

Form **990**

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)

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNITED STATES SOCCER FEDERATION FOUNDATION INC Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1211 CONNECTICUT AVENUE, NW 500 City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036	D Employer identification number 36-3976313 E Telephone number (202) 872-6692 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ **N/A**
H(c) Are all affiliates included? **N/A** Yes No
 (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ **N/A**

G Website: ▶ **WWW.USSOCCERFOUNDATION.ORG**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **47,741,060.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

	1 Contributions, gifts, grants, and similar amounts received:						
	a Contributions to donor advised funds	1a					
	b Direct public support (not included on line 1a)	1b	1,488,309.				
	c Indirect public support (not included on line 1a)	1c					
	d Government contributions (grants) (not included on line 1a)	1d					
	e Total (add lines 1a through 1d) (cash \$ 1,488,309. noncash \$ _____)	1e			1,488,309.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			65,000.		
	3 Membership dues and assessments	3					
	4 Interest on savings and temporary cash investments	4			513.		
	5 Dividends and interest from securities	5			1,887,228.		
	6 a Gross rents	6a					
	b Less: rental expenses	6b					
	c Net rental income or (loss). Subtract line 6b from line 6a	6c					
	7 Other investment income (describe ▶ SEE STATEMENT 1)	7			176,295.		
	8 a Gross amount from sales of assets other than inventory	(A) Securities	8a		(B) Other		
		44,042,602.					
	b Less: cost or other basis and sales expenses	8b	40,293,173.				
	c Gain or (loss) (attach schedule)	8c	3,749,429.				
	d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 2	8d			3,749,429.		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a					
	b Less: direct expenses other than fundraising expenses	9b					
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c					
	10 a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c					
	11 Other revenue (from Part VII, line 103)	11			81,113.		
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			7,447,887.		
	13 Program services (from line 44, column (B))	13			5,189,971.		
	14 Management and general (from line 44, column (C))	14			1,109,541.		
	15 Fundraising (from line 44, column (D))	15			662,504.		
	16 Payments to affiliates (attach schedule)	16					
	17 Total expenses. Add lines 16 and 44, column (A)	17			6,962,016.		
	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			485,871.		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			72,741,469.		
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20			<7,437,309.>		
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			65,790,031.		

723001
12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

**UNITED STATES SOCCER FEDERATION
FOUNDATION INC**

Form 990 (2007)

36-3976313 Page 2

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.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 - noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				STATEMENT 5
22b Other grants and allocations (attach schedule) (cash \$ 2,496,165 - noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	2,496,165.	2,496,165.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	552,817.	275,522.	206,274.	71,021.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	558,110.	278,160.	208,249.	71,701.
27 Pension plan contributions not included on lines 25a, b, and c	14,228.	7,091.	5,309.	1,828.
28 Employee benefits not included on lines 25a - 27	100,856.	50,266.	37,633.	12,957.
29 Payroll taxes	72,789.	36,278.	27,160.	9,351.
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	29,001.	226.	28,683.	92.
34 Telephone	33,112.	309.	31,421.	1,382.
35 Postage and shipping	25,193.	5,078.	10,429.	9,686.
36 Occupancy	195,655.		195,655.	
37 Equipment rental and maintenance	10,521.		10,521.	
38 Printing and publications	63,481.	46,787.		16,694.
39 Travel	148,797.	34,422.	106,627.	7,748.
40 Conferences, conventions, and meetings	247,128.	8,204.	10,015.	228,909.
41 Interest	21,290.		21,290.	
42 Depreciation, depletion, etc. (attach schedule)	11,273.		11,273.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	2,381,600.	1,951,463.	199,002.	231,135.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	6,962,016.	5,189,971.	1,109,541.	662,504.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ▶ TO ENHANCE, ASSIST, AND GROW THE SPORT OF SOCCER IN U.S.	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 6 	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	983,331.
b SEE STATEMENT 7 	
(Grants and allocations \$ 2,496,165.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	4,009,253.
c SOCCER PROGRAMS: PUBLIC ADVOCACY - TO ENCOURAGE GRASSROOTS SUPPORT FOR THE SPORT OF SOCCER. 	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	91,594.
d SOCCER PROGRAMS: PUBLIC AWARENESS - TO FOSTER PUBLIC INTEREST AND ENTHUSIASM IN THE SPORT OF SOCCER. 	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	105,793.
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	5,189,971.

**UNITED STATES SOCCER FEDERATION
FOUNDATION INC**

Form 990 (2007)

36-3976313 Page 4

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	2,896,625.	46	1,014,044.
	47 a Accounts receivable	47a 40,497.		
	b Less: allowance for doubtful accounts	47b	47c	40,497.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	5,000.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable STMT 8	51a 2,010,414.		
	b Less: allowance for doubtful accounts	51b	51c	2,010,414.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	34,673.	53	48,070.
	54 a Investments - publicly-traded securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	76,782,607.	54a	70,891,662.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a 214,260.			
b Less: accumulated depreciation STMT 9	57b 142,897.	57c	71,363.	
58 Other assets, including program-related investments (describe ▶ DEPOSITS)		58	19,266.	
59 Total assets (must equal line 74). Add lines 45 through 58	82,919,660.	59	74,095,316.	
Liabilities	60 Accounts payable and accrued expenses	44,497.	60	45,558.
	61 Grants payable	10,133,694.	61	7,850,472.
	62 Deferred revenue		62	15,035.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	STMT 10	64b	394,220.
	65 Other liabilities (describe ▶)		65	
66 Total liabilities . Add lines 60 through 65	10,178,191.	66	8,305,285.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	70,408,390.	67	64,541,803.
	68 Temporarily restricted	2,333,079.	68	1,248,228.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances . Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	72,741,469.	73	65,790,031.	
74 Total liabilities and net assets/fund balances . Add lines 66 and 73	82,919,660.	74	74,095,316.	

Form 990 (2007)

**UNITED STATES SOCCER FEDERATION
FOUNDATION INC**

Form 990 (2007)

36-3976313 Page 7

Part VI Other Information (continued)

		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		194,608.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a List the states with which a copy of this return is filed ▶ SEE STATEMENT 13			
b Number of employees employed in the pay period that includes March 12, 2007	90b		13
91 a The books are in care of ▶ WILLIAM SCOTT Telephone no. ▶ (202) 872-6650 Located at ▶ 1211 CONNECTICUT AVE, NW STE 500, WASHINGTON, DC ZIP + 4 ▶ 20036			
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)?	91b		X
If "Yes," enter the name of the foreign country ▶ N/A			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Form 990 (2007)

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <u>EVENT SPONSORSHIPS</u>			42	65,000.	
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	513.	
96 Dividends and interest from securities			14	1,887,228.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	176,295.	
100 Gain or (loss) from sales of assets other than inventory			18	3,749,429.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <u>OTHER INCOME</u>			01	81,113.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		5,959,578.	0.
105 Total (add line 104, columns (B), (D), and (E))					5,959,578.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *William C. Scott* Date: *4/2/09*

Type or print name and title: *WILLIAM C. SCOTT DIRECTOR OF FINANCE*

Paid Preparer's Use Only

Preparer's signature: *W* Date: *4/1/09* Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X):

Firm's name (or yours if self-employed), address, and ZIP + 4: **RSM MCGLADREY, INC.
8000 TOWERS CRESCENT DR. STE 500
VIENNA, VA 22182-6205** EIN: Phone no.: **703-336-6400**

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **UNITED STATES SOCCER FEDERATION
FOUNDATION INC** Employer identification number
36 3976313

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DAVID TYAHLIA 1211 CONNECTICUT AVENUE, NW, WASHINGT	DIR OF GOV REL 40.00	76,888.	13,913.	3,058.
DERON HURST 1211 CONNECTICUT AVENUE, NW, WASHINGT	WEBSITE MANAGER 40.00	60,068.	6,888.	2,640.
DOUGLAS HOMER 1211 CONNECTICUT AVENUE, NW, WASHINGT	DIR OF DEVELOP. 40.00	62,657.	15,291.	2,464.
BEVERLY HOLMES 1211 CONNECTICUT AVENUE, NW, WASHINGT	DIR OF GRANTS 40.00	71,700.	8,310.	2,640.
MATTHEW SICCHIO 1211 CONNECTICUT AVENUE, NW, WASHINGT	DIR CORP PARTNERSHIP 40.00	61,216.	19,114.	418.
Total number of other employees paid over \$50,000 ▶	0			

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.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
VERIS CONSULTING, LLC 11710 PLAZA AMERICA DRIVE, RESTON, VA 20190	ACCOUNTING SERVICES	70,738.

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
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part 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 ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.		X
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.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		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.) SEE STATEMENT 14	X	
b Did the organization have a section 403(b) annuity plan for its employees?		X
c 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		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f 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.
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					<input type="checkbox"/>

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

UNITED STATES SOCCER FEDERATION

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,349,367.	1,929,147.	1,656,376.	1,208,391.	6,143,281.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	46,305.	105,074.			151,379.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,605,155.	3,139,571.	2,170,207.	960,498.	8,875,431.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	74,277.		SEE STATEMENT 15		74,277.
23 Total of lines 15 through 22	4,075,104.	5,173,792.	3,826,583.	2,168,889.	15,244,368.
24 Line 23 minus line 17	4,028,799.	5,068,718.	3,826,583.	2,168,889.	15,092,989.
25 Enter 1% of line 23	40,751.	51,738.	38,266.	21,689.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	301,860.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	1,988,717.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	15,092,989.
d Add: Amounts from column (e) for lines: 18 8,875,431. 19 _____ 22 74,277. 26b 1,988,717.	26d	10,938,425.
e Public support (line 26c minus line 26d total)	26e	4,154,564.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	27.5264%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2006)	(2005)	(2004)	(2003)
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2006)	(2005)	(2004)	(2003)
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	N/A		
d Add: Line 27a total _____ and line 27b total _____	27d	N/A		
e Public support (line 27c total minus line 27d total)	27e	N/A		
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	N/A %		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	N/A %		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
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?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
32	Does the organization maintain the following:		
a	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?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A
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	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
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	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

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.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	
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))				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 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

2007

Name of organization

UNITED STATES SOCCER FEDERATION
FOUNDATION INC

Employer identification number

36-3976313

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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-

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 for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization
**UNITED STATES SOCCER FEDERATION
 FOUNDATION INC**

Employer identification number

36-3976313

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 65,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 64,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
 UNITED STATES SOCCER FEDERATION
 FOUNDATION INC

Employer identification number

36-3976313

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 44,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 44,896.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL														
11	EQUIPMENT & SOFTWARE	VARIOUS	200DS	5.00	HYB7		131,558.				131,558.	104,709.		9,318.	114,027.
12	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	15.00	HYB6		82,702.				82,702.	26,915.		1,955.	28,870.
	* 990 PAGE 2 TOTAL						214,260.				214,260.	131,624.		11,273.	142,897.
	MANAGEMENT AND GENERAL														
	* GRAND TOTAL 990 PAGE 2						214,260.				214,260.	131,624.		11,273.	142,897.
	DEPR														

FORM 990	OTHER INVESTMENT INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
INTEREST INCOME - MLS NOTE RECEIVABLE		102,881.	
INTEREST INCOME - AYSO NOTE RECEIVABLE		73,414.	
TOTAL TO FORM 990, PART I, LINE 7		176,295.	

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SALE OF INVESTMENTS	44,042,602.	40,293,173.	0.	3,749,429.	
TO FORM 990, PART I, LINE 8	44,042,602.	40,293,173.	0.	3,749,429.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES			STATEMENT	3
DESCRIPTION				AMOUNT	
UNREALIZED GAIN (LOSS) ON INVESTMENTS				<7,811,816.>	
RESCINDED GRANTS				374,507.	
TOTAL TO FORM 990, PART I, LINE 20				<7,437,309.>	

FORM 990	OTHER EXPENSES				STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
ALLOCATION OF MANAGEMENT & GENERAL	0.	301,906.	<380,852.>	78,946.		
BANK CHARGES	12,142.	41.	322.	11,779.		
CHARITABLE DONATIONS	1,900.		1,900.			
CONSULTANTS	155,819.	47,019.	15,240.	93,560.		
CONTINUING EDUCATION	662.	140.	522.			
DUES AND SUBSCRIPTIONS	17,056.	2,595.	14,461.			
EVENT TICKETS	5,930.	1,833.	275.	3,822.		

INSURANCE	27,010.		27,010.	
MARKETING	197,153.	162,378.		34,775.
MEALS	21,249.	8,817.	11,466.	966.
MISCELLANEOUS				
EXPENSES	30,239.	136.	30,103.	
MLS AWARENESS				
EXPENSE	983,331.	983,331.		
PARKING	25,224.		25,224.	
PROFESSIONAL FEES	95,790.		95,790.	
RECOGNITION ITEMS	13,820.	342.	13,436.	42.
RETURNED FUNDS	425,000.	425,000.		
STATE REGISTRATION				
FEES	6,539.		4,874.	1,665.
TEMPORARY STAFFING	18,005.	17,925.		80.
WEBSITE	58,732.		53,232.	5,500.
INVESTMENT EXPENSES	423,724.		423,724.	
FOREIGN INCOME TAX	56,883.		56,883.	
DONATED				
FACILITY/SERVICE	<194,608.>		<194,608.>	
TOTAL TO FM 990, LN 43	<u>2,381,600.</u>	<u>1,951,463.</u>	<u>199,002.</u>	<u>231,135.</u>

FORM 990

CASH GRANTS AND ALLOCATIONS
TO INDIVIDUALS

STATEMENT 5

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANTS ALBION HURRICANES FOOTBALL CLUB HOUSTON, TX	NONE	80,000.
GRANTS ALDINE Y.O.U.T.H. COMMUNITY CENTER HOUSTON, TX	NONE	9,000.
GRANTS BATON ROUGE SOCCER ASSOCIATION BATON ROUGE, LA	NONE	50,000.
GRANTS BAY AREA SCORES SAN FRANCISCO, CA	NONE	3,640.
GRANTS BOYS & GIRLS CLUB OF EL DORADO EL DORADO, AR	NONE	28,000.
GRANTS CENTRAL AMERICAN REFUGEE COMMITTEE OAKLAND, CA	NONE	10,000.
GRANTS CHICAGO SCORES CHICAGO, IL	NONE	10,100.
GRANTS CINCINNATI-HAMILTON COUNTY COMMUNITY ACTION AGENCY CINCINNATI, OH	NONE	24,200.
GRANTS CITY OF WINTERSET AND WINTERSET AREA SOCCER CLUB WINTERSET, IA	NONE	15,000.

GRANTS CITYKICKS	NONE	10,000.
DORCHESTER, MA		
GRANTS CSA	NONE	10,000.
NEW ORLEANS, LA		
GRANTS FEATHER RIVER RECREATION & PARK DISTRICT	NONE	7,500.
OROVILLE, CA		
GRANTS FRANKLIN TOWNSHIP YOUTH SOCCER ASSOCIATION	NONE	40,000.
WILLIAMSTOWN, NJ		
GRANTS GLADDEN COMMUNITY HOUSE	NONE	6,800.
COLUMBUS, OH		
GRANTS HEART OF LOS ANGELES YOUTH	NONE	3,000.
LOS ANGELES, CA		
GRANTS HOLLENBECK POLICE ATHLETIC LEAGUE	NONE	7,555.
MANHATTAN BEACH, CA		
GRANTS HUMBLE ISD	NONE	3,500.
HUMBLE, TX		
GRANTS LASALLE COUNCIL, BSA	NONE	4,000.
SOUTH BEND, IN		
GRANTS LES BOIS SOCCER ASSOCIATION	NONE	10,000.
MERIDIAN, ID		

GRANTS MCREYNOLDS MIDDLE SCHOOL SPARK P HOUSTON, TX	NONE	33,000.
GRANTS METRO PARKS TACOMA TACOMA, WA	NONE	15,000.
GRANTS METRO STRIKERS SOCCER CLUB ST. LOUIS, MO	NONE	12,500.
GRANTS MIDDLESEX FAMILY YMCA HARTFIELD, VA	NONE	3,000.
GRANTS NEW HAVEN YOUTH SOCCER NEW HAVEN, CT	NONE	10,000.
GRANTS OAKLAND SOCCER CLUB OAKLAND, CA	NONE	22,000.
GRANTS OKLAHOMA CITY POLICE ATHLETIC LEAGUE OKLAHOMA CITY, OK	NONE	6,000.
GRANTS PARKS & PEOPLE BALTIMORE, MD	NONE	5,000.
GRANTS PHILADELPHIA DEPARTMENT OF RECREATION PHILADELPHIA, PA	NONE	10,000.
GRANTS PIKE YOUTH SOCCER CLUB, INC. INDIANAPOLIS, IN	NONE	20,000.

GRANTS PROJECT GOAL, INC. PROVIDENCE, RI	NONE	11,000.
GRANTS RANDOLPH SOCCER CLUB TUCSON, AZ	NONE	50,000.
GRANTS SAN FRANCISCO BAY AREA COUNCIL SAN LEANDRO, CA	NONE	8,650.
GRANTS SOCCER IN THE STREETS ATLANTA, GA	NONE	10,000.
GRANTS SOUTHWEST YOUTH COLLABORATIVE CHICAGO, IL	NONE	21,630.
GRANTS SWANSBORO SOCCER ASSOCIATION STELLA, NC	NONE	22,500.
GRANTS THE EDDIE POPE FOUNDATION MANASSAS, VA	NONE	19,800.
GRANTS THINK DETROIT POLICE ATHLETIC ORGANIZATION DETROIT, MI	NONE	25,725.
GRANTS TOTAL SOCCER OF SPRINGFIELD SPRINGFIELD, MO	NONE	25,000.
GRANTS TOWN OF CUTLER BAY CUTLER BAY, FL	NONE	30,000.

GRANTS URBAN MINISTRY CENTER CHARLOTTE, NC	NONE	20,000.
GRANTS VICKSBURG SOCCER ORGANIZATION VICKSBURG, MS	NONE	30,000.
GRANTS YOUTH POLICY INSTITUTE LOS ANGELES, CA	NONE	23,400.
GRANTS YUMA ELEMENTARY SCHOOL DISTRICT #1 YUMA, AZ	NONE	6,500.
GRANTS CITY OF VISTA VISTA, CA	NONE	100,000.
GRANTS ESSEX COUNTY DEPARTMENT OF PARKS NEWARK, NJ	NONE	100,000.
GRANTS FRIENDS OF MISSOULA PARKS MISSOULA, MT	NONE	100,000.
GRANTS GREENSBORO YOUTH SOCCER GREENSBORO, NC	NONE	100,000.
GRANTS MCLEAN YOUTH SOCCER ASSOCIATION MCLEAN, VA	NONE	100,000.
GRANTS ONGOAL, LLC LEAWOOD, KS	NONE	100,000.

GRANTS SCPASA	NONE	100,000.
PASADENA, CA		
GRANTS BLACKHILLS COMMUNITY SOCCER COMPLEX	NONE	8,000.
TUMWATER, WA		
GRANTS FC HARLEM	NONE	8,000.
NEW YORK, NY		
GRANTS HEMPFLING PROPERTY	NONE	8,000.
BOONE COUNTY, KY		
GRANTS HOOSIER SPORTS FOUNDATION	NONE	8,000.
CARMEL, IN		
GRANTS MONTEREY COUNTY FUTBOL CLUB	NONE	8,000.
SEASIDE, CA		
GRANTS THE SALVATION ARMY METROPOLITAN DIVISION	NONE	8,000.
CHICAGO, IL		
GRANTS ANTIOCH COMMUNITY SCHOOL - STARTER KIT FROM 2003 PROACTIVE GRANT	NONE	4,000.
ANTIOCH, IL		
GRANTS FC HARLEM - OTHER \$8,000 IS IN PLANNING GRANT SECTION ABOVE	NONE	657,000.
NEW YORK, NY		
GRANTS AMERICA SCORES	NONE	25,000.
NEW YORK, NY		

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

SOCCER PROGRAMS: MLS AWARENESS CAMPAIGN: GIVES THE FOUNDATION RIGHTS TO USE ITS NAME ON BOARDS IN MLS STADIUMS DURING ALL GAMES, ON TEAM UNIFORMS, TICKETS TO MLS EVENTS, ACCESS TO MLS PLAYER APPEARANCES AND MLS MAILINGS IN ORDER TO ENCOURAGE PARTICIPATION IN FOUNDATION PROGRAMS SUCH AS THE PASSBACK PROGRAM WHICH COLLECTS NEW AND GENTLY USED SOCCER EQUIPMENT FOR REDISTRIBUTION.

TO FORM 990, PART III, LINE A

GRANTS

EXPENSES

983,331.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE TWO

SOCCER PROGRAMS: GRANTS WERE AWARDED TO OVER 31 SOCCER RELATED ORGANIZATIONS IN 2007. AWARDS WERE PROVIDED FOR A VARIETY OF PURPOSES INCLUDING FIELD CONSTRUCTION, EQUIPMENT, AFTER-SCHOOL PROGRAMS, AND OTHER SOCCER RELATED PROGRAMS. IN ADDITION, THE FOUNDATION PROVIDED FUNDING TO 30 SOCCER ORGANIZATIONS FOR GULF COAST HURRICANE RECOVERY TO REBUILD SOCCER IN THE AREAS HARDEST HIT BY HURRICANES KATRINA, RITA, AND WILMA. FINALLY, THE FOUNDATIONS PASSBACK PROGRAM COLLECTED OVER 171,000 PIECES OF NEW AND GENTLY USED EQUIPMENT WHICH WAS IN TURN DONATED TO VARIOUS SOCCER PROGRAMS IN ECONOMICALLY DISADVANTAGED AREAS.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE B	<u>2,496,165.</u>	<u>4,009,253.</u>

FORM 990 OTHER NOTES AND LOANS REPORTED SEPARATELY STATEMENT 8

BORROWER'S NAME MAJOR LEAGUE SOCCER
TERMS OF REPAYMENT ANNUAL

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
12/31/99	12/31/08	5,394,356.	7.30%	0.

SECURITY PROVIDED BY BORROWER ORGANIZATION'S ASSETS
PURPOSE OF LOAN CREATION OF SOCCER LEAGUE

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
NONE	VARIOUS	0.	965,062.

BORROWER'S NAME AYSO
TERMS OF REPAYMENT MONTHLY

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
04/30/01	08/15/07	1,500,000.	7.20%	0.

SECURITY PROVIDED BY BORROWER ORGANIZATION'S ASSETS
PURPOSE OF LOAN

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
NONE	NONE	0.	1,045,352.

TOTALS INCLUDED ON FORM 990, PART IV, LINE 51 0. 2,010,414.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT & SOFTWARE	131,558.	114,027.	17,531.
LEASEHOLD IMPROVEMENTS	82,702.	28,870.	53,832.
TOTAL TO FORM 990, PART IV, LN 57	214,260.	142,897.	71,363.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 10

LENDER'S NAME TERMS OF REPAYMENT
 MERRILL LYNCH MONTHLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
02/10/98		3,000,000.	2.20%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 ORGANIZATION'S ASSETS LINE OF CREDIT

RELATIONSHIP OF LENDER
 NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	394,220.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		394,220.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 11

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITIES	FMV	38,624,673.			38,624,673.
ALTERNATIVE INVESTMENTS	FMV			28,518,913.	28,518,913.
MUTUAL FUNDS	FMV	3,748,076.			3,748,076.
TO FORM 990, LINE 54A, COL B		42,372,749.		28,518,913.	70,891,662.

 FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 12
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRAD HAYS 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	CHAIRMAN 5.00	0.	0.	0.
KEVIN PAYNE 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	VICE CHAIRMAN 1.00	0.	0.	0.
CHARLES MARSHALL 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	TREASURER 1.00	0.	0.	0.
CARLA APODACA 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
LAUREN GREGG 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	SECRETARY 1.00	0.	0.	0.
DAVID MESSERSMITH 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
DR. S ROBERT CONTIGUGLIA 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
MIKE EDWARDS 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
DON GARBER 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
JEROME DE BONTIN 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
SUNIL GULATI 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.

JAMES HAMILTON 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
FRANCISCO MARCOS 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
PHILIP MURPHY 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
ALAN ROTHENBERG 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
RICHARD GROFF 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
DANIEL T. FLYNN 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
DONNA DE VARONA 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
LINDA HAMILTON 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
JANUSZ MICHALLIK 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
HANK STEINBRECHER 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
BRIAN KLEIN 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
GIANFRANCO BORRONI 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
KEN HOROWITZ 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.

MARLA MESSING 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
JUERGEN SOMMER 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	BOARD MEMBER 1.00	0.	0.	0.
JOHN KOSKINEN 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	PRESIDENT AND CEO 40.00	231,217.	29,803.	2,640.
EDWARD FOSTER-SIMEON 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	PRESIDENT 10.00	10,417.	0.	0.
ROB KALER 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	GENERAL COUNSEL 40.00	143,838.	21,592.	418.
WILLIAM SCOTT 1211 CONNECTICUT AVENUE, NW WASHINGTON, DC 20036	DIRECTOR OF FINANCE 40.00	95,833.	17,059.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		481,305.	68,454.	3,058.

FORM 990	LIST OF STATES RECEIVING COPY OF RETURN PART VI, LINE 90	STATEMENT	13
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STATES

AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 3A	STATEMENT	14
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THE FOUNDATION'S ANNUAL GRANTS PROCESS AWARDS CASH AND/OR EQUIPMENT TO ENTITIES OF ALL TYPES FOR SOCCER SPECIFIC PROJECTS AND PROGRAM. ENTITIES LOOKING FOR FUNDING MUST APPLY FOR A GRANT THROUGH AN EXTENSIVE APPLICATION PROCESS WHICH IS REVIEWED BY A COMMITTEE MADE UP OF SOCCER INDUSTRY LEADERS.

SCHEDULE A OTHER INCOME STATEMENT 15

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INCOME	74,277.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	74,277.	0.	0.	0.

**UNITED STATES SOCCER FEDERATION FOUNDATION, INC.
FYE 6/30/08
ATTACHEMENT TO FORM 990 SCHEDULE A PART IV-A**

UNITED STATES SOCCER FEDERATION FOUNDATION, INC (THE FOUNDATION) QUALIFIES AS PUBLICLY SUPPORTED CHARITABLE ORGANIZATION BECAUSE IT MEETS THE "FACTS AND CIRCUMSTANCES" TEST UNDER TREAS. REG. 1.170A-9(E)(3) IN THE FOLLOWING RESPECTS:

10% OF SUPPORT LIMITATION: THE FOUNDATION'S PUBLIC SUPPORT FRACTION IS 27.5264%, WELL ABOVE THE 10% THRESHOLD UNDER THE FACTS AND CIRCUMSTANCES TEST. THIS AMOUNT OF PUBLIC SUPPORT REPRESENTS A REQUISITE AMOUNT OF PUBLIC SUPPORT TO BE TREATED AS A PUBLICLY SUPPORTED ORGANIZATION.

ATTRACTION OF PUBLIC SUPPORT: THE FOUNDATION IS ORGANIZED AND OPERATED TO ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT ON A CONTINUOUS BASIS. IT REGULARLY SEEKS CONTRIBUTIONS THROUGH ITS FUNDRAISING PROGRAMS FROM INDIVIDUALS, FOR PROFIT COMPANIES AND NONPROFIT ORGANIZATIONS IN ADDITION TO OTHER SOURCES, AND IT RECEIVED SEVERAL CONTRIBUTIONS FROM NEW SOURCES DURING ITS MOST RECENT FISCAL YEAR.

SOURCES OF SUPPORT: THE FOUNDATION'S FUNDING COMES FROM DIVERSE SOURCES OF SUPPORT, INCLUDING A REPRESENTATIVE NUMBER OF CHARITIES, CORPORATIONS AND GOVERNMENTAL ORGANIZATIONS THAT WISH TO SUPPORT ITS PROGRAMS.

REPRESENTATIVE GOVERNING BODY: THE FOUNDATION HAS A 27 MEMBER BOARD (ONLY TWO ARE NONVOTING). THE MEMBERS OF THE BOARD COME FROM VARIOUS GEOGRAPHIC LOCALITIES AND HAVE DIVERSE BACKGROUNDS.

AVAILABILITY OF PUBLIC FACILITIES AND SERVICES: THE FOUNDATION ENGAGES IN A VARIETY OF ACTIVITIES THAT ARE DIRECTLY FOR THE BENEFIT OF THE PUBLIC ON A CONTINUOUS BASIS.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization UNITED STATES SOCCER FEDERATION FOUNDATION INC	Employer identification number 36-3976313
	Number, street, and room or suite no. If a P.O. box, see instructions. 1050 17TH STREET NW, NO. 210	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **MICHAEL T WILLIAMSON**
Telephone No. ▶ **(202) 872-6652** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II: Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization UNITED STATES SOCCER FEDERATION FOUNDATION INC	Employer identification number 36-3976313
	Number, street, and room or suite no. If a P.O. box, see instructions. 1050 17TH STREET NW, NO. 210	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **MICHAEL T WILLIAMSON**
 Telephone No. **(202) 872-6652** FAX No. _____

• If the organization does not have an office or place of business in the United States, check this box
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2009**
 5 For calendar year _____, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**
 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
 7 State in detail why you need the extension
ADDITIONAL TIME REQUIRED TO GATHER INFORMATION AND PREPARE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **Accountant** Date **2/2/2009**