OM THE OCCER AND TTERS THE HALL OF TO SECTION 501(C) OF FAME SHARE NNING FIFA WORLD

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

Schedule D (Form 990) 2015	Page <b>5</b>	
Part XIII Supplemental	Information (continued)	
Return Reference	Explanation	
part xı, line 4b	in kind donation \$48,156	
part xII, line 4b	in kind donation \$48,156	

efile GRAPHIC print	- DO NOT PROCESS	As Filed Da	ta -		DLN:	93493045004257
SCHEDULE F (Form 990)	Statement of	Activities (	Outside the Unit	ed Stat	es	OMB No 1545-0047
(FOIII 990)	► Complete	-	n answered "Yes" to Form 14b, 15, or 16.	990,		2015
		•	o Form 990.			
Department of the Treasury Internal Revenue Service	▶ Information about Sched			ww.irs.gov/	form990.	Open to Public Inspection
Name of the organization				E	mployer ident	ification number
UNITED STATES SOCCER	RFEDERATION			1	3-5591991	
	formation on Activit the organization answe			14b.		
	Does the organization i				f its grants	
=	ce, the grantees' eligib				_	
	grants or assistance?	, 3	r			✓ Yes  No
2 For grantmakers. I assistance outside	Describe in Part V the c the United States	organization's p	rocedures for monitori	ng the us	e of its grani	ts and other
<b>3</b> Activites per Region	(The following Part I, line	3 table can be d	uplicated if additional spa	ace is need	ed )	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program se specif	listed in (d) is a rivice, describe ic type of s) in region	<b>(f)</b> Total expenditures for and investments in region
(1) See Add'l Data						
(2)						
(3)						
(4)						
(5)						
<b>3a</b> Sub-total		5	5			11,552,540
<b>b</b> Total from continuati to Part I	on sheets					
c Totals (add lines 3a a	and 3b)	5	5			11,552,540
For Paperwork Reduction Act	· · · · · · · · · · · · · · · · · · ·			No 50082	W Sched	ule F (Form 990) 2015

Schedule F (Form 990) 2015

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Central America and the Caribbean				7,500	equipment	FMV
( 2)		Central America and the Caribbean				6,500	equipment	fmv
(3)								
(4)								

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

Page 2

Schedule F (Form 990) 2015							Page <b>3</b>
	Other Assistance e duplicated if addit			red States. Complete	if the organization a	answered "Yes" to Form	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					'		
(2)		+ +			†		
( 3)		+ +			+		
(4)							
(5)		+ +			+		
(6)					†		
(7)		+ +					
(8)							
(9)					+		
(10)							
(11)					<u> </u>		
( 12)							
( 13)					<u> </u>		
(14)					<u>'</u>		

# (16) (17) (18)

(15)

#### 

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

#### 990 Schedule F. Supplemental Information

Return Reference	Explanation				
Part I, Line 1	Not applicable, the Federation does not provide unrestricted grants to foreign organizations or individuals. In connection with certain tournaments and events, the Federation provides travel assistance and pays appearance fees to certain foreign soccer organizations. The travel assistance and appearance fees are part of the total cost of the event to ensure the event takes place with the appropriate players. These expenses are included as part of the activities per region in Part I line 3. The federation provides soccer equipments such as soccer balls, jerseys, etc. to foreign soccer federations in the cariBbean.				

#### **Additional Data**

Europe (Including Iceland

and Greenland)

Software ID: Software Version:

**EIN:** 13-5591991

Name: UNITED STATES SOCCER FEDERATION

Travel Expenses

3,148,531

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	. ,	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Travel Expenses	1,088,113
East Asia and the Pacific			Program Services	Travel Expenses	310.710

Program Services

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i e , fundraising, service, describe agents in region specific type of service region program services. grants to recipients (s) in region located in the region) North America Program Services Travel Expenses 1,302,879 South America Program Services Travel Expenses 5,688,307

Program Services

Grant-donated equipmt

14,000

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

Central America and the

Carıbbean

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493045004257 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number UNITED STATES SOCCER FEDERATION 13-5591991 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (d) A mount of cash **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

members The contributions were unrestricted to further the overall mission of that organization

### **Additional Data**

Software ID:

Software Version: EIN: 13-5591991

Name: UNITED STATES SOCCER FEDERATION

<u>Form 990,Schedule I, Pai</u>	rt II, Grants and	<u>l Other Assistance</u>	<u>e to Domestic Org</u>	<u>anizations and D</u>	<u>omestic Governme</u>	ents.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S SPORTS FOUNDATION 424 W 33rd Street Suite 150 New York, NY 10001	23-7380557	501(C)(3)	15,000				General Contribution
Major League Soccer 420 5th Ave 7th Floor New York, NY 10018	95-4541325		7,500				General Contribution
Trustees of the University of PA 3730 Walnut St Huntsman Hall 6th fLOOR PHILADELPHIA.PA 19104	23-1352685	501(C)(3)	6,500				GENERAL CONTRIBUTION

(a) Name and address of (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of **(b)** EIN **(h)** Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 43-1366184 9.000 GENERAL Street & Smith 120 WEST MOREHEAD ST CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUITE 320

CHARLOTTE, NC 28202

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# **Compensation Information**

OMB No 1545-0047

DLN: 93493045004257

Open to Public

Schedule J (Form 990)

Department of the

For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

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

Treas	ury nal Revenue Service		,	<u></u>		Insp	ectio	n
Na	me of the organiz				Employer identificat	ion nu	mber	
UNI	TED STATES SOCCE	R FEDERATION			13-5591991			
Pa	rt I Questi	ons Regarding Compensation	1					
	•						Yes	No
1a								
	First-clas	s or charter travel	Г	Housing allowance or residence fo	r personal use			
	Travel for	companions	Ē	Payments for business use of pers	onal residence	ĺ	j '	Ì
	Tax idemi	nification and gross-up payments	·	Health or social club dues or initia	tion fees	ĺ	j '	Ì
	Discretion	nary spending account	Γ	Personal services (e g , maid, cha	uffeur, chef)			   
b						1b	Yes	
2	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items  First-class or charter travel  Housing allowance or residence for personal use  Payments for business use of personal residence							
							Yes	
3	organization's	CEO/Executive Director Check all th	at apply	Do not check any boxes for metho	ds			
	✓ Compens	ation committee	<b>✓</b>	Written employment contract				
	✓ Independent	ent compensation consultant	·	Compensation survey or study		ĺ	j '	Ì
	<b>√</b> Form 990	of other organizations	<b>√</b>	Approval by the board or compens	ation committee		•	
4			Part VII	, Section A , line 1a with respect to	the filing organization			
а	Receive a seve	rance payment or change-of-control;	payment	?		4a		Νo
b	Participate in,	or receive payment from, a supplemen	ntal nonq	ualified retirement plan?		4b	Yes	
c	Participate in,	or receive payment from, an equity-ba	sed com	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	vide the	e applicable amounts for each item	ın Part III			
5	For persons lis	, 501(c)(4), and 501(c)(29) organizat ted on Form 990, Part VII, Section A contingent on the revenues of		•	any			
а	The organization	on?				5a		Νo
b	Any related org					5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III						
6		ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a,	, did the organization pay or accrue	any			
а	The organization	on?				6a		Νo
b	Any related org	ganization?				<b>6</b> b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A described in lines 5 and 6? If "Yes," d			on-fixed	7		No
8		ints reported on Form 990, Part VII, p nitial contract exception described in				R		N.o.

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

	my for each noted marriag	ar mast equal the total	amount of Form 3307	rate vii, section ii, iii	с та, аррисавте сотат	im (b) and (b) amount	o for that marriadar
(A) Name and Title	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation			( <b>D</b> ) Nontaxable	(E) Total of columns	• •
	Base	(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	(i) compensation	Bonus & incentive	Other reportable	compensation			as deferred on prior

compensation

Schedule J (Form 990) 2015

See Additional Data Table

Form 990

Schedule J (Form 990) 2015

Schedules (Form 550) 2015	r age S
Part III Supplemental Ir	nformation
Provide the information, explanati	ion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation
Part I, Line 1a	Dan Flynn and Jay Berhalter's Health Club Fees of \$185 a month are covered by U.S. Soccer Federation. The fees were reimbursed as nontaxable compensation.
Part I, Line 4b	THE FEDERATION PROVIDES BENEFITS UNDER THE U.S. SOCCER FEDERATION OPTION PLAN (THE "PLAN"), EFFECTIVE JANUARY 1, 1999, WHICH IS DESIGNED TO ACCUMULATE RETIREMENT FUNDS FOR THE CEO/SECRETARY GENERAL THE PLAN ALLOWS THE PARTICIPANT TO DEFER UP TO 100% OF THIS COMPENSATION FOR THE RIGHT TO BUY A VARIETY OF MUTUAL FUNDS EQUAL TO THE DEFERRED COMPENSATION HE WOULD HAVE OTHERWISE RECEIVED. THE PLAN IS ADMINISTERED BY THE FEDERATION. THE FAIR VALUE OF THE

Page 3

Schedule J (Form 990) 2015

Schedule 1 (Form 990) 2015

AMENDED OR CHANGED, NO FURTHER OPTIONS OF THIS TYPE WILL BE GRANTED

### Software ID: Software Version:

**EIN:** 13-5591991

Name: UNITED STATES SOCCER FEDERATION

Form 990, Schedule J,	Part	II - Officers, Direc	tors, Trustees, Ke	ey Employees, and	d Highest Compen	sated Employees	5	
(A) Name and Title			W-2 and/or 1099-MIS (ii) Bonus & Incentive		(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1DAN FLYNNCEO	(1)		compensation	compensation	7.000		747.054	
	l	304,743	110,000		7,800	14,809	717,354	
	(11)	0	0	0	0	0	0	0
1BRIAN REMEDICAO	(1)	284,329	3,000	0	7,800	20,099	315,228	0
	(11)	0	0	0	0	-	-	0
2ERIC GLEASONCFO	(1)	185,086	3,000	0	5,643	14,252	207,981	0
	(11)	0	0	0	0			0
3LISA LEVINELegal Counsel	(1)	205,095	3,000	0	6,243	5,529	219,867	0
	(11)	0	0	0	0			0
4TOM KING Managing Director Admin	(1)	297,101	3,000	0	7,800	19,819	327,720	0
ranaging Director rainin	(11)	0	0	0	0	-		0
5JUERGEN KLINSMANN MNT Head Coach	(1)	3,050,813	0	0	7,800	17,981	3,076,594	0
	(11)	0	0	0	0	-	-	0
6JAY BERHALTERCcO	(1)	431,601	100,000	0	7,800	22,039	561,440	0
	(11)	0	0	0	0			0
7ANDREAS HERZOG ASSISTANT MNT HEAD	(1)	398,993	0	0	7,800	19,620	426,413	0
COACH	(11)	0	0	0	0	-		0
8LAUREN HOLIDAY WNT Player	(1)	126,000	99,450	0	0	0	225,450	0
	(11)	0	0	0	0		-	0
9MEGHAN KLINGENBERG WNT Player	(1)	126,000	99,450	0	0	0	225,450	0
	(11)	0	0	0	0			0
10ALEXANDRIA KRIEGER WNT Player	(1)	126,000	99,450	0	0	0	225,450	0
· · · · · · · · · · · · · · · · · · ·	(11)	0	0	0	0			0
11TOBIN HEATHWNT PLAYER	(1)	126,000	99,450	0	0	0	225,450	0
	(11)	0	0	0	0			0
12JILLIAN ELLIS WNT Head Coach	(1)	216,407	90,000	0	7,800	13,125	327,332	0
min nead Coden	(11)	0	0	0	0			0
						0	] 0	<u> </u>

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule L

**Transactions with Interested Persons** ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. about Schedule L (Form 990 or 990-EZ) and its instructions is at OMB No 1545-0047 2015

DLN: 93493045004257

(Form 990 or 990-EZ)

epartment of the reasury ntemal Revenue Sei		, and its institu	ctions is at		en to F Inspect				
Name of the org UNITED STATES SO	janization OCCER FEDERATION					Employe	er identificatio	n numbe	er
						13-559	1991		
			<b>S</b> (section 501(c)(3), se red "Yes" on Form 990, l	, ,	, ,,	,, ,		40b	
1 (a) Nam	e of disqualified p	(b) Relationship bet	ween disquali	fied person and	(c) Des	cription of	(d) Co	rrected?	
			or	ganızatıon		tran	saction	Yes	No
	mount of tax incu	ırred by orgaı	nization managers or dis		ons during the	•	section		
<b>3</b> Enter the a	mount of tax, ıf aı	ny, on line 2,	above, reimbursed by th	e organizatio	n		<b>\$</b>		
Cor	mplete if the orga	nızatıon ansv	erested Persons. vered "Yes" on Form 99( on Form 990, Part X, line		line 38a, or Fo	rm 990, Pai	rt IV, line 26,	or if the	
(a) Name of Interested person	(b) Relationship with organization	Purpose of	(d) Loan to or from the organization?	(e)O riginal principal amount	<b>(f)</b> Balance due	(g) In default?	(h) Approved by board or	1	ritten ment?

(a) Name of interested person	(b) Relationship with organization	Purpose of	(d) Loan t or from the organizatio	om the prin		(e)Original (f)Balance principal due amount		(g) In default?		(h) Approved by board or committee?		tten ent?
			To	From			Yes	No	Yes	No	Yes	No
Total		<b>▶</b> \$										
Part IIII Gra	nts or Assist	ance Bene	efitina In	terested F	ersons.			·	·		·	

Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (b) Relationship between (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance

person	interested person and the organization	(c) Amount of assistance	(u) Type of assistance	(e) Fullpose of assistance

Part IV

Page 2

Complete if the organiza	ition answered "Yes" on F	orm 990, Part IV, lin	e 28a, 28b, or 28c.					
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	zation's			
				Yes	No			
(1) Don Garber	Pres of Soccer United	25,249,998	Marketing Partner	Yes				
Part V Supplemental Inform Provide additional informati	<b>ation</b> on for responses to question:	s on Schedule L (see ins	tructions)					
Return Reference	Explanation							

ORGANIZATION

(A) NAME OF PERSON DON GARBER (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND

ORGANIZATION PRES OF SOCCER UNITED MARKETING/MLS AND BOARD MEMBER OF

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**Noncash Contributions** 

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

► Attach to Form 990.

(Form 990)

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

DLN: 93493045004257 OMB No 1545-0047

2015

rea:	sury mal Revenue Service		,		_		Insp	ectio	n
an	ne of the organization				Emplo	yer identificat	ion nu	mber	
NIT	FED STATES SOCCER FEDERATION				12_50	591991			
Pa	art I Types of Property				15 55	,51551			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		<b>(d</b> Method of de oncash contrib	- etermı	_	ts
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				<u> </u>				
	Intellectual property								
	Securities—Publicly traded .				ــــــ				
	Securities—Closely held stock	•			┼				
L1	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous				+-				
L3	Qualified conservation contribution—Historic structures								
L4	Qualified conservation contribution—Other								
L5	Real estate—Residential .								
L6	Real estate—Commercial								
L7	Real estate—Other								
	Collectibles				<u> </u>				
	Food inventory								
	Drugs and medical supplies .								
	Taxidermy				┼				
	Historical artifacts				+-				
	Scientific specimens Archeological artifacts				$\vdash$				
	Other ► (	·   _ x	1	32.020	Fair N	1arket Value			
	line Tickets )	^	*	32,023	" "	ranket value			
	O ther ► (	Х	1	48,157	Fair M	1arket Value			
27	O ther ▶ ()								
28	O ther ▶ ()								
29	Number of Forms 8283 received for which the organization comp				29			Vac	No
30a	a During the year, did the organiz	zation receiv	e by contribution any prope	erty reported in Part I, lines	1 thro	ough 28, that		Yes	No
	it must hold for at least three y	ears from th	e date of the initial contribu	ution, and which is not requ	ired to	be used			ı
	for exempt purposes for the ent	ire holding p	period?				30a		No
ł	<b>b</b> If "Yes," describe the arrangen	nent in Part	II						
31	Does the organization have a g	ıft acceptanı	ce policy that requires the	review of any non-standard	contri	butions?	31	Yes	
	and the second s		the state of the s				l .	1	

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

contributions? . . .

**b** If "Yes," describe in Part II

describe in Part II

32a

Νo

Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

## DLN: 93493045004257

# Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 Inspection

SCHEDULE O (Form 990 or

Department of the

Internal Revenue

990-EZ)

Treasury

Service

Name of the or	ganization OCCER FEDERATION	Employer identification number
UNITED STATES S	OCCER FEDERATION	13-5591991
990 Schedi	ile O, Supplemental Information	
Return Reference	Explanation	
Form 990, Part III, LINE 4D, OTHER PROGRAM SERVICES	OTHER INCLUDES OFEN CUP AND OTHER PROGRAM RELATED EXPENSES EXPENSES \$ REVENUE \$68,861,343 Form 990, Part VI, Section A, Line 6 The membership of UNITED: dederation") is open to all soccer organizations and all soccer players, coaches, trainers w thout discrimination on the basis of race, color, religion, age, sex, or national origin. The categories of membership (1) organization member composed of the follow ing classifice Dsabled Service organization (C) Indoor Professional league (1) National affiliate (E) N MEMBER (G) Other Affiliate (H) Professional League (I) State Association (2) Life Mem Organization desiring to become an organization member of the federation must submit a the secretary general. The applicant shall specify the category of organization member to national association, the youth or adult council the applicant intends to join the applicant of its charter or articles of incorporation, bylaws, rules, regulations, any rules of play, ar appropriate to understanding the structure and activities of the organization the secretar copies of each document to be submitted. The secretary general shall refer an applicato board of directors for consideration the board shall submit the application and accompan committee or committees of the federation for review and report the board shall determine the bylaws, policies and requirements of the federation for the membership category app the board may (1) admit the applicant to provisional membership in the federation until the the application can be considered and recommend that the applicant be admitted into full the national council has delegated AUTHORITY TO THE BOARD to approve an application in the federation if applicant does not comply, the board shall recommend to the national council has delegated AUTHORITY TO THE BOARD to approve an application in the federation of applicant does not comply, the board shall recommend to the national council has delegated authority (1) the secretary general about the meeting of the federation by majority vote provis	STATES SOCCER FEDERATION ("the managers, administrators and officials e federation has the following ations of members (A) Associate (B) ational Association (F) NATIONAL liber Organization Member An written application for membership to being applied for and, if applying to be a shall include with the application copies and other governing documents by general shall prescribe the number of into be an organization member to the large gournents to the appropriate new hether the applicant complies with polied for if the applicant does comply, and the applicant to full membership of the federation, or (2) if in, admit the applicant to full membership council that the applicant not be applicant into full membership of the tovote at the national council may alted in writing to the secretary general insidered the nomination shall be as life member only has voting rights as elated to the activities and programs of the the representative membership body approving the budgets of the approving the budgets of the approving the budgets of the incils (4) granting life member status to some shall be members of the national council of the section 2 of this bylaw (2) athlete ach voting member of the board of ang shall be members of the national section 2 of this bylaw (2) athlete ach voting member of the board of the state associations, national section 2 of this bylaw (2) athlete ach voting member of the board of the state associations, national section 2 of this bylaw (2) athlete ach voting member of the board of the state associations, national association and the state associations, national association and the state associations and affiliate, other DULT COUNCIL'S ADMINISTRATIVE DINCIL (8) THE COMMISSIONERS OF THE ENTITLED TO VOTE IN THE YOUTH  Of this section may only vote in one of the special page and the organization member (2) of this having more than one vote at a council officer or director of the organization energence of the votes eligible ional council meeting an alternate may
Part VI, Section A, Line 7A Section 2	(A) the number of delegates from each of the organization members in the youth, adult, a professional conucils shall be determined by the respective councils, the number of deleates voting within a council shall be proportional among its organization members based the following (1) in the youth council, the number of delegates for (A) state association is shall be based on the number of players registered and fees paid to the federation by hat state association, and (B) patiental associations shall be based on the number of players.	g on t
	hat state association, and (B) national associations shall be based on the number of play rs registered and fees paid by that national association directly to the federation and no t through a state association, except that if a national association does not register any players directly with the federation, that national association shall have one vote at each national council meeting in each case, players registered and fees paid shall be as of	

30 days before the meeting, as certified by the member of the board of directors authoriz ed to serve as the federation's treasurer (2) in the adult council, the number of delegat es for (a) state associations shall be based on the number of players registered and fees paid to the federation by that state association, and (b) national associations shall be b ased on the number of players registered and fees paid directly to the federation by that national association and not through a state association, how ever, the national associatio n shall designate delegate votes to national association members that are not state assoca tions based upon the number of players registered and fees paid directly to the national a ssociation and not through a state association in each case, players registered and fees paid for the preceding calendar year, january 1 through december 31, as certified by the m ember of the board of directors authorized to serve as the federation's treasurer (3) in the professional council, the number of delegates for each professional league shall be ba sed on the level of competitive division among the professional leagues (B) if the member s of a council are unable to reach agreement on the number of delegates for each member un der subsection (A) of this section, the board of directors shall determine the number (C) the basis for calculating the number of delegates within a council may be changed by the board of directors upon agreement with the council (D) to provide equal representation am ong the youth, adult, and professional councils, the votes of the delegates from each of t hose councils shall be multiplied by a council multiplier the council multiplier shall eq ual the number of delegates for the council with the largest number of delegates divided b y the number of delegates of the respective council, rounded off to 2 decimal places Form 990, Part VI, Section A, Line 7A Section 3 (A) at least 20 percent of the votes eligible to be cast at a national council must be athletes, and the board of directors shall make necessary adjustments to ensure that this 20 percent athlete requirement is satisfied (B) athlete delegates to the national council shall be determined by the athletes as provided by bylaw 321 (C) one individual may cast all or part of the votes for the athletes at a national council meeting, but that individual may not cast votes for any other organizatio n member or individual at the meeting the individual may cast the votes as an athlete del egate or by proxy as determined by the athletes' council (D) to ensure at least 20 percen t athlete representation on the national council, the votes of the athlete delegates shall be multiplied by an athlete council multiplier the multiplier shall be calculated as fol low's ((TWV/8) - TWV)/AD) rounded off to 2 decimal places "TWV" means the total w eighted vote of all non-athlete delegates at the national council "AD" means the number of athle te delegates at the national council meeting. Form 990, part vi, section b, line 11 Govern ing body review of form 990 The board retains the services of an independent cpa firm to p repare the FEDERATION's form 990 management reviews the completed form 990 and provides a full copy to all voting members of the governing body prior to filing the return form 99 0, part vi, section B, line 12C conflicts of interest policy monitoring - officers, direct ors and key employees are annually required to complete a conflict of interest disclosure statement as a precursor to their service to the FEDERATION potential conflicts are logge d with and monitored by the secretary general form 990, part vi, section b, line 15 the s alary of the ceo is determined using a compensation specialist and a compensation survey w hich is then approved by the board the salary of key employees is determined by industry surveys which cover other organizations and sporting teams the salary of all other employ ees are determined by comparing them against other similar sized organizations form 990, part vi, section c, line 19 governing documents and financial statements are available thr ough applicable governmental agencies, the conflict of interest policy is available upon w ritten request to the FEDERATION

990 Schedule O, Supplemental Information

Return Reference Explanation

Part VII-Highest There are 10 WNT Players who received the same compensation carli lloyd \$225,450 Alexandria Morgan \$225,450 compensated employees Kelly O'Hara \$225,450 Heather O'Reilley Werry \$225,450 Christen Press \$225,450 Rebecca Sauerbrunn \$225,450

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

DLN: 93493045004257 OMB No 1545-0047

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

(f)

Department of the Treasury

(Form 990)

Part I

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990. Open to Public Inspection Internal Revenue Service Name of the organization **Employer identification number** UNITED STATES SOCCER FEDERATION 13-5591991

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

name, addiess, and EIN (II applicable) of disregarded entity	Primary activity	or foreign country)	Total income	end-or-year assets	'	entity		
						_		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	ie tax year.				art IV,			
(a)  Name, address, and EIN of related organization	( <b>b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sectio	n Public charity (if section 501		<b>(f)</b> Direct controlling entity	Section (13) co ent	( <b>g)</b> n 512(b ontrolle itity?
(1)CA2016 LOCAL ORGANIZING COMMITTEE LLC 1801 S PRAIRIE AVENUE	TOURN PROMO		501(C)(3)	9		US SOCCER	Yes	No
CHICAGO, IL 60616 47-2294282								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 501	35Y			Schedule R (For	m 990) 2	2015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	<b>(h</b> Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	ral or iging	<b>(k)</b> Percentage ownership
				011,			Yes	No		Yes	No	
	•				· · · · · · · · · · · · · · · · · · ·					•		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i) Section (b)(1 contro entit	i 512 l3) illed
								Yes	No
(1)CA2016 MARKETING INC	SEE PART VII	DE	US SOCCER	C CORP	0	0	100 000 %	Yes	
1801 S PRAIRIE AVENUE CHICAGO, IL 60016 81-1520116									

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes No

1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
<b>b</b> Gıft, grant, or capıtal contribution to related organization(s)	<b>1</b> b		No
c Gıft, grant, or capıtal contribution from related organization(s)	<b>1</b> c		No
d Loans or loan guarantees to or for related organization(s)	<b>1</b> d	Yes	
e Loans or loan guarantees by related organization(s)	<b>1</b> e		No
<b>f</b> Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
<b>h</b> Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	<b>1</b> s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshold	5		
(a)(b)(c)(d)Name of related organizationTransactionAmount involvedMethod of determining atype (a-s)type (a-s)	mount ı	nvolve	d
(1)ca2016 LOCAL ORGANIZING COMMITTEE LLC 1D 119,901 fmv			

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

### Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												,	
													<u> </u>

Schedule R (Form 990) 2015 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation PART IV, LINE 1 (B) PRIMARY ACTIVITY ADMINISTRATION OF COMMERCIAL RIGHTS FOR COPA AMERICA CENTENARIO

Schedule R (Form 990) 2015