Return of Organization Exempt From Income Tax

Under section 501(e), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

Depa	artment of mai Rêven	the Treasu	ν			rity numbers on this form a m990 for instructions and				Open to Public Inspection
_			lendar vear	, or tax year beginning	ns.govn o	, and ending	ule latest i	momiadon.		<u> </u>
_	Check if ap		Name of organ			,			D Employe	r identification number
$\bar{\Box}$	Address ch	1		USVI SOC	CER FE	DERATION		1		
$\exists$	Name chai	· r	Doing busines	s as					66-0	645724
$\equiv$		Ĭ.		treet (or P O box if mail is not de		et address)	· I	Room/suite	E Telephon	e number
	Initial return	_		ethlehem PO Bo: tate or province, country, and ZIF		etal ando			340-	719-9707
	Final return terminated		•					ŀ		204 244
	Amended i	return	Kingsh	111	AI 00	1821			G_Gross rec	eipts 924,246
ī	Application				1_			H(a) is this a gro	up return for s	subordinates Yes X No
لبيا	, фриосио.	, penang		ren Frederic		2246		H(b) Are all sub	ordinatas ind	uded? Yes No
		}		Bethlehem PO		7I 00851	_	Ī		(see instructions)
_			St Cr X 501(c)		(insert no )	7	<del>-17</del>			(ooo modalation)
÷	Tax-exen Website:		X_501(c) ∕a	(3)   501(6) ( )	(insert no )	4947(a)(1) or	527	W-> C		
<u>-</u>		ganization:	100	on Trust Association	Other	<del></del>	11. V	H(c) Group exerter of formation. 1		
Ŷ	Porm of o		mmary	UII   ITUST   ASSUCIACIO	Other		/   L 16	ar ui iomiauon. 🚣 .	70 /	M State of legal domicule VI
				ganization's mission or m	net signific	eant activities				
e	김 ' '					soccer a perma	nent s	sport in	the U.	S Virgin
and						pment of the sp		P-1 2	<b></b>	· ·
Algorivíties & Governance N	3					,				
Š	20	Check the	s box	the organization discont	inued its o	perations or disposed of	more than	25% of its net	assets	
(A)	3-1		_	nbers of the governing bo					3	7
E S	4 1		_	nt voting members of the	= -	·			4	7
ζ.	Σ 5 T		•	duals employed in calend					5	0
ig	<b>6 ⊤</b>			teers (estimate if necess	=		<del></del> -1		6	0
28	7a T	otal unre	elated busine	ss revenue from Part VII	l, column (	c),REGEIVED	İ		7a	0
				s taxable income from Fo			(၂)		7b	0
					236	AUG 2 2 2018	IRS-08	Prior Yea		Current Year
ē	8 0		=	nts (Part VIII, line 1h)	2	AUU 2 2 2010	\S \		,317	759,433
Revenue	9 F			nue (Part VIII, line 2g)			'띡	42	,747	163,138
Š	10 li			art VIII, column (A), lines						189
_	111			III, column (A), lines 5, 6			-		,150	1,486
				nes 8 through 11 (must e				1,114	,214	924,246
	1			ounts paid (Part IX, colu		*		<del></del>		0
	·			members (Part IX, colum			-	<del></del>		
ses	' 1		•	nsation, employee benet ng fees (Part IX. column	-	, column (A), lines 5–10)	. }-			0
					,,		<b>、</b> ト			<u>U</u>
Exper	47			nses (Part IX, column (D IX, column (A), lines 11a			' ⊦	904	,944	644,131
	1 ., ,			ines 13–17 (must equal f			-		,944	644,131
	1	•		es Subtract line 18 from		unin (A), iine 20)	F		,270	280,115
5	8 13 1	<u>veveriue</u>	less expense	es Subtract line 10 from	110 12	<del> </del>		Beginning of Cur		End of Year
Net Assets or	틸 20 T	Γotal ass	ets (Part X, li	ne 16)				919	,665	1,203,594
Ass	<b>원 21</b> 7	Total liab	ılıtıes (Part X	, line 26)			Γ		,136	23,950
Ę,	된 22 M	Net asset	s or fund bal	ances. Subtract line 21 f	om line 20	)			,529	1,179,644
	Part II	Sig	nature B	lock						
	Under pe	nalties of	perjury, I decla	are that I have examined this	return, inc	uding accompanying schedu	ules and sta	tements, and to	the best of	my knowledge and belief, it is
t	true, corre	ect, and d	dipolete. Decla	aration of preparer (other the	an officer) is	based on all information of	which prepa	rer has any kno	wledge.	<u> </u>
		<b>.</b> _	Millage	Mrzsh Mr					7	211-11
Si	ign	S	gnature of officer	•					Date	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
H	ere	🕨 _	<u> Hillar</u>	en Frederick	<u> </u>	<u> </u>	<u>Presi</u>	dent		
_		<del>                                     </del>	pe or print name							
_		Print/Type	e preparer's name	Э	Preparer	's signature		Date	Check	If PTIN
	aid 	Stepha	nie Lane,		_ <u>_</u>	<del></del>		07/24	18 self-em	
	reparer	Firm's na		Bert Smith &				Fı	m's EiN ▶	<u>52-2018150</u>
Us	se Only	1		1090 Vermont						000 000
		Firm's ad		Washington,		0005-2125		P	none no	202-393-5600
_				with the preparer shown	_ <del></del>	ee instructions)		<del></del>	<u> </u>	Yes No
Fo DA		work Red	uction Act No	tice, see the separate inst	ructions.	γ				Form <b>990</b> (2017)

Part-III	7) USVI SOCCER F	<b>EDERATION</b>	66-064572	4	Page 2
		n Service Accomplishmontains a response or no	nents ote to any line in this Part II	l	<b>X</b>
	escribe the organization's miss				
See Sc	chedule O				
2 Did the o	rganization undertake any siç	nificant program services duri	ng the year which were not listed	on the	
	m 990 or 990-EZ?				Yes X No
	describe these new services of				
B Did the o services?	-	, or make significant changes	in how it conducts, any program		Yes X No
	describe these changes on So	chedule O.		••••	
4 Describe expenses	the organization's program s s. Section 501(c)(3) and 501(	ervice accomplishments for ea	nch of its three largest program se d to report the amount of grants a ported.		
4a (Code:	) (Expenses \$	including (	grants of\$	) (Revenue \$	163,138
		youths for Sat	turday morning ti		
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	) (Expenses \$ received from op the USVI Soc		ational De Footba	) (Revenue \$ all Association	on to
			• • • • • • • • • • • • • • • • • • • •		
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			grants of\$	) (Revenue \$	
4c (Code:	rogram services (Describe in S		grants of\$  (Revenue \$		

	It IV Checklist of Nequired Ochedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			ļ
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1		
	Part III	5	ì	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			ĺ
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	<u> </u>		
0	complete Schedule D, Part III	8		X
_	· · · · · · · · · · · · · · · · · · ·			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	l .		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			ĺ
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			ĺ
	complete Schedule D, Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			l
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			_ <u></u>
٠	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
40-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del>  '''</del>		_
12a		40-	v	l
	Schedule D, Parts XI and XII	12a	<u> </u>	$\vdash$
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			1
	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		i
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		┌ <u>╌</u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Lx
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	"		<b>├</b> ^
19		40		v
_	If "Yes," complete Schedule G, Part III	19_	n 990	X

Form 990 (2017) USVI SOCCER FEDERATION 66-0645724 Page 4 Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27

Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

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

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

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

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

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1
 Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable

related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2017)

X

X

X

X

X

28a

33

34

35b

36

37

28

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			[ <del></del> -]
	Check if Schedule O contains a response or note to any line in this Part V	· · · · ·		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 41	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ŀ
_	reportable gaming (gambling) winnings to prize winners?	1c		⊢—
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		$\vdash$
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	2.		х
3a b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		<del></del>
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			•
	account)?	4a		х
ь	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	}		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a⁻	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 1		[
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		-	
_	and services provided to the payor?	7a		—
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		<del>                                     </del>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<b></b>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	-		
_ b	Section 501(c)(12) organizations. Enter:	-		•
11 a	Cross income from members or charabaldem			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
•	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans	ļ ļ		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
_ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	000	L
DAA		Form	1 336	(2017)

Form	990 (2017) USVI SOCCER FEDERATION 66-0645724		P	age <b>6</b>
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and fo	ra "	No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See i	instru	ictions
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or	1 1		1
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			ļ
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 7	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			<del></del> -
3		3		x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	-		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			l
	stockholders, or persons other than the governing body?	7b		X
_8_	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	ing:		ł
а	The governing body?	8a	X	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?	8b	X	<b>└</b>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	] ]		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue Co</u>	ode.	
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<u>L</u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	] 1		
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers and leave applications of the generalization	15b		$\frac{\ddot{x}}{x}$
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		<del>  ^</del>
460	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	military that the state of the	460		X
_	with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		<del>  ^</del>
D				1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			}
_	organization's exempt status with respect to such arrangements?	16b		Ь
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶			
H	illaren Frederick 498D Strawberry Kingshill			
S	t Croix VI 00851			

* ,							
Form 990 (201	7) USVI S	OCCER FEDE	RATION		66-064	5724	Page <b>7</b>
Part VII			Directors	s, Trustee	s, Key Employees,	Highest Compensa	ated Employees, an
	•	nt Contractors nedule O contair	ns a respo	nse or not	e to any line in this f	Part VII	
Section A.	Officers, Dire	ctors, Trustees, Ke	y Employee	s, and High	est Compensated Empl	oyees	
1a Complete to organization's		persons required to t	oe listed. Rep	oort compens	sation for the calendar year	ar ending with or within th	ie
		n's <b>current</b> officers, umns (D), (E), and (			her individuals or organiza is paid.	ations), regardless of amo	ount of
<ul><li>List all of</li></ul>	the organizatio	n's <b>current</b> key emp	oloyees, if an	y. See instru	ctions for definition of "ke	y employee."	
who received r		ensation (Box 5 of F			other than an officer, dire Form 1099-MISC) of mo		
		n's <b>former</b> officers, ensation from the org			est compensated employed organizations.	ees who received more th	nan
					ed, in the capacity as a for nization and any related o		f the
•		•	•	-	nal trustees; officers; key	_	
compensated of	employees; and	former such person	s.				
Check this	box if neither th	e organization nor a	ny related or	rganization c	ompensated any current	officer, director, or trustee	)
	(A)	(B)		C)	(D)	(E)	(F)
Nar	ne and Title	Average hours per		ition more than one	Reportable compensation	Reportable compensation from	Estimated amount of
		week	box, unless pe	rson is both an	from	related	other
		(list any hours for		lirector/trustee)	the organization	organizations (W-2/1099-MISC)	compensation from the
		related	Officer Institut Individ	Former Highest employe	(W-2/1099-MISC)	(** 2 ,00000,	organization
		organizations below dotted	inect to er	emp loye	· -		- and related organizations
		line)		Former Highest compe employee Key employee	ļ		organizations
			Officer Institutional truste Individual trustee or director	Former Highest compensa employee Key employee			

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Form **990** (2017)

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(1) Theodore Jones

(2) Marcella Jennings

(3) Joseph Limeburner

Executive Member

Executive Member

1st Vice President

(4) Alvin Randolph

Assistant Secretary

Assistant Secretary

2nd Vice President

President

(9)

(10)

(11)

DAA

(6) Carlton Freeman

(7) Hillaren Frederick

(5) Mida Gaikwad

2.00

0.00

2.00

0.00

6.00

0.00

4.00

4.00

6.00

0.00

50.00

0.00

X

X

X

X

X

X

X

X

X

Pai	rt VII Section A. Officer	s, Directors, Tr	ust	ees,	Key	Em	ploy	/865	s, and Highest Compens	ated Employees (contin	ued)		
•	(A) Name and title	(B) Average hours per week (list any hours for	bo	o not o x, unle icer a	Pos check ess pe nd a d	rson	s bott or/trus	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estimate amount other ompense from th	of Ition
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	((12.000)	1	organizat and relat organizati	tion ted
													<del></del>
					_								
				ļ 	_		ļ —						
	z	– -		-	_	-	<u> </u>	-			_		
				<u> </u>	_	_							
							ļ —						· · · · · · · · · · · · · · · · · · ·
1b c d	Sub-total  Total from continuation sh  Total (add lines 1b and 1c)		 , Se	ctio	n A			<b>&gt; &gt; &gt;</b>	13,700				<del></del>
2	Total number of individuals ( reportable compensation from	including but no	t lim	ited •0	to th	ose	liste	d al			<u> </u>		
3	Did the organization list any employee on line 1a? If "Yes For any individual listed on li	former officer, o	direc edu	ctor,	for s	uch	indiv	/idu	al			3	Yes No
5	organization and related organization and related organization and related on line	anızatıons great 1a receive or a	er th	nan S  ie co	150 mpe	,000  ensa	)? <i>If</i> tion	"Ye. from	s," complete Schedule J fo	or such		4	X
 Sect	for services rendered to the tion B. Independent Contrac		<u>"Ye</u>	s, ° c	<u>omp</u>	lete	Sch	edui	le J for such person .	t- · · · · · · · · · · · · · · · · · · ·	<u> </u>	_5	<u> </u>
1	Complete this table for your compensation from the orga	five highest con	per	nsate	ed in	depe	ende	nt c	ontractors that received m	nore than \$100,000 of	tay year		
		(A) d business address								(B) puon of services	uax you		(C) pensation
								-					
		<del></del>	_					-					
							_						
2	Total number of independen received more than \$100,00	at contractors (in	clud	ling l	out n	ot li	mite	d to	those listed above) who				_
DAA	received more trial \$100,00	o or compensati	<u> </u>	.0111	01C (	o ya	1114	<u> 4011</u>			1	Form	990 (2017

	Check if Schedule		·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1a					
b	Membership dues	1b		1			
C	Fundraising events	1c					
d	Related organizations	1d	524,945				
e	Government grants (contributions)	1e	233,799				
f	All other contributions, gifts, grants,						
	and similar amounts not included above	1f	689				
9	Noncash contributions included in lines 1	1a-1f \$					
<u>h</u>	Total. Add lines 1a-1f			759,433			
			Busn. Code		·		
2a	Reimbursements			163,138	163,138	w	·
b							21
C			. —				
d							
е							
	All other program service rev	enue .					<u> </u>
			🕨	163,138			
3	Investment income (including	g dividend	ls, interest,			-	-
	and other similar amounts)		▶	189	189		
4	Income from investment of to	ax-exemp	t bond proceed				
5	Royalties	<del> , .</del>	<u></u>				•
	(i) Real		(II) Personal	Ì			
6a	Gross rents						
b	Less rental exps						
C	Rental inc or (loss)						
	Net rental income or (loss) Gross amount from	<del></del>	· · · · · · · · · · · · · · · · · · ·	····			
	sales of assets (i) Securities	s	(II) Other	ľ			
	other than inventor	<u> </u>					
b	Less cost or other						
	basis & sales exps			ľ			
	Gain or (loss)	<u> </u>		-		-	
	Net gain or (loss) .	··· <u>···</u>	<u> </u>	-			
8a	Gross income from fundraising ev	ents					
	(not including \$						
	of contributions reported on line 1		·		1		
	See Part IV, line 18	a		i			
	Less: direct expenses	b		İ			
	Net income or (loss) from fur		events				
ya	Gross income from gaming activities		•				
		a					
	Less: direct expenses		111				
	Net income or (loss) from ga		vities ▶				
тVа	Gross sales of inventory, les						
_	returns and allowances	. a					
	Less: cost of goods sold	. b_					
C	Net income or (loss) from sa						
44 -	Miscellaneous Revenue		Busn. Code	1 406	1 400	ł	
	Other Revenue			1,486	1,486		
b	••		· <del>  </del>				
0 1	All other revenue						<del></del>
	All other revenue  Total. Add lines 11a–11d			1,486			<del></del>
_				1.400			

Part IX Statement of Functional Expenses

Jecui	on 501(c)(3) and 501(c)(4) organizations must on Check if Schedule O contains a response			omplete column (A).	X
Do n	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7Ь, 8	b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		İ		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			******	<del></del>
8	Pension plan accruals and contributions (include		····		
3	section 401(k) and 403(b) employer contributions)				
9	Other construction of the second		<del></del>		<del></del>
10	Payroll taxes	<del></del>	<del></del>	<del></del>	<del></del>
11	Fees for services (non-employees):	<del></del>			<del></del>
		1			
a	Management	15,642	3,415	12,227	
b	Legal	4,660	3,413	4,660	
C	Accounting	4,000		4,000	
ď	Lobbying			<del></del>	<del></del>
e	Professional fundraising services. See Part IV, line 17		·····	<del></del>	<del></del>
Ť	Investment management fees		<del></del>		<del></del>
g	Other (If line 11g amount exceeds 10% of line 25, column	160 700	140 646	00 106	
	(A) amount, list line 11g expenses on Schedule O)	168,782	140,646	28,136	
12	Advertising and promotion	5,929	2,393	3,536	<del></del>
13	Office expenses	13,737	3,743	9,994	
14	Information technology				<del> </del>
15	Royalties				
16	Occupancy	25,409	4,262	21,147	
17	Travel	182,113	179,256	2,857	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,564		21,564	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,412	21,412		
23	Insurance	13,903	8,760	5,143	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If			<b>\</b>	
	line 24e amount exceeds 10% of line 25, column			İ	
	(A) amount, list line 24e expenses on Schedule O.)		Į.		
а	Facilities and Equipment	51,110	2,361	48,749	<del></del>
þ	Awards and Grants	43,650	43,650		
r	Special Events	31,049	24,242	6,807	
d	Program Development	26,109	26,109		
u	All other expenses	19,062	14,019	5,043	
	Total functional expenses. Add lines 1 through 24e	644,131	474,268	169,863	0
25 26		0-7,101	2,3,200	109,000	<del>_</del>
20	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2017)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash—non-interest bearing 14,994 89,218 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 7 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or 1,183,575 other basis. Complete Part VI of Schedule D 10a 10ь **b** Less accumulated depreciation 889,136 10c 1,114,376 Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments---program-related. See Part IV, line 11 13 13 Intangible assets ..... 14 14 15,535 Other assets. See Part IV, line 11 15 15 1,203,594 919,665 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 20,136 23,950 17 Accounts payable and accrued expenses 17 18 18 Deferred revenue ..... 19 19 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 20,136 26 23,950 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ►X and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets .... 899,529 1,179,644 27 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and 5 complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 30 Paid-ın or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 899,529 33 1,179,644 33 1,203,594 919,665 Total liabilities and net assets/fund balances

orn	990 (2017) USVI SOCCER FEDERATION	66-0645724				Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any I	ne in this Part XI	•				
1	Total revenue (must equal Part VIII, column (A), line 12)		1		92	24,3	246
2	Total expenses (must equal Part IX, column (A), line 25)		2				131
3	Revenue less expenses. Subtract line 2 from line 1		3		28	30,:	115
4	Net assets or fund balances at beginning of year (must equal Part X, line 3	33, column (A))	4		89	9,	529
5	Net unrealized gains (losses) on investments		5				
6	Donated services and use of facilities		6				
7	Investment expenses		7				
8	Prior period adjustments		8				
9	Other shapes is not posses as find belongs (avalous in Schodule O)		9	1			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (mi	ust equal Part X, line		T			
	33, column (B))		10		1,17	79,	644
Pa	art XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any I	ine in this Part XII					
						Yes	No
1	Accounting method used to prepare the Form 990. Cash X Acc	rual Other					
	If the organization changed its method of accounting from a prior year or o	hecked "Other," explain in					ĺ
	Schedule O.						
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an i	ndependent accountant?			2a	X	
	If "Yes," check a box below to indicate whether the financial statements fo	r the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both						
	X Separate basis Consolidated basis Both consolidated a	ind separate basis					
b	Were the organization's financial statements audited by an independent a	ccountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements fo	r the year were audited on a	•••	• • • • •			
	separate basis, consolidated basis, or both:						'
	X Separate basis Consolidated basis Both consolidated a	ind separate basis			l., l		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assu	mes responsibility for oversight			1		1
	of the audit, review, or compilation of its financial statements and selection	n of an independent accountant?			2c		<u> </u>
	If the organization changed either its oversight process or selection proces	ss during the tax year, explain in					
	Schedule O.						
38	As a result of a federal award, was the organization required to undergo a	n audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?				3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the o	rganization did not undergo the	•	•			
	required audit or audits, explain why in Schedule O and describe any step	s taken to undergo such audits		<u></u>	3b		
					For	n 990	(2017)

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

# **Public Charity Status and Public Support**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer Identification number 66-0645724

			USVI SOCCER					6-064					
Pa	rtΙ	Reas	on for Public Charity	/ Status (All organization	ns mus	compl	ete this part.) S	See instr	uctions.				
he o	rga	nization is not	t a private foundation beca	use it is: (For lines 1 through 1	2, check	only one	box.)		_				
1	إ	A church, co	nvention of churches, or as	ssociation of churches describe	ed in sec	tion 170	(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)(1	)(A)(ii). (Attach Schedule E (Fe	orm 990	or 990-E	Z).)						
3		•	•	vice organization described in					•				
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:												
_	city, and state:												
5	لــا	•	•	•	ea or ope	erated by	a governmental u	nit describe	ed in				
_			(b)(1)(A)(iv). (Complete Pa		4!	. 470/LV	41/41/1						
6 7	X		-	governmental unit described in a substantial part of its support			,, ,, ,	ne general i	oublic				
			section 170(b)(1)(A)(vi). (										
8	H	-		170(b)(1)(A)(vi). (Complete P	•								
9				escribed in <b>section 170(b)(1)(</b> e of agriculture (see instructions									
10	university.  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
11		An organizat	tion organized and operate	d exclusively to test for public s	safety. Se	e sectio	n 509(a)(4).						
12		•	•		•								
	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.												
	þ	control o	r management of the supp	supervised or controlled in con- orting organization vested in thate terminate in the part IV, Sections A and C.									
	C			supporting organization opera				ally integra	ted with,				
	d		• ,,,	ed. A supporting organization of		•	• •	orted organ	nization(s)				
	_	that is no	ot functionally integrated. T	he organization generally must	satisfy a	distribut	ion requirement ar						
	_	<u> </u>		must complete Part IV, Sect				all Time I	21				
	e			eceived a written determination on-functionally integrated supp				ен, турет	II				
	f		mber of supported organiza		<b>3</b>	<b>J</b>			<u> </u>				
	g	Provide the f	following information about	the supported organization(s).		••		• • • • • • • • • • • • • • • • • • • •					
(1)		e of supported	(ii) EIN	(iii) Type of organization	(iv) is the d	-	(v) Amount of me	-	(vi) Amount of				
	Oif	ganization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (se instruction:		other support (see instructions)				
					Yes	No	•	•	•				
(A)													
(D)				<u> </u>				<del></del>					
(B)													
(C)													
(D)		<del></del> -											
(E)					$\vdash$			<del></del>					
					-	ļ							
<b>r</b> _ 4 -			1				ł						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	564,462	603,625	7,458	937,886	759,434	2,872,865
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		_				
4	Total. Add lines 1 through 3	564,462	603,625	7,458	937,886	759,434	2,872,865
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						2,872,865
	tion B. Total Support						
Caler	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	564,462	603,625	7,458	937,886	759,434	2,872,865
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	93	306	338	85	189	1,011
9	Net income from unrelated business activities, whether or not the business is regularly carried on					, , , , , , , , , , , , , , , , , , ,	
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	179,469	64,979	1,095,582	86,589	86,509	1,513,128
11	Total support. Add lines 7 through 10				i		4,387,004
12	Gross receipts from related activities, etc.					12	164,813
13	First five years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section	1 501(c)(3)	. —
<del></del>	organization, check this box and stop he			<del></del>		· · ·	
	tion C. Computation of Public S						
14	Public support percentage for 2017 (line			umn (f))			65.49%
15	Public support percentage from 2016 Sc					15	<u>%</u>
16a	33 1/3% support test—2017. If the orga				is 33 1/3% or mo	ore, check this	<b>⊾</b> 😈
	box and stop here. The organization qu						▶ 🕱
D	33 1/3% support test—2016. If the organization this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test—2						🗀
	10% or more, and if the organization me	-					
	Part VI how the organization meets the "				•	•	
	organization						▶ □
ь	10%-facts-and-circumstances test—2		ation did not chec	k a box on line 13	3. 16a. 16b. or 17	a. and line	لسا ۲۰۰۰
•	15 is 10% or more, and if the organization	_					
	Explain in Part VI how the organization r				•		
				<del>-</del>	•	•	▶ □
18	Private foundation. If the organization		x on line 13. 16a.	16b. 17a. or 17b.	check this box ar	 nd see	. • 🗀
. •	_						▶ □
	instructions						· · · ·

_	(Complete only if you che If the organization fails to	ecked the box	on line 10 of	Part I or if the	organization fa	ailed to qualify lart II.)	under Part II.
Sec	tion A. Public Support	1					/
Caler	ndar year (or fiscal year beginning in)	(a) 2013 <b>\</b>	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Grits, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		,				
C	Add lines 7a and 7b			"			
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		7_	"\			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>∠(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	//					<del> </del>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop h	•		, fourth, or fifth tax	•	n 501(c)(3)	▶ □
Sec	ction C. Computation of Public						·····
15	Public support percentage for 2017 (line			lumn (f))		15	%
16	Public support percentage from 2016 Sc					16	%
Sec	ction D. Computation of Investment						
17	Investment income percentage for 2017			e 13, column (f)) .		17	%
18	Investment income percentage from 20					18	%
19a	- ·	-					_
b	17 is not more than 33 1/3%, check this 33 1/3% support tests—2016. If the or		-			_	
	line 18 is not more than 33 1/3%, check	-					
20	Private foundation. If the organization	did not check a bo	ox on line 14, 19a	, or 19b, check thi	is box and see ins	structions\ .	▶ [

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

S	ectio	n	A.	Al	ı	Supp	orting	Organi	zations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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(Fo	rm 990	or 990-	EZ) 2017

USVI SOCCER FEDERATION

Schedule A (Form 990 or 990-EZ) 2017

66-0645724

Page 5

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organiz	ations	- rage o
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus			VI).See
instructions. All other Type III non-functionally integrated supporting organization	ons must co	mplete Sections A thro	ugh E.
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of pnor-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1		1
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			<u> </u>
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	_		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recovenes of pnor-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for pnor year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		1
7 Check here if the current year is the organization's first as a non-functionally inte	egrated Type	III supporting organiz	ation (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

Part VI. See instructions.

Breakdown of line 7:
a Excess from 2013
b Excess from 2014
c Excess from 2015
d Excess from 2016
e Excess from 2017

and 4c.

Excess distributions carryover to 2018. Add lines 3j

	dule A							SOCO								064572		Page 8
' Pa	art VI	 	III, li B, li 3a a	ne 12 nes 1 and 31	?; Par and ? o; Par	t IV, 2; Pa t V, I	Sectior irt IV, S ine 1; F	n A, lines section C	s 1, 2, C, line Section	3b, 3c, 1; Part I n B, line	4b, 4c, 5 V, Secti 1e; Parl	5a, 6, 9 ion D, t V, Se	9a, 9b, lines 2 ection D	9c, 11a and 3; D, lines	a, 11b, Part I\ 5, 6, a	and 11c /, Sectior nd 8; and	; Part IV n E, line:	r 17b; Part , Section s 1c, 2a, 2 Section E
	art							er Inc				iar ii ii o	mado	<u>11. (Oee</u>	riiouu	cuoris.)		
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### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

US	SVI SOCCER FEDERATION		66-0645724
_	rt I Organizations Maintaining Donor Advised I	unds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised	
	funds are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor advisors		1
	only for charitable purposes and not for the benefit of the donor or c		
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (ch	eck all that apply).	····
	Preservation of land for public use (e.g., recreation or education		portant land area
	Protection of natural habitat	Preservation of a certified histo	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribution in the form of a	conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Yea
а	W ( )		2a
b	Table and a self-stand by a second from a second second		2b
c	Number of conservation easements on a certified historic structure		2c
ď	Number of conservation easements included in (c) acquired after 7/		
_	historic structure listed in the National Register		2 <sub>d</sub>
3	Number of conservation easements modified, transferred, released	extinguished or terminated by the orga	<del></del>
•	tax year	, exampliance, or commuted by the orga	anization daming the
4	Number of states where property subject to conservation easement	is located •	
5	Does the organization have a written policy regarding the periodic r	•	
•	violations, and enforcement of the conservation easements it holds		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		
J		ig or violations, and chroroling conscivat	borr casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation a	easements during the year
•	S	violations, and enforcing conservation e	easements during the year
Ω	Does each conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on line 2(d) above satisfied the conservation easement reported on the conservation easement reported on the conservation easement reported on the conservation easement reported on the conservation easement reported on the conservation easement reported on the conservation easement reported easem	sfu the requirements of section 170(h)/A	IVRV <sub>I</sub> )
G	and another 170/h\/4\/P\/;\/2		Yes No
۵	In Part XIII, describe how the organization reports conservation eas		
9	balance sheet, and include, if applicable, the text of the footnote to		
	organization's accounting for conservation easements.	are organization a mariotal statements t	and describes and
P	art III Organizations Maintaining Collections of A	rt Historical Treasures or Otl	har Similar Assets
•	Complete if the organization answered "Yes" of		noi Giilliai Piooctoi
1a	If the organization elected, as permitted under SFAS 116 (ASC 958	<del></del>	and halance sheet
	works of art, historical treasures, or other similar assets held for pul	· ·	
	public service, provide, in Part XIII, the text of the footnote to its fina		
b	If the organization elected, as permitted under SFAS 116 (ASC 958		
	works of art, historical treasures, or other similar assets held for pul	•	
	public service, provide the following amounts relating to these items	•	IN DIGITION OF
			▶ €
	(i) Revenue included on Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X	or other civilar accepts for financial aci	in provide the
2	If the organization received or held works of art, historical treasures	_	n, provide die
_	following amounts required to be reported under SFAS 116 (ASC 9	•	▶ ¢
a	Revenue included on Form 990, Part VIII, line 1		
<u>a</u>	Assets included in Form 990, Part X	<u> </u>	<u> </u>

1,126,196

Schedule D (Form 990) 2017

1,091,937

1,091,937

34,259

**b** Buildings

c Leasehold improvementsd Equipment

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

DAA

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" of	on Form 990 Part IV	line 11b See Form 9	90 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	
(1) Financial	denvatives			<del></del>
• •	eld equity interests			
(3) Other				
(A)				
. (B)		L	- <u>-</u>	
(Ċ)				
(D)			<del></del>	<del></del>
. ( <u>E</u> )				<del></del>
(F) .		<u> </u>		<del></del>
. (G)				
(H) .	nn (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<del></del>		
Part VIII	Investments—Program Related.	<u> </u>	<del></del>	<del></del>
i ait viii	Complete if the organization answered "Yes" of	on Form 990 Part IV	line 11c See Form 9	90 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method o	
	(-, -	(=, ===================================	Cost or end-of-ye	
(1)		<u> </u>		·
(2)			<del></del>	<del></del>
(3)				
(4)				
(5)				
(6)				
_(7)				·
_(8)		· · · · · · · · · · · · · · · · · · ·		
(9)		ļ	<u> </u>	
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	- C 000 D-+ IV	line 44d Con Fame 0	000 Dady U 45
	Complete if the organization answered "Yes" o	on Form 990, Part IV,	line 110. See Form 9	(b) Book value
(1)	(a) Description	<del></del>		(b) Book value
(2)				
(3)	······································			
(4)		<del></del>		
(5)				
(6)	<del></del>			
(7)				
(8)				
<u>(9)</u>	<del></del>		·	
	nn (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>	<u>,,</u>	
Part X	Other Liabilities.	=		
	Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11e or 11f. See l	Form 990, Part X,
	line 25.	T	<u> </u>	
1. (4) Fadara	(a) Description of liability	(b) Book value		
	Il income taxes			
(2)				
(3)			•	
(5)	<del></del>	<del></del>		
(6)	<del></del>	<b> </b>		
(7)	<del></del>	† · · · · · · · · · · · · · · · · · · ·		
(8)	<del></del>	<del> </del>		
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.) ▶			
	or uncertain tax positions. In Part XIII, provide the text of the t	footnote to the organizatio	n's financial statements tha	t reports the
organization'	's liability for uncertain tax positions under FIN 48 (ASC 740)	. Check here if the text of	the footnote has been provi	ded in Part XIII

Pa	it XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	r Retur	n.
1	Total revenue, gains, and other support per audited financial statements	T . 1	924,246
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	324,240
	Denoted any year and year of facilities	{	
		1	
		1 1	
u		2e	
		3	924,246
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		324,240
	Investment expenses not included on Form 990, Part VIII, line 7b	1	
		1 }	
		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	924,246
	art XII Reconciliation of Expenses per Audited Financial Statements With Expenses		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	644,131
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b	] [	
С		]	
d	Other (Describe in Part XIII.)	].	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	644,131
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	] }	
b	Other (Describe in Part XIII.)	1 1	
_	Other (Describe in Part XIII.)		
Ų	Add lines 4a and 4b	4c	
	· · · · · · · · · · · · · · · · · · ·	4c 5	644,131
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.	5	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1b a	5	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.	5	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1b a	5	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1b a	5	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1b a	5	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1b a	5	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1b a	5	
5 Pa Provi	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1b a	5	
Pa Provi 2; Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lines 1t, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	5 e 4; Part	K, line
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Page 4

Schedule D (Form 990) 2017 USVI SOCCER FEDERATION

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## SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Inspection

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

USVI SOCCER FEDERATION

Employer identification number 66-0645724

Form 990 - Organization's	Mission		
As the governing body of s	occer in all forms in the	USVI, soccer is an	
integral part in charting	the course for sport. The	e organization's missi	.on
Form 990 - Organization's Mission  As the governing body of soccer in all forms in the USVI, soccer is an integral part in charting the course for sport. The organization's missi is to make soccer permanent sport in USVI and continuing the development the sport.  Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The 990 Tax Return is provided to the the Board at the earliest meeting that the tax return is available.  Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The organization makes it governing documents available upon request through the approval of the President or his designee during his absence.  Form 990, Part IX, Line 11g - Other Fees for Services  Description  Program Service Mgt & General Fundraising  Contract Labor  \$ 27,953 \$ 28,136 \$ 0  Refereeing  \$ 14,543 \$ 0 \$ 0  Coaching	of		
The 990 Tax Return is prov	ided to the the Board at	the earliest meeting	
that the tax return is ava	ilable.		
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Form 990, Part IX, Line 11	g - Other Fees for Service	es	
Description			
Program Servic	e Mgt & General	Fundraising	
Contract Labor			•
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Refereeing	····· ···· ···· ···· ··· ··· ··· ··· ·		
\$ 14,543	<b>.</b>		
Coaching			
\$ 98,150	\$	<b>\$</b> 0	
Total			
\$ 140 646	\$ \$ 28.136	\$ 0	