# Form **8879-EO**

## IRS e-file Signature Authorization for an Exempt Organization

OMB	No.	1545-	1878

2006

Department of the Treasury Internal Revenue Service

For calendar year 2006, or fiscal year beginning  $APR~1~\_$  , 2006, and ending MAR~31~ ,20 0.7~Do not send to the IRS. Keep for your records.

➤ See instructions.

N/A	
Name of exempt organization	Employer identification number
UNITED STATES SOCCER FEDERATION	<u> 13-5591991</u>
Name and title of officer DANIEL T. FLYNN	
CEO	
Part I Type of Return and Return Information (Whole Dollars Only)	<del></del>
Check the box for the return for which you are using this Form 8879-EO and enter the applic on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you ar or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, the complete more than 1 line in Part I.	re filing this form was blank, then leave line 1b, 2b, 3b, 4b,
1a Form 990 check here <b>X</b> b Total revenue, if any (Form 990, line 12)	1b <u>49583722</u>
	2b
	0-PF, Part VI, line 5) 4b
5a Form 8868 check here b Balance Due (Form 8868, line 3c)	5b
Part II Declaration and Signature Authorization of Officer	
an electronic funds withdrawal (direct debit) entry to the financial institution account indicate organization's federal taxes owed on this return, and the financial institution to debit the entrement the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the institutions involved in the processing of the electronic payment of taxes to receive confiden	y to this account. To revoke a payment, I must contact ne payment (settlement) date. I also authorize the financial
issues related to the payment. I have selected a personal identification number (PIN) as my sapplicable, the organization's consent to electronic funds withdrawal.	
issues related to the payment. I have selected a personal identification number (PIN) as my sapplicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only	signature for the organization's electronic return and, if
issues related to the payment. I have selected a personal identification number (PIN) as my sapplicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only  X I authorize BLACKMAN KALLICK BARTELSTEIN, LLP	signature for the organization's electronic return and, if to enter my PIN 91991
issues related to the payment. I have selected a personal identification number (PIN) as my sapplicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only  X I authorize BLACKMAN KALLICK BARTELSTEIN, LLP  ER0 firm name as my signature on the organization's tax year 2006 electronically filed return. If I h is being filed with a state agency(ies) regulating charities as part of the IRS Fed/Staenter my PIN on the return's disclosure consent screen.  As an officer of the organization. I will enter my PIN as my signature on the organization to the return is being filed with a state agency pf the return is being filed with a state agency.	to enter my PIN 91991  do not enter all zeros have indicated within this return that a copy of the return ate program, I also authorize the aforementioned ERO to exation's tax year 2006 electronically filed return. If I have
issues related to the payment. I have selected a personal identification number (PIN) as my sapplicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only  X I authorize BLACKMAN KALLICK BARTELSTEIN, LLP  ERO firm name  as my signature on the organization's tax year 2006 electronically filed return. If I h  is being filed with a state agency(ies) regulating charities as part of the IRS Fed/Sta  enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organiz  indicated within this return that alcopy of the return is being filed with a state agen  program, I will enter my PIN on the return's disclosure consent screen.	to enter my PIN 91991  do not enter all zeros have indicated within this return that a copy of the return ate program, I also authorize the aforementioned ERO to exation's tax year 2006 electronically filed return. If I have
issues related to the payment. I have selected a personal identification number (PIN) as my sapplicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only  X I authorize BLACKMAN KALLICK BARTELSTEIN, LLP  ER0 firm name  as my signature on the organization's tax year 2006 electronically filed return. If I h  is being filed with a state agency(ies) regulating charities as part of the IRS Fed/Statenter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization dicated within this return that alcopy of the return is being filed with a state agent program, I will enter my PIN on the return's disclosure consent screen.  Officer's signature	to enter my PIN 91991  do not enter all zeros have indicated within this return that a copy of the return ate program, I also authorize the aforementioned ERO to exation's tax year 2006 electronically filed return. If I have acy(ies) regulating charities as part of the IRS Fed/State
issues related to the payment. I have selected a personal identification number (PIN) as my sapplicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only  X I authorize BLACKMAN KALLICK BARTELSTEIN, LLP  ERO firm name  as my signature on the organization's tax year 2006 electronically filed return. If I h  is being filed with a state agency(ies) regulating charities as part of the IRS Fed/Sta  enter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organiz  indicated within this return that alcopy of the return is being filed with a state agen  program, I will enter my PIN on the return's disclosure consent screen.	to enter my PIN 91991  do not enter all zeros have indicated within this return that a copy of the return ate program, I also authorize the aforementioned ERO to exation's tax year 2006 electronically filed return. If I have acy(ies) regulating charities as part of the IRS Fed/State
issues related to the payment. I have selected a personal identification number (PIN) as my sapplicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only  X I authorize BLACKMAN KALLICK BARTELSTEIN, LLP  ER0 firm name  as my signature on the organization's tax year 2006 electronically filed return. If I h is being filed with a state agency(ies) regulating charities as part of the IRS Fed/Statenter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization didicated within this return that a copy of the return is being filed with a state agen program, I will enter my PIN on the return's disclosure consent screen.  Officer's signature	to enter my PIN 91991  do not enter all zeros have indicated within this return that a copy of the return ate program, I also authorize the aforementioned ERO to exation's tax year 2006 electronically filed return. If I have acy(ies) regulating charities as part of the IRS Fed/State
issues related to the payment. I have selected a personal identification number (PIN) as my sapplicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only  X I authorize BLACKMAN KALLICK BARTELSTEIN, LLP  ER0 firm name  as my signature on the organization's tax year 2006 electronically filed return. If I h is being filed with a state agency(ies) regulating charities as part of the IRS Fed/Statenter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization disclosure within this return that a copy of the return is being filed with a state agent program, I will enter my PIN on the return's disclosure consent screen.  Officer's signature   Part III Certification and Authentication	to enter my PIN 91991  do not enter all zeros lave indicated within this return that a copy of the return ate program, I also authorize the aforementioned ERO to lation's tax year 2006 electronically filed return. If I have acy(ies) regulating charities as part of the IRS Fed/State  Date   Date   136948160606  do not enter all zeros  cally filed return for the organization indicated above. I
issues related to the payment. I have selected a personal identification number (PIN) as my sapplicable, the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only  X I authorize BLACKMAN KALLICK BARTELSTEIN, LLP  ERO firm name  as my signature on the organization's tax year 2006 electronically filed return. If I h is being filed with a state agency(ies) regulating charities as part of the IRS Fed/Statenter my PIN on the return's disclosure consent screen.  As an officer of the organization, I will enter my PIN as my signature on the organization indicated within this return that a copy of the return is being filed with a state agency program, I will enter my PIN on the return's disclosure consent screen.  Officer's signature   Part III Certification and Authentication  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.  I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronic confirm that I am submitting this return in accordance with the requirements of Pub. 4206, In	to enter my PIN 91991  do not enter all zeros ave indicated within this return that a copy of the return ate program, I also authorize the aforementioned ERO to exation's tax year 2006 electronically filed return. If I have acy(ies) regulating charities as part of the IRS Fed/State  Date   136948160606  do not enter all zeros cally filed return for the organization indicated above. I

\*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

<b>2006</b>	-
Open to Public	•

A	For the 2	2006 calendar year, or tax year beginning A	PR 1, 2006	and en	ding	MAR 31	, 20	07		
В	Check if	Please C Name of organization					D Emplo	yer ider	ntification number	
	applicable	use IRS								
	Addres change		FEDERATION				13	<u>-559</u>	91991 <u> </u>	_
	Name change	type. Number and street (or P.O. box if mail is n	ot delivered to street address)	ı		Room/suite	E Telep	none nu	mber	
	Initial return	Specific 1801 S. PRAIRIE AVE.					(3	12)8	<u> 308-1300</u>	_
	Final return	tions. City or town, state or country, and ZIP + 4						ing method:		Jai
Ļ	Amend	CHICAGO, IL 00010					(sp	her pecify)		_
	Applica pendin	<ul> <li>Section 501(c)(3) organizations and 4947(a)</li> <li>must attach a completed Schedule A (Form 9</li> </ul>	(1) nonexempt charitable trus	its					n 527 organizations.	
		•	90 01 990°LZ).		, ,	ls this a group r				No
		:▶WWW.USSOCCER.COM		7		If "Yes," enter nu				
		tion type (check only one) ► X 501(c) (3) <		527	H(c)	Are all affiliates i (If "No," attach a	included'i	N	/AYes1	No
		ere Lifthe organization is not a 509(a)(3) suppo		is '	H(d)	is this a separat	e return 1	iled by a	ın or-	
		are normally <b>not</b> more than \$25,000. A return is not requito file a return, be sure to file a complete return.	lired, but if the organization			ganization cover				<u>No</u>
	51100363	to the a rotarn, be sure to the a complete rotarn.	<del></del>			Group Exemptio			N/A n is <b>not</b> required to atta	
	Gross re	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12	72,774,77	7		Sch. B (Form 99	-		·	.GH
	art I	Revenue, Expenses, and Changes in					.,		-	
	1	Contributions, gifts, grants, and similar amounts receive								_
	'a			1a				*		
	b	Direct public support (not included on line 1a)		1b		7,552,3	21.	.:		
	C	Indirect public support (not included on line 1a)		1c		.,				
	d	Government contributions (grants) (not included on lin		1d			:			
	е	Total (add lines 1a through 1d) (cash \$7, 5				-	)	1e	7,552,321	. •
	2	Program service revenue including government fees a						2	31,979,409	
	3	Membership dues and assessments	· ·					3	7,332,381	_
	4	Interest on savings and temporary cash investments					[	4	$81,\overline{441}$	_
	5	Dividends and interest from securities						5	1,757,322	<u>.                                    </u>
	6 a	Gross rents		6a						
	b	Less: rental expenses		6b			:			
<u>a</u>	C	Net rental income or (loss). Subtract line 6b from line 6	Sa					6c		
en C	7	Other investment income (describe					_)	7		_
Revenue	8 a	Gross amount from sales of assets other	(A) Securities			(B) Other		•		
		than inventory		8a						
	b	Less: cost or other basis and sales expenses	23,191,055.	8b						
	C	Gain or (loss) (attach schedule)		8c					400 045	
	l d	Net gain or (loss). Combine line 8c, columns (A) and (I				 T		8d	408,945	•
	9	Special events and activities (attach schedule). If any a				_1		4 .		
	a b	Gross revenue (not including \$ or Less: direct expenses other than fundraising expenses		9a_ 9b						
	C	Net income or (loss) from special events. Subtract line						9c		
	10 a	Gross sales of inventory, less returns and allowances		10a						_
	, o u	Less: cost of goods sold		10b						
	C	Gross profit or (loss) from sales of inventory (attach so		_	10a			10c		
	11	Other revenue (from Part VII, line 103)						11	471,903	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1						12	49,583,722	
	13	Program services (from line 44, column (B))						13	30,921,872	
Expenses	14	Management and general (from line 44, column (C))	********					14	<u>5,625,593</u>	
pen	15	Fundraising (from line 44, column (D))						15		
Ň	16	Payments to affiliates (attach schedule)						16		_
	17	Total expenses. Add lines 16 and 44, column (A)		<u></u>				17	36,547,465	
v	18	Excess or (deficit) for the year. Subtract line 17 from lin					_	18	13,036,257	
Net Assets	19	Net assets or fund balances at beginning of year (from	line 73, çolumn (A))				<u></u>  -	19	42,115,402	
-SA		Other changes in net assets or fund balances (attach e.	xpianation) S	EE.	STA	TEMENT	<u> </u>	20	979,933	_
6230	21	Net assets or fund balances at end of year. Combine lin				·····		21	56,131,592	

Part II Statement of **Functional Expenses** 

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	e	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds					
(attach schedule)					
(cash \$0					· .
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach sch	edule)			STATEMENT 4	
(cash \$238,482 • noncash \$	0.				
If this amount includes foreign grants, check here	- 🗀 22b	238,482.	238,482.	•	<u> </u>
23 Specific assistance to individuals (attach	ո 🔲				•
schedule)	23				
24 Benefits paid to or for members (attach			_	1.	
schedule)	24			<u> </u>	
25a Compensation of current officers, directors, k	ey				
employees, etc. listed in Part V-A	25a	1,489,409.	0.	<u>1,489,409.</u>	0.
<b>b</b> Compensation of former officers, directors, ke	еу				
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not inc	cluded				
above, to disqualified persons (as defined und	der				
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	9,494,379.	<u>8,207,763.</u>	1, <u>286</u> ,61 <u>6</u> .	
27 Pension plan contributions not included	on				
lines 25a, b, and c	27	<u>397,260.</u>	89,561.	<u>307,699.</u>	
28 Employee benefits not included on lines					
25a - 27	28	<u>1,155,112.</u>	1,002,594.		
29 Payroli taxes	29	679,563.	<u>529,284.</u>	<u> 150,279.</u>	
30 Professional fundraising fees	30		·	<del>_</del>	
31 Accounting fees	31	63,828.		<u>63,828.</u>	
32 Legal fees	32	<u>451,536.</u>	430,584.	20,952.	
33 Supplies	33	73,635.	40,147.	33,488.	
34 Telephone	34	280,115.	<u>144,642.</u>	<u> 135,473.</u>	
35 Postage and shipping	35	<u>350,697.</u>	284,223.	<u>66,474.</u>	
36 Occupancy	36	452,338.	<u>377,465.</u>	74,873.	
37 Equipment rental and maintenance	37	1,817,973.	1,643,718.	174,255.	
38 Printing and publications	38	340,016.	<u>31</u> 7,270.	<u>22,746.</u>	
39 Travel	39	9,379,228.	9,065,319.	313,909.	
40 Conferences, conventions, and meetings	s 40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach sched	dule) 42	344,625.		344,625.	
43 Other expenses not covered above (item	nize):				
a	43a				<u> </u>
b	43b				
c	43c				
d	43d			<del></del>	
e	43e				
f	43f				
g SEE STATEMENT 3	43g	9,539,269.	8,550,820.	988,449.	
44 Total functional expenses. Add lines 22a thro					
43g. (Organizations completing columns (B)-(		25 545 155	20 22 2= 1		_
carry these totals to lines 13-15)			30,921,872.	<u>5,625,593.</u>	0.
Joint Costs. Check ▶ ☐ if you are follo	-				
Are any joint costs from a combined educational co					Yes X No
If "Yes," enter (i) the aggregate amount of these jo					
(iii) the amount allocated to Management and gen	eral \$		iv) the amount allocated to	Fundraising \$	N/A
623011 01-23-07					Form <b>990</b> (2006)

13-5591991

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose? ► <u>SEE STATEMENT</u> 6	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	YOUTH NATIONAL AND MEN'S AND WOMEN'S NATIONAL TEAM PROGRAMS- THE 16 NATIONAL TEAMS MANAGED BY THE FEDERATION RANGE FROM THE UNDER - 14 BOYS AND GIRLS TEAMS TO THE UNDER - 23 MEN'S NATIONAL TEAM AND THE MEN'S AND WOMEN'S NATIONAL TEAMS. ALL TEAMS PARTICIPATE IN DOMESTIC AND INTERNATIONAL MATCHES.	25 244 126
b	Grants and allocations \$ 238,482.) If this amount includes foreign grants, check here ► LATEST TECHNIQUES AND RULES OF SOCCER. DEPENDING ON THE CLASSIFICATIONS, REFEREES OFFICIATE AT ALL LEVELS OF SOCCER MATCHES RANGING FROM YOUTH TO PROFESSIONAL INTERNATIONAL SOCCER. THE FEDERATION HAS OVER 140,000 REGISTERED REFEREES.	25,944,196.
c	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► □ SEE STATEMENT 5	1,940,071.
d	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □ OTHER INCLUDES OPEN CUP AND OTHER PROGRAM RELATED EXPENSES.	1,818,474.
е	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	1,219,131.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	30,921,872.
	•	Form <b>990</b> (2006)

<u>Pa</u>	rt IV	Balance Sneets (See the instructions.)					
Note		ere required, attached schedules and amounts wi uld be for end-of-year amounts only.	thin the c	description column	(A) Beginning of year		(B) End of year
	45	Oach was interest baseins			1 120 050	45	606 E40
	45 46	Cash - non-interest-bearing			1,129,058. 772,400.	45 46	696,548. 177,237.
	40	Savings and temporary cash investments				40_	<u> </u>
	47 a	Accounts receivable	47a	3,071,066.			
	b		47b	30,000.	3,103,138.	47c	3,041,066.
		Pledges receivable		3, <u>269</u> ,761.			
	b				<u>5,500,000.</u>	48c	<u>3,269,761.</u>
	49	Grants receivable				49	
	50 a	Receivables from current and former officers, d	irectors,	trustees, and			
		key employees				50a	
	b	Receivables from other disqualified persons (as					
Assets		4958(f)(1)) and persons described in section 49	1 1	3)	<del></del>	50b	_ <del></del>
Ass		Other notes and loans receivable					
-		Less: allowance for doubtful accounts		- ·	<del></del>	51c 52	
	52 53	Inventories for sale or use			1,531,935.		851,547.
		Investments - publicly-traded securities STM	r 9 <b>⊳</b>	Cost X FMV	35,256,632.		55,803,835.
	1	Investments - other securities			33,230,032.	54b	33,003,033.
		Investments - land, buildings, and					<del></del>
	•••	equipment: basis	55a				
		and the second s					
	Ь	Less: accumulated depreciation	55b			55c	
	56	Investments - other	E.SI	ATEMENT 7	1,143,289.	56	3,531,771.
	57 a	Land, buildings, and equipment: basis	57a	6,969,507.			
	b	Less: accumulated depreciation STMT 8	57b	2,417,470.	<u>4,816,948.</u>	57c	<u>4,552,037.</u>
	58	Other assets, including program-related investments					
		(describe ► TEMPORARILY RESTRI			F2 0F2 400	58	2,122,205.
	59	Total assets (must equal line 74). Add lines 45			53,253,400.	59	74,046,007.
	60	Accounts payable and accrued expenses			7,528,873.	60	8,756,128. 153,289.
	61	Grants payable			3,409,125.	61 62	9,004,998.
S.	63	Deferred revenue			3,403,143.	63	3,004,330.
ilities		a Tax-exempt bond liabilities				64a	
Liabi		Mortgages and other notes payable				64b	
_	65	Date - P Date - Advantage - No.		)		65	0.
		·					
	66	Total liabilities. Add lines 60 through 65			11,137,998.	66	17,914,415.
	Orga	anizations that follow SFAS 117, check here	X aı	nd complete lines			
ro.	(	67 through 69 and lines 73 and 74.					
Çe	67	Unrestricted			<u>36,615,402.</u>	67	50,739,623.
alar	68	Temporarily restricted			<u>5,500,000.</u>	68	<u>5,391,969.</u>
g Q	69	Permanently restricted				69	
Ë	Orga	anizations that do not follow SFAS 117, check	here 🕨	and			1
o.		complete lines 70 through 74.				70	
S)	70	Capital stock, trust principal, or current funds		[		70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and				71 72	
et /	72 73	Retained earnings, endowment, accumulated in Total net assets or fund balances. Add lines 67 through				12	
Z	13	(Column (A) must equal line 19 and column (B) must	-	*	42,115,402.	73	56,131,592.
	74	Total liabilities and net assets/fund balances			53,253,400.	74	74,046,007.
	-						Form <b>990</b> (2006)

a	instructions.)								
	Total revenue, gains, and other support per audited financial stateme	nts				а	50.	563,6	555.
	Amounts included on line a but not on Part I, line 12:						- 7	<u> </u>	
	Net unrealized gains on investments		b1	979,9	33.				•
	Donated services and use of facilities		b2	2,3,3	<u> </u>				
	Recoveries of prior year grants		H	<del></del>		1			
	Other (specify):		b4			1.			
	Add lines <b>b1</b> through <b>b4</b>				· ·	Ь		979,9	333.
	Subtract line b from line a							583,7	
_	Amounts included on Part I, line 12, but not on line a:	•••••				-	271	3037	
	Investment expenses not included on Part I, line 6b		d1						
			d2			1 :			
	Other (specify):Add lines d1 and d2					d			0.
e	Total revenue (Part I line 12). Add lines c and d	• • • • • • • • • • • • • • • • • • • •			<b>.</b>		49.	583,7	
Pa	Total revenue (Part I, line 12). Add lines c and d rt IV-B Reconciliation of Expenses per Audited Fina	ancial Statements	Wit	h Expenses	per	Ret	urn	<u> </u>	
	Total expenses and losses per audited financial statements							547,4	165.
	Amounts included on line a but not on Part I, line 17:	•••••••			•••••				
-	Donated services and use of facilities		b1			N.			
	Prior year adjustments reported on Part I, line 20		$\overline{}$		_				
	Losses reported on Part I, line 20								
	Other (specify):		b4						
	Add lines <b>b1</b> through <b>b4</b>		بت			ь			0.
	Subtract line b from line a						36.	547,4	
	Amounts included on Part I, line 17, but not on line a:	••••••	•••••					<u> </u>	
	Investment expenses not included on Part I, line 6b		d1						
	Other (specify):		d2			3.			
	Add lines d1 and d2					ď			0.
	Total expenses (Part I, line 17). Add lines c and d						36,	547,4	
Pa	rt V-A Current Officers, Directors, Trustees, and Ke	y Employees (List e	ach	person who wa	s an o				
	or key employee at any time during the year even if they we	ere not compensated.) (S	See tl	ne instructions.)					
	(A) Name and address	(B) Title and average hou	s ((	C) Compensation	(D)Co empl	ntribu	tions to penefit	(E) Exp	ense it and
	(A) Name and address	(B) Title and average hour per week devoted to position	rs ((	C) Compensation f not paid, enter -0)	(D)Co emple plans compe	ntribu oyee t s & de nsatio	tions to cenefit ferred on plans	(E) Exp accour other allo	it and
	(A) Name and address	(B) Title and average hour per week devoted to position	rs (0	C) Compensation f not paid, enter -0)	(D) Co emple plans compe	ntribu oyee t s & de ensatio	tions to penefit ferred on plans	(E) Exp accour other allo	it and
		(B) Title and average hour per week devoted to position							it and wances
 SEI		(B) Title and average hour per week devoted to position		C) Compensation f not paid, enter -0)					it and
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position							it and wances
SEL		(B) Title and average hour per week devoted to position							it and wances
SEI		(B) Title and average hour per week devoted to position					74.		O.

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country 

GERMANY

Yes No

91b X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

b Number of employees employed in the pay period that includes March 12, 2006

90 a List the states with which a copy of this return is filed ►IL, CA

Located at ▶ 1801 S. PRAIRIE AVE, CHICAGO, IL

91 a The books are in care of ► RICHARD MATTHYS

Form **990** (2006)

142

Telephone no.  $\blacktriangleright$  (312)808-1300

ZIP+4 ► 60616

		SOCCE	<u>SR FEDERAT.</u>	LON_		<u> 2231331</u>	
Part VI Other Information (cont							Yes No
c At any time during the calendar year,				of the Unite	ed States?	91c	<u> </u>
If "Yes," enter the name of the foreign			<u> </u>				
Section 4947(a)(1) nonexempt charita							. ▶ ∟ .
and enter the amount of tax-exempt in					<b>&gt;</b> 92	N/	<u>A</u>
Part VII Analysis of Income-Pr			d business income		by section 512, 513, or 514		<del></del>
lote: Enter gross amounts unless otherwis	se –	(A)	(B)	(C)	(D)	(E)	
ndicated.		Business	Amount	Exclu- sion	Amount	Related or function	
3 Program service revenue:	12 H	code		code			9,409
a SEE STATEMENT 1	<u> </u>	+				31,31	<del>5,405</del>
b			<del></del>	_			
<u> </u>	<del></del>		<del></del>		<del></del>		
<u> </u>			<u>-</u>				
f Madiagra/Madigaid payments			· · · · · · · · · · · · · · · · · · ·	-		-	<del></del>
f Medicare/Medicaid payments			<del>-</del>				
<ul><li>g Fees and contracts from government a</li><li>4 Membership dues and assessments</li></ul>						7 23	2,381
Interest on savings and temporary cash invi		-		14	81,441.	1,55	<u>Z,301</u>
				14	1,757,322.		
<ul><li>Dividends and interest from securities</li><li>Net rental income or (loss) from real es</li></ul>					1,131,322.		<del></del>
a debt-financed property	_	· -		- ":   '	<u> </u>	<u> </u>	
b not debt-financed property							
Net rental income or (loss) from persor							
9 Other investment income							
Gain or (loss) from sales of assets							
other than inventory				18	408,945.		
Net income or (loss) from special event				-+	10073131		
2 Gross profit or (loss) from sales of inve							
3 Other revenue:						<del></del>	
a OTHER REVENUE				01	461,903.		
b WOMEN'S WORLD CUP				01	10,000.		-
c					20,000		
d							
e							
Subtotal (add columns (B), (D), and (E)	)	Hill Salver		)	2,719,611.	39,31	1,790
5 Total (add line 104, columns (B), (D), a							1,401
te: Line 105 plus line 1e, Part I, should ed	qual the amour	nt on line 12	, Part I.		······································		
art VIII Relationship of Activit	ies to the A	ccompli	shment of Exen	npt Purpo	oses (See the instructi	ons.)	
ne No. Explain how each activity for which	income is report	ed in column	(E) of Part VII contribu	ited importan	tly to the accomplishment	of the organizat	ion's
exempt purposes (other than by pro	oviding funds for	such purpos	es).				
SEE STATEMENT 1	L3						
art IX Information Regarding		ubsidiari	es and Disrega	rded Enti			
(A) Name, address, and EIN of corporation,	(B) Percentage of		(C) Nature of activities		( <b>D)</b> Total income	(E End-of	
	vnership interest					ass	ets
		+					
N/A	%						
	%						_
	%						
art X Information Regarding	Transfers	Associat	ed with Person	al Benefi	t Contracts (See the	instructions.	
<ul><li>a) Did the organization, during the year, receif</li><li>b) Did the organization, during the year, pay p</li></ul>	-	-		-	l benefit contract?	Yes	X N
Note: If "Yes" to (b), file Form 8870 and F	orm 4720 (see	instructions	i)				
						Form	. <b>GGA</b> (2006

623163

complete the compl	Totals  Totals  Totals  Orting organization receive any transfers from a controlled entity.  (A)  Name, address, of each controlled entity.  Totals  Orting organization receive any transfers from a controlled entity.  (A)  Name, address, of each controlled entity.  (A)  Name, address, of each controlled entity.	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	No
a  b  107 Did the report complete the comple	(A) Name, address, of each controlled entity  Totals  Orting organization receive any transfers from a controlled entity.  (A) Name, address, of each	entity as defined in se	ection 512(b)(13) of the Code? If "  (C)  Description of	Amount of transfer  Yes,"  (D)  Amount of	No
b  c  107 Did the report complete the comple	orting organization <b>receive</b> any transfers <b>from</b> a controlled entity.  (A)  Name, address, of each	(B) Employer Identification	ection 512(b)(13) of the Code? If "  (C)  Description of	"Yes," (D) Amount of	
107 Did the reproductive the complete the co	orting organization <b>receive</b> any transfers <b>from</b> a controlled entity.  (A)  Name, address, of each	(B) Employer Identification	ection 512(b)(13) of the Code? If "  (C)  Description of	"Yes," (D) Amount of	
a  b	orting organization <b>receive</b> any transfers <b>from</b> a controlled entity.  (A)  Name, address, of each	(B) Employer Identification	ection 512(b)(13) of the Code? If "  (C)  Description of	"Yes," (D) Amount of	
a  b  c	orting organization <b>receive</b> any transfers <b>from</b> a controlled entity.  (A)  Name, address, of each	(B) Employer Identification	ection 512(b)(13) of the Code? If "  (C)  Description of	"Yes," (D) Amount of	
b  c	orting organization <b>receive</b> any transfers <b>from</b> a controlled entity.  (A)  Name, address, of each	(B) Employer Identification	(C) Description of	"Yes," (D) Amount of	
a  b  c	e schedule below for each controlled entity.  (A)  Name, address, of each	(B) Employer Identification	(C) Description of	(D) Amount of	f
a b c	(A) Name, address, of each	Identification	Description of	Amount of	f —
b  c					
c					
108 Did the orga					
•					
•	Totals				
•	10003			Yes	No
anni lities de	anization have a binding written contract in effect on August escribed in question 107 above?	t 17, 2006, covering t	the interest, rents, royalties, and		
Under pe	analties of perjury, I declare that I have examined this return, including accompan plete. Declaration of preparer (other than officer) is based on all information of wi	nying schedules and statem hich preparer has any knowl	ents, and to the best of my knowledge and bledge.	belief, it is true, corre	ect,
Please			1		
Here <u></u>	gnature of officer  ANIEL T. FLYNN, CEO  //pe or print name and title		Date		
Paid Prepare signatu	rr's Free	Date	Check if self-employed  Preparer's SSN	N or PTIN (See Gen. I	nst, X
Preparer's Use Only Use Only Self-emp address, ZIP + 4	loyed). 10 S. RIVERSIDE PLAZA. 9		Phone no. ► (312	) 207_1	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2006

OMB No. 1545-0047

Name of the organization Employer identification number 13 5591991 UNITED STATES SOCCER FEDERATION Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 2 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other (a) Name and address of each employee paid per week devoted to (c) Compensation more than \$50,000 position allowances ROBERT BRADLEY MNT HEAD COACH 1801 S. PRAIRIE AVE CHICAGO IL 606 40.00 228<u>,389</u> 2,832 0. TNW MARK RYAN HEAD COACH 606 0. 1801 S. PRAIRIE AVE CHICAGO IL40.00 202,430 25,424 PAST MNT HEAD BRUCE ARENA COACH 0. 1801 S. PRAIRIE AVE 606 CHICAGO IL 40.00 <u>154,303</u> 9,614 GREG FIKE STAFF ATTORNEY 1801 S. PRAIRIE AVE CHICAGO 606 40.00 130,012 21,658 0. THOMAS RONGEN YOUTH MNT COACH 1801 S. PRAIRIE AVE, CHICAGO 606 13,816 0. 40.00 111,250. Total number of other employees paid over \$50,000 40 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service LATHAM & WATKINS PO BOX 894256, LOS ANGELES 90489 LEGAL 734,078. ERNST & YOUNG PO BOX 96550 69,713. CHICAGO 606 ACCOUNTING Total number of others receiving over \$50,000 for professional services 0 Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation 57,032. RD SAN DIEGO GRAPHIC DESIGN Total number of other contractors receiving over

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

0

\$50,000 for other services

623101/01-18-07

P	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence		_	
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities \( \\$ \) \	١		77
	line i of Part VI-B.)	<u> </u>		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
_	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	a Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
	Furnishing of goods, services, or facilities?	2c		X
	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
е	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a		X
b	Dd the organization have a section 403(b) annuity plan for its employees?	3b		X
	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f			
	and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
	Enter the total number of donor advised funds owned at the end of the tax year		N/	A
	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	
	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
o	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2006

Par	: IV	Reason for Non-Private Foundation	Status (See pages 4 t	hrough 7 of the instruction	ns.)		
l certif	that th	ne organization is not a private foundation because it is:	(Please check only ONE a	ipplicable box.)	_		
5		A church, convention of churches, or association of c	•				
6	一	A school. Section 170(b)(1)(A)(ii). (Also complete Par	, ,,	. 7(/ 7(/)-			
7	$\Box$	A hospital or a cooperative hospital service organization	•	iii\			
R	Ħ	A federal, state, or local government or governmental		•			
9		A medical research organization operated in conjuncti			ha haenital'e	nama city	
J		and state	on with a nospital sectio	ii 170(b)(1)(A)(iii). Eiitei	ilie liuspital s	s name, ony,	
10		An organization operated for the benefit of a college or	r university award or one	roted by a governmental	unit Conting	170/6\/1\/A\/6\/	<del></del>
10			r university owned or ope	rated by a governmentar	unic Section	170(D)(T)(A)(IV	)•
		(Also complete the Support Schedule in Part IV-A.)					
11a		An organization that normally receives a substantial p		governmental unit or from	the general	public.	
		Section 170(b)(1)(A)(vi). (Also complete the <b>Support</b>					
11b		A community trust. Section 170(b)(1)(A)(vi). (Also co		·			
12	X	An organization that normally receives: (1) more than					
		receipts from activities related to its charitable, etc., fu					
		its support from gross investment income and unrelated by the organization after June 30, 1975. See section 5				sses acquired	
				••	•		
13		An organization that is not controlled by any disqualifi	ed persons (other than fo	undation managers) and	otherwise me	ets the requirer	nents of section
		509(a)(3). Check the box that describes the type of su	pporting organization:				
		Type I Type II	Type III-Fu	nctionally Integrated		Type III-O	ther
		Provide the following information a	bout the supported orga	<del>,                                      </del>	т —		
		(a)	(b)	(c)	(d)	)	(e)
		Name(s) of supported organization(s)	Employer	Type of organization		ipported	Amount of
		Name(s) of supported organization(s)	identification	(described in lines	organizatio	on listed in	Amount of support
		Name(s) of supported organization(s)			organization the sup	on listed in porting zation's	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organization the sup	on listed in porting	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organization the sup	on listed in porting zation's	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?	
		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?	
Total		Name(s) of supported organization(s)	identification	(described in lines 5 through 12 above	organization the sup organiz governing	on listed in porting zation's documents?	
Total			identification number (EIN)	(described in lines 5 through 12 above or IRC section)	organization the supportant organization org	on listed in porting zation's documents?	
		Name(s) of supported organization(s)  An organization organized and operated to test for put	identification number (EIN)	(described in lines 5 through 12 above or IRC section)	organization the supportant organization org	on listed in porting zation's documents?	

Pa	rt IV-A Support Sched Note: You may t	ule (Complete only if you cause the worksheet in the ins	hecked a box on line 10 structions for converting	), 11, or 12.) Use cash	n method of accounting cash method of acc	ng. counting.
	ndar year (or fiscal year nning in)		(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contribution received. (Do not include unu	S				
16	grants. See line 28.) Membership fees received	<u>   1,606,508</u>	. 1,530,335. . 6,364,530.	550,151. 4 913 147	1,747,832.	5,434,826. 26,314,527.
17	Gross receipts from admissio merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	ns,				88,017,689.
18	Gross income from interest, dividends, amounts received payments on securities loans tion 512(a)(5)), rents, royaltie unrelated business taxable in (less section 511 taxes) from businesses acquired by the organization after June 30, 19	from (sec- s, and come		240,933.		
19	Net income from unrelated but activities not included in line 1					
20	Tax revenues levied for the organization's benefit and eith paid to it or expended on its b			_		
21	The value of services or facilit furnished to the organization governmental unit without charge or facilities generally furnished the public without charge	oy a arge. rvices				
22	Other income. Attach a sched Do not include gain or (loss) t sale of capital assets	ule. rom 146,758		SEE STATEME 24,570.		295,837.
23	Total of lines 15 through 22					122,330,155.
24	Line 23 minus line 17	10,331,479	8,496,014.	5,728,801.	9,756,172.	34,312,466.
25	Enter 1% of line 23	383,516	<u>. 357,638.</u>	165,445.	316,702.	
26	Organizations described on I					N/A
b	Prepare a list for your records				n	
	unit or publicly supported org	·	•	ded the amount shown ir	. 1	
	Do not file this list with your		•••••		<u>26b</u>	N/A
C	Total support for section 509(		. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		▶ 26c	N/A
a	Add: Amounts from column (	,				36 S AT / 3
_	Public support (line 26c minu					N/A N/A
f	Public support percentage (I		ny line 26e (denominator)			N/A %
<u>'</u> _ 27	Organizations described on I					
21	records to show the name of, such amounts for each year:	and total amounts received in	each year from, each "disq	ualified person." <b>Do not f</b> i	ile this list with your ret	urn. Enter the sum of
	(2005)  For any amount included in lir	0 • (2004)				
D	and amount received for each described in lines 5 through 1 the larger amount described in	year, that was more than the I 1b, as well as individuals.) <b>Do</b>	arger of (1) the amount o not file this list with your hese differences (the exces	n line 25 for the year or ( return. After computing t s amounts) for each year	2) \$5,000. (Include in the difference between the	e list organizations e amount received and
C	Add: Amounts from column (		5,434,826.			······································
-						119,767,042.
d	Add: Line 27a total	0a	and line 27b total		0. ► 27d	0.
е		minus line 27d total)	********************************		▶ <u>27e</u>	119,767,042.
f	Total support for section 509(					
g	Public support percentag					<del></del>
	Investment income perce					1.8534%
S	Jnusual Grants: For an organ how, for each year, the name o eturn. Do not include these gra	f the contributor, the date and	1, or 12 that received any u amount of the grant, and a	nusual grants during 200 brief description of the n	02 through 2005, prepartature of the grant. <b>Do no</b>	e a list for your records to t file this list with your

NONE

623131 01-18-07

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of	1 .		
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			1
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_   .		
		_		
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?			
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		ļ
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			·
	, <u> </u>	_	1. 4.	
		—   * *		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?		-	
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e	<u> </u>	
f	Use of facilities?	33f		ļ
g	Athletic programs?	33g		<u> </u>
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	1.1		
		_   `		
		_	ĺ	
34 a			<u> </u>	
b	Has the organization's right to such aid ever been revoked or suspended?			
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,		ĺ	
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2006

Schedule A (Form 990 or 990-EZ) 2006 UNITED STATES SOCCER FEDERAT	ION	1	3-5591991	Page
Part VI-A Lobbying Expenditures by Electing Public Charities (See page	tructions.)	N/	A	
(To be completed <b>ONLY</b> by an eligible organization that filed Form 5768)	_			
Check ▶ a if the organization belongs to an affiliated group. Check ▶ b if y	you checked <b>"a</b>	and "limited contro	ol" provisions apply.	-
Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or incurred.)	(a) ffiliated group totals	(b) To be completed electing organize		
		N/A		
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36			
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37			
38 Total lobbying expenditures (add lines 36 and 37)	38			

39	Other exempt purpose expenditures	•••••							
		s 38 and 39)							
41 Lobbying nontaxable amount. Enter the amount from the following table -									
	If the amount on line 40 is -	The lobbying nontaxable amount is -							
	Not over \$500,000	20% of the amount on line 40	•						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000							
	Over \$17,000,000	\$1,000,000							
42	Grassroots nontaxable amount (enter 25% o	f line 41)							
49	Subtract line 42 from line 26. Enter -0- if line	42 in more than line 26							

44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

 42			
 43			
 44	 		
			- 1

39 40

### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total						
45 Lobbying nontaxable amount					0.						
46 Lobbying ceiling amount (150% of line 45(e))					0.						
47 Total lobbying expenditures					0.						
48 Grassroots nontaxable amount					0.						
49 Grassroots ceiling amount (150% of line 48(e))	The state of the s				0.						
50 Grassroots lobbying expenditures					0.						

### Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

Du	ring the year, did the organization attempt to influence national, state or local legislation, including any attempt to		N.	Amazzt
inf	uence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a	Volunteers		Х	
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
	Media advertisements		X	
	Mailings to members, legislators, or the public		X	
	Publications, or published or broadcast statements		X	
	Grants to other organizations for lobbying purposes		Х	
	Direct contact with legislators, their staffs, government officials, or a legislative body		X	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		Х	
	Total lobbying expenditures (Add lines c through h.)	1: 7		0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			<u>,                                      </u>

623151 01-18-07

Schedule A (Form 990 or 990-EZ) 2006

(a) Name of organization	(b) Type of organization	(c) Description of relationship
·		
623152		

#### Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury internal Revenue Service

### Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

Name of organization **Employer identification number** UNITED STATES SOCCER FEDERATION 13-5591991 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.) General Rule-X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules-For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.) ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990. EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). LHA For Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2006) for Form 990, Form 990-EZ, and Form 990-PF.

Employer identification number

### UNITED STATES SOCCER FEDERATION

13-5591991

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$6,080,495.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2		\$1,106,250.	Person X  Payroll   Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	<u> </u>	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
6		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
			AAA AAA FM AAA BEL 1000-1

#### 2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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ч	ч	u

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
:	LEASEHOLD IMPROVEMENT	VARIES		.000	16	4861864.			4861864.	526,787.		207,043.
	FURNITURE & FIXTURE	VARIES		5.00	16	207,351.			207,351.	207,351.	,	0.
:	NTC F&F	VARIES		.000	16	125,112.			125,112.	61,546.		24,854.
	4COMPUTER EQUIPMENT	VARIES		.000	16	1022659.			1022659.	845,473.		71,147.
} !	OFFICE EQUIPMENT	VARIES	T. X .	.000	16	197,218.			197,218.	164,784.		9,943.
	OFFICE EQUIPMENT NTC	VARIES		.000	16	27,671.			27,671.	8,552.		4,823.
-	7VEHICLE	VARIES	#1 hitt	.000	16	44,000.			44,000.	44,000.		0.
.8	8VEHICLE NTC BUILDING IMPROVEMENT &	VARIES		.000	16	17,562.			17,562.	5,491.	,	3,512.
9	9SOCCER HOUSE * TOTAL 990 PAGE 2	VARIES		.000	16	466,070.	magnaga.		466,070.	208,861.		23,303.
	DEPR					6969507.		0.	6969507.	2072845.	0.	344,625.
				<i></i>						* 1 . 		
							Part of the control o				·	
					7 A.	or fores						

FORM 990 GAIN (	LOSS) FRO	OM PUBL	ICLY T	RADED SE	CURIT	IES	STATEMENT	1
DESCRIPTION	GROSS SALES PRICE		COST OR OTHER BASIS		EXPENSE OF SALE			
ALLOCATION OF NET GAIN POOLED INVESTMENT FUND		23,600	,000.	23,191,055.		0	. 408,9	45.
TO FORM 990, PART I, L	INE 8 =	23,600	,000.	23,191,	055.	0	408,9	45.
FORM 990 OTHER	CHANGES I	IN NET A	ASSETS	OR FUND	BALA	NCES	STATEMENT	2
DESCRIPTION							AMOUNT	
UNREALIZED GAINS					•	-	979,9	33.
TOTAL TO FORM 990, PAR	T I, LIN	E 20				-	979,9	33.
FORM 990		ОТНЕ	R EXPE	NSES			STATEMENT	3
	(A)	)	-	B) GRAM	-	C) GEMENT	(D)	
DESCRIPTION	TOTA	ΑL	SER	VICES	AND	GENERAL	FUNDRAISI	NG
DISCOUNT RATE EXPENSE FREIGHT ADVERTISING	373	3,034. 3,505. 5,700.		68,826. 02,058.		108,034. 4,679. 3,642.		
VEHICLE RENTAL CAB/AIRPORT		0,162.		67,664.		12,498.		
LIMO/PARKING/TOLL BANNERS, FLAGS,	137	7,613.	1	12,763.		24,850.		
BOARDS, SIGNS CONSULTANT/APPRAISAL	129	9,835.	1	13,160.		16,675.	,	
FEES DUES-FIFA FACILITY EXPENSE OPPONENT FEE	279 793	1,755. 9,901. 3,115. 7,886.	2 7	69,616. 61,986. 34,209. 67,886.		122,139. 17,915. 58,906.		
CREDIT CARD DISCOUNT FEE BANK FEES AND	86	5,939.		70,522.		16,417.		
BANK FEES AND EXPENSES MISCELLANEOUS	423	9,569. 3,692.		82,192. 20,685.		7,377. 3,007.		
PLAYER ALLOWANCES GIFTS		5,695. 9,499.		96,695. 51,271.		8,228.		

UNITED STATES SOCCER FEDERATION
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REFEREES & FIFA				
OBSERVER	95,788.	95,788.		
SECURITY	85,123.	83,163.	1,960.	
RESIDENCY EXPENSE	188,940.	188,940.		
TICKET EXPENSE	194,153.	194,153.		
WEBSITE MANAGEMENT	282,985.		282,985.	
MEDICAL AND GAME				
SUPPLIES	160,235.	160,235.		
TV/VIDEO PRODUCTION	•			
COST	139,663.	50,577.	89,086.	
SUBSITY	121,231.	121,231.		
TUITION	141,185.	134,900.	6,285.	
INSURANCE	362,652.	218,678.	143,974.	
HOUSING	402,000.	402,000.		
SALES TAX	404,531.	404,531.		
OTHER MISC. EXPENSES	736,883.	677,091.	59,792.	
TOTAL TO FM 990, LN 43	9,539,269.	8,550,820.	988,449.	
	······			

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS

TRUOMA

NATIONAL SOCCER HALL OF FAME 18 STADIUM CIRCLE ONEONTA, NY 13820

44,704.

131,757.

US AMTEUR SOCCER ASSN 9152 KENT AVE LAWRENCE, IN 46216

17,642.

THE LEUKEMIA & LYMPHOMA SOCIETY 1311 MARMARONECK AVE WHITE PLAINS, NY 10605

15,000.

WOMEN'S SPORTS FOUNDATION EISENHOWER PARK EAST MEADOWS, NY 11554

10,000.

US OLYMPIC COMMITTEE 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909

UNITED STATES SOCCER FEDERATION	13-5591991
UJA FEDERATION OF NEW YORK 130 EAST 59TH ST SUITE 9588 NEW YORK, NY 10022	8,000.
RANDALL'S ISLAND SPORTS FNDN 95 MADISON AVE SUITE 601 NEW YORK, NY 10016	7,500.
MISCELLANEOUS - 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	3,879.

238,482.

FORM 990	STATEMENT O	F PROGRAM	SERVICE	ACCOMPLISHMENTS	STATEMENT	5

#### DESCRIPTION OF PROGRAM SERVICE THREE

COACHING PROGRAM - TRAINS COACHES IN THE LATEST TECHNIOUES. INTERESTED INDIVIDUALS MAY GAIN CERTIFICATION IN SIX PROGRESSIVE LEVELS OF SOCCER COACHING. THE CURRICULUM FOR THE SIX LEVELS IS AUTHORED BY THE FEDERATION. THE FEDERATION RUNS SCHOOLS THROUGH OUT THE COUNTRY FOR A, B AND C LICENSE CERTIFICATION. THE STATE ASSOCIATIONS RUN SCHOOLS FOR D, E AND F CERTIFICATIONS.

			GRA	NTS	EXPENSES	
TO FORM 990	, PART III,	LINE C			1,818,4	74.
FORM 990	STATEMENT (	OF ORGANIZATION' PART	EXEMPT	PURPOSE	STATEMENT	6

TO PROMOTE AND GOVERN SOCCER IN THE UNITED STATES IN ORDER TO MAKE IT THE PREEMINENT SPORT RECOGNIZED FOR EXCELLENCE IN PARTICIPATION, SPECTATOR APPEAL, INTERNATIONAL COMPETITION AND GENDER EQUITY.

FORM 990	OTHER	INVESTMENTS		STATEMENT 7	7
DESCRIPTION			VALUATION METHOD	AMOUNT	
CASH HELD IN ESCROW LONG-TERM PREPAID EXPENSES			COST COST	1,226,727. 2,305,044.	
TOTAL TO FORM 990, PART IV, LI	NE 56	, COLUMN B		3,531,771.	•

FORM 990 DEPRECIATION	OF ASS	ETS NOT I	HELD FOR	INVEST	MENT	STATEMENT	8
DESCRIPTION		COST OTHER 1		ACCUMU DEPREC	LATED CIATION	BOOK VALUI	E
LEASEHOLD IMPROVEMENT FURNITURE & FIXTURE NTC F&F COMPUTER EQUIPMENT OFFICE EQUIPMENT		20 1: 1,0: 19	61,864. 07,351. 25,112. 22,659. 97,218.	2	733,830. 207,351. 86,400. 216,620. 74,727.	4,128,03 38,73 106,03 22,49	0. 12. 39. 91.
OFFICE EQUIPMENT NTC VEHICLE VEHICLE NTC BUILDING IMPROVEMENT & SOCO HOUSE	ER	-	27,671. 44,000. 17,562.	2	13,375. 44,000. 9,003.	14,29 8,59 233,90	0. 59.
TOTAL TO FORM 990, PART IV,	LN 57	6,96	69,507. ————	2,4	17,470. ————	4,552,03 	37.
		6,96				4,552,03	37 <b>.</b> 9
	N-GOVE			S F ATE			9 'T
FORM 990 NO	N-GOVE	RNMENT SI	ECURITIE:	S FATE S SE 122	OTHER PUBLICLY TRADED	TOTAL NON-GOV SECURITII 3,901,40 18,623,39 1,207,19	'T ES 06.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 10 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
SUNIL GULATI 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	PRESIDENT 5.00	0.	0.	0.
MIKE EDWARDS 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	VICE PRESIDENT 5.00	0.	0.	0.
BILL GOAZIOU 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	TREASURER 5.00	0.	0.	0.
DR. S. ROBERT CONTIGUGLIA 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	PAST PRESIDENT 5.00	0.	0.	0.
DON GARBER 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	DIRECTOR 5.00	0.	0.	0.
BURTON HAIMES 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	DIRECTOR 5.00	0.	0.	0.
LINDA HAMILTON 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	ATHLETE REP 5.00	0.	0.	0.
PETER VERMES 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	ATHLETE REP 5.00	0.	0.	0.
PAUL CALIGIURI 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	ATHLETE REP 5.00	0.	0.	0.
KEVIN PAYNE 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	DIRECTOR 5.00	0.	0.	0.
BROOKS MCCORMICK 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	DIRECTOR 5.00	0.	0.	0.

UNITED STATES SOCCER FEDERATION			13	-5591991
MIKE MCDANIEL 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	DIRECTOR 5.00	0.	0.	0.
DAN FLYNN 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	SECRETARY GENE		102,431.	0.
JAY BEHALTER 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	DEPUTY EXEC DI 40.00		23,361.	0.
TIM PINTO 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	GENERAL COUNSE		11,417.	0.
TOM KING 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	MAN DIR ADMIN. 40.00		23,178.	0.
RICH MATTHYS 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	CFO 40.00	143,562.	17,387.	0.
JIM HAMILTON 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	DIRECTOR 5.00	0.	0.	0.
LARRY MONACO 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	DIRECTOR 5.00	0.	0.	0.
CARLOS CORDEIRO 1801 S. PRAIRIE AVE. CHICAGO, IL 60616	DIRECTOR 5.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART	V-A	1,311,635.	177,774.	0.

<del></del>		<del></del>
NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
US SOCCER FOUNDATION,	X	
UNITED STATES OLYMPIC COMMITTEE	X	
NATIONAL SOCCER HALL OF FAME AT ONEONTA, NEW YORK	X	

IDENTIFICATION OF RELATED ORGANIZATIONS

PART VI, LINE 80B

STATEMENT

11

FORM 990

FORM 990		PROGR	PROGRAM SERVICE REVENUE			STATEMENT 12	
DESCR:	IPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME	
OPEN ( INT'L NAT'L	ING INCOME CUP INCOME GAME INCOME TEAM INCOME ORSHIP					34,010. 878,353. 236,402. 1,665,872. 9,269,989. 13,549,234. 6,345,549.	
TO FOI	RM 990, PART VII, I	INE 93		•	_	31,979,409.	
	<u> </u>	·		·			
FORM S			IONSHIP OF ACT			STATEMENT 13	
LINE	EXPLANATION OF RE	ELATIONSHI	P OF ACTIVITIE	ES			
93A	AGM PROGRAM REVEN HOLD THE ANNUAL G APPROVE, AND VOTE	SENERAL ME	ETING FOR ALL	DUES-P	AYING MEMBE	RS TO REVIEW,	
93B	COACHING PROGRAM WITH COACHING EDU IN THE U.S. SOCCE	SERVICE R CATION AN	EVENUE CONTRIED LICENSING, A	BUTES T	O THE COSTS	INVOLVED	
93C THRU 93E 93F	OPEN CUP, INTERNA IMPORTANTLY BY AL AND INTERNATIONAL SPONSORSHIP PROVI	TIONAL GA LOWING TH SOCCER G DES FUNDI	ME, AND NATION E NATIONAL TEA AMES. NG AND/OR EQUI	MS TO	PARTICIPATE AND SUPPLIE	IN DOMESTIC S TO FURTHER	
94	THE FEDERATION'S SOOCER IN THE UNI MEMBERSHIP DUES R	TED STATE	S				

TO SUPPORT, GOVERN, COORDINATE, AND ADMINISTER THE SPORT OF SOCCER IN

UNITED STATES AS WELL AS PROVIDE FOR THE PROMPT AND EQUITABLE

RESOLUTION OF GRIEVANCES.

SCHEDULE A	OTHER INCOME		STATEMENT 14		
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	
MISCELLANEOUS REVENUE	146,758.	83,676.	24,570	40,8	33.
TOTAL TO SCHEDULE A, LINE 22	146,758.	83,676.	24,570	40,8	33.

28