DLN: 93493049011430 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 04-01-2018 , and ending 03-31-2019 C Name of organization D Employer identification number B Check if applicable United States Soccer Federation Inc □ Address change 13-5591991 % PINKY RAINA CFO ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Application pending (312) 808-1300 City or town, state or province, country, and ZIP or foreign postal code Chicago, IL $\,$ 60616 $\,$ G Gross receipts \$ 115,128,170 Name and address of principal officer H(a) Is this a group return for Brian Remedi ☐Yes **☑**No subordinates? 1801 S Prairie Avenue H(b) Are all subordinates Chicago, IL 60616 ☐ Yes ☐No ıncluded? Tax-exempt status **✓** 501(c)(3) 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www ussoccer com L Year of formation 1914 M State of legal domicile NY K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO PROMOTE AND GOVERN SOCCER IN THE UNITED STATES IN ORDER TO MAKE IT THE PREEMINENT SPORT Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 15 4 15 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 1,228 **6** Total number of volunteers (estimate if necessary) 6 15 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 21,841,996 9,938,032 Ravenua 101,285,364 9 Program service revenue (Part VIII, line 2g) . 99,123,823 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,626,984 3,904,774 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 123,592,803 115,128,170 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 90,856 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 36,463,417 37,219,055 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 76,124,228 93,731,544 112,678,501 131,789,978 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 10,914,302 -16,661,808 Net Assets or Fund Balances Beginning of Current Year End of Year 184,085,737 181,255,880 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 21,347,018 32,873,405 22 Net assets or fund balances Subtract line 21 from line 20 . 162,738,719 148,382,475 Signature Block 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 2020-02-17 Signature of officer Sign Here BRIAN REMEDI CAO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00666837 Paid self-employed Firm's name FIRM's GRANT THORNTON LLP Firm's EIN ▶ Preparer Use Only Firm's address ► 171 N CLARK ST SUITE 200 Phone no (312) 856-0200 CHICAGO, IL 60601 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	rt III Statement	of Program Se	rvice Accomplis	hments		
	Check If Sche	dule O contains a i	response or note to	any line in this Part III .		🗹
1	Briefly describe the o	organization's miss	ion	•		
						NIZED FOR EXCELLENCE IN
PART	ICIPATION, SPECTATO	OR APPEAL, INTERI	NATIONAL COMPETIT	FIONS AND GENDER EQU	JALITY	
2	Did the organization	undertake any sig	nıfıcant program ser	vices during the year whi	ıch were not listed on	
	the prior Form 990 o	r 990-EZ?				. □Yes ☑No
	If "Yes," describe the					
3	Did the organization	cease conducting,	or make significant	changes in how it conduc	cts, any program	
	services?					. 🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Sch	nedule O			
4		nd 501(c)(4) organ	izations are required	to report the amount of	argest program services, as grants and allocations to ot	
4a	(Code) (Expenses \$	82,623,188	ıncludıng grants of \$	791,337) (Revenue \$	9,783,906)
	See Additional Data					
4b	(Code) (Expenses \$	4,150,554	ıncludıng grants of \$	0) (Revenue \$	1,870,833)
	See Additional Data					
4c	(Code) (Expenses \$	8,943,816	ıncludıng grants of \$	0) (Revenue \$	3,570,933)
	See Additional Data					
	See Additional Data	Table				
4d	Other program servi	ces (Describe in So				
	(Expenses \$	10,451,827	including grants of	\$ 48,04	12) (Revenue \$	86,059,692)
_						

Form	990 (2018)			Page 3
Pai	Checklist of Required Schedules			
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		Yes Yes	No
	Schedule A 🛂	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V "	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
Ь	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	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	

	total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼	11C		
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
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	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		Yes	

15 Yes foreign organization? If "Yes," complete Schedule F, Parts II and IV ارچە Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

21

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

19

20a

20b

21

Yes

Yes

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Nο

No

				Page
аг	Checklist of Required Schedules (continued)			
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		Yes	No
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	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		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		N
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
	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	Yes	
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	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	35b	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Í	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

388

1c

Yes

Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a Yes If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Nο d If "Yes," indicate the number of Forms 8282 filed during the year 7d | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

b Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

which the organization is licensed to issue qualified health plans

a Gross income from members or shareholders .

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter

11a

11b

12b

13b

7g

7h

12a

15

No

No

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Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a Enter the amount of reserves the organization is required to maintain by the states in

c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

orm	990 (2018)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to	lines 🗸
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 15		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
		\longrightarrow	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
60	ction C. Disclosure	100	1 5	
<u>3e</u> 17	List the States with which a copy of this Form 990 is required to be filed			
	CA , IL , NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
	only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 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			

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

MUNSTER, 0 48159

compensation from the organization ▶ 16

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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) **(F)** Estimated

Page 8

(A) Name and Title		(B) Average hours per week (list any hours	than o	one b	ox, u in of	t cha unle: ficer	eck moss pers and a ee)	son	Repo compe fron organiza	D) ortable ensation n the ation (W O-MISC)	/-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)		(F) Estimated amount of other compensation from the organization and		
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099	∌-MISC)		2/1099-MIS		organiza rela organiz	ted	
See	Addıtıonal Data Table															
											4					
								_			+					
											+					
c ·	Sub-Total	art VII , Section	Α.				>									
d ·	Total (add lines 1b and 1c) Total number of individuals (including					bove	► e) who	rec	<u> </u>	08,262 e than :	\$100	0,000	0		301,847	
	of reportable compensation from the															
3	Did the organization list any former	officer director	or trust	ee k	eve	mple	ovee (or hi	ahest com	nnensati	ed e	mplovee on		Yes	No	
-	line 1a? If "Yes," complete Schedule .			•	•	•	• •	•	• •		•	• •	3	Yes		
4	For any individual listed on line 1a, is organization and related organization individual											:he 	4	Yes		
5	Did any person listed on line 1a receiver services rendered to the organization		•			,			_	ion or ir	ndıvı •	dual for	5	1.55	No	
Se	ection B. Independent Contract	tors														
1	Complete this table for your five high from the organization Report compe												ompen:	sation		
	Name a	(A) and business addre	ess							De	escrip	(B) tion of services			C) nsation	
WITT	le Pass BVBA, E PATERSSTRAAT 4 :SEL, 0 1040								!	Soccer Co	onsul	tant		:	1,533,017	
STAT 332 S CHIC	Sports North America, 5 Michigan Avenue 9th Floor AGO, IL 60604								I	Plyr Healt	h Su	pport			1,197,399	
	N, loor 360 Third Street FRANCISCO, CA 94107									Web Cons	sultar	nt			1,169,994	
203 N CHIC	rm Media Channels Ltd, I LaSalle Street Suite 2200 AGO, IL 60601								!	Scouting			_		661,100	
	pka-Sportverlag GmbH Co KG, ORATSWEG 36								ľ	Coach/Re	f Edu	ication			521,000	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	olumns All other orga	anızatıons must comp	elete column (A)	
Check if Schedule O contains a response or note to any	y line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	48,042	48,042		
2 Grants and other assistance to domestic individuals See Part IV, line 22	791,337	791,337		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,644,193	1,758,555	2,885,638	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,475,000	1,268,592	206,408	
7 Other salaries and wages	25,852,066	22,234,389	3,617,677	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	914,236	578,093	336,143	
9 Other employee benefits	2,530,580	1,778,385	752,195	
10 Payroll taxes	1,802,980	1,412,911	390,069	
11 Fees for services (non-employees)				
a Management	0			
b Legal	1,521,034	19,600	1,501,434	
c Accounting	100,323	10,323	90,000	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	258,549		258,549	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	21,970,304	19,344,564	2,625,740	0
12 Advertising and promotion	2,633,389	2,438,375	195,014	
13 Office expenses	1,055,922	804,568	251,354	
14 Information technology	3,061,904	141,570	2,920,334	
15 Royalties	0			
16 Occupancy	557,762	519,297	38,465	
17 Travel	32,314,135	31,128,984	1,185,151	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	4,134,674	4,043,299	91,375	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,622,161	264,177	1,357,984	
23 Insurance	911,941	665,760	246,181	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a WORLD CUP BID	3,385,411	3,385,411	0	0
b PROFESSIONAL REFEREE ORG	1,995,634	1,995,634	0	0
c EQUIPMENT AND MAINTENANCE	1,491,743	1,136,145	355,598	0
d SPONSORSHIP	794,200	186,950	607,250	0

15,922,458

131,789,978

10,214,424

106,169,385

5,708,034

25,620,593

0

Form **990** (2018)

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form	1 990 ((2018)					Page 11
Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line in t	hıs Part IX			🗆
					(A) Beginning of year		(B) End of year
_		C. I. and the state of the same			1,552,109	1	10,648,498
	1	Cash-non-interest-bearing		<u> </u>	1,552,109	2	2,302,475
	2 3	Savings and temporary cash investments Pledges and grants receivable, net	172,124	3	2,302,475		
				-	6.608.108	4	6,525,001
	4	Accounts receivable, net		F-	0,000,100	4	0,020,001
	5	Loans and other receivables from current and for trustees, key employees, and highest compensations.			0	5	0
	6	Part II of Schedule L				5	<u> </u>
	٦	section 4958(f)(1)), persons described in sectio	n 4958(c)(3)(B),	and			
		contributing employers and sponsoring organizations	itions of section . (see instructions	501(c)(9)	0	6	0
S		Part II of Schedule L					
ssets	7	Notes and loans receivable, net		ļ.	0	7	0
Ass	8	Inventories for sale or use		<u> </u>	0	8	0
_	9	Prepaid expenses and deferred charges		<u> </u>	2,829,049	9	3,252,145
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	10,316,874			
	b	Less accumulated depreciation	10b	7,301,492	2,855,098	10 c	3,015,382
	11	Investments—publicly traded securities .		163,628,791	11	153,663,913	
	12	Investments—other securities See Part IV, line		0	12	0	
	13	Investments—program-related See Part IV, line	0	13	0		
	14	Intangible assets	3,079,640	14	1,848,466		
	15	Other assets See Part IV, line 11	1,853,961	15	0		
	16	Total assets.Add lines 1 through 15 (must equ	184,085,737	16	181,255,880		
	17	Accounts payable and accrued expenses		L	14,365,782	17	19,721,019
	18	Grants payable		L	0	18	0
	19	Deferred revenue		L	4,813,744	19	10,961,472
	20	Tax-exempt bond liabilities		L	0	20	0
S	21	Escrow or custodial account liability Complete F	Part IV of Schedu	le D	0	21	0
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
iat		persons Complete Part II of Schedule L			0	22	0
_	23	Secured mortgages and notes payable to unrela			0	23	0
	24	Unsecured notes and loans payable to unrelated	I third parties .		0	24	0
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		d third parties,	2,167,492	25	2,190,914
	26	Total liabilities.Add lines 17 through 25		-	21,347,018	26	32,873,405
~		Organizations that follow SFAS 117 (ASC 9.		▶ V and			
ce		complete lines 27 through 29, and lines 33					
lan	27	Unrestricted net assets			162,238,719	27	144,449,140
8	28	Temporarily restricted net assets	500,000	28	3,933,335		
or Fund Balances	29	Permanently restricted net assets	0	29	0		
프		Organizations that do not follow SFAS 117					
	30	check here ► □ and complete lines 30 th Capital stock or trust principal, or current funds	.		30		
Assets	31	Paid-in or capital surplus, or land, building or eq		—		31	_
Ass	32	Retained earnings, endowment, accumulated inc		<u> </u>		32	
Net /	33	Total net assets or fund balances	•		162,738,719	33	148,382,475
Ž	34	Total liabilities and net assets/fund balances .	184,085,737	34	181,255,880		

181,255,880 Form **990** (2018)

3a

3b

No

Form 990 (2018)

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version: EIN: 13-5591991

Name: United States Soccer Federation Inc.

Form 990 (2018)

Form 990, Part III, Line 4a:

YOUTH NATIONAL AND MENS AND WOMENS NATIONAL TEAM PROGRAMS - THE 21 NATIONAL TEAMS MANAGED BY THE FEDERATION RANGE FROM THE UNDER-14 BOYS AND GIRLS TEAMS TO THE UNDER-23 MEN'S AND WOMEN'S TEAMS AND THE MEN'S AND WOMEN'S SENIOR NATIONAL TEAMS ALL TEAMS PARTICIPATE IN DOMESTIC AND INTERNATIONAL MATCHES INCLUDED IN THIS AMOUNT ARE ALL EXPENSES RELATED TO PLAYER DEVELOPMENT

Form 990, Part III, Line 4b: REFEREE PROGRAM - TRAINS EXPERIENCED AND NEW REFEREES IN THE LATEST TECHNIQUES AND RULES OF SOCCER DEPENDING ON THE CLASSIFICATIONS, REFEREES OFFICIATE AT ALL LEVELS OF SOCCER MATCHES RANGING FROM YOUTH TO PROFESSIONAL INTERNATIONAL SOCCER.

Form 990, Part III, Line 4c: COACHING PROGRAM - TRAINS COACHES IN THE LATEST TECHNIQUES INTERESTED INDIVIDUALS MAY GAIN CERTIFICATION IN THE SIX PROGRESSIVE LEVELS OF COACHING. THE CURRICULUM FOR THE SIX LEVELS IS AUTHORIZED BY THE FEDERATION. THE FEDERATION RUNS SCHOOLS THROUGHOUT THE COUNTRY FOR A AND B.

LICENSE CERTIFICATION STATE ASSOCIATIONS RUN SCHOOLS FOR C. D. AND E CERTIFICATION F LICENSE CERTIFICATION IS DONE ONLINE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

others, the total expense	es, and revenue, ii a	ny, for each pro	ogram service reported.		
(Code) (Expenses \$	10,451,827	including grants of \$	48,042) (Revenue \$	51,031,249)

Sponsorship and Marketing

(Code (Expenses \$ including grants of \$ (Revenue \$ 33,772,344)

Nat'l Teams, Int't Games, and Open Cup

I	Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.

Other Program Related Expenses

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation

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

and Independent Contractors

Independent Directors

At Large Rep (THRU 03/19)

At Large Rep (AS OF 03/19)

Pro Council Representative

Ind Directors (AS OF 02/19)

John Collins

Mike Cullina

Don Garber

Sunil Gulati

Patti Hart

Past President

	/// 2// 200	from the	
(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
0	0	0	
0	0	0	
0	0	0	
1001213	0 MISC)	0 0 0	

Ind Directors (THRU 02/19)	0 0							
Chris Ahrens	5 0							
		X				0	0	
Athlete Representative	0 0							
Carlos Bocanegra	5 0							
carios bocariogra		×				0	o	
Athlete Representative	0 0	.,						
Lisa Carnoy	5 0							

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0 0

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the compensation from related and a director/trustee) any hours organization organizations from the

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

	6				,	,		(14/ 2/1000	(14) 2/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Angela Hucles Athlete Representative	5 0	Х						0	0	0
Steve Malık Pro Council Rep (THRU 03/19)	5 0	х						0	0	0
Richard Moeller Adult Council Representative	5 0	х						0	0	0
John Motta Adult Council Representative	5 0	Х						0	0	0

0

779,765

899,440

0

37,015

31,439

0

5 0

10 39 0

10

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Χ

Adult Council Representative
John Motta
Adult Council Representative
Alec Papadakıs

Pro Council Rep (AS OF 03/19)

Youth Council Representative

Youth Council Representative

Vice President (as of 02/19)

Tim Turney

Peter Zopfi

Cindy Parlow Cone

Joseph Berhalter

CC & SO

Dan Flynn

CEO

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the for related (W- 2/1099-(W- 2/1099organization and

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

	organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
Eric Gleason CFO (THRU 08/18)	39 0 1 0			x				127,930	0	20,081
Tom King Managing Director Admin	40 0			x				340,535	0	34,675
Pinky Raina CFO (AS OF 01/19)	40 0			×				0	0	0
Brian Remedi CAO	40 0			×				326,745	0	35,217
Lydia Wahlke	40 0			Х				411,223	0	25,194

Х

Х

Х

Х

Х

304,113

311,590

390,409

460,772

241,869

8,996

8,250

28,236

28,586

30,047

0

0

0

0 0 40 0

0 0 40 0

0.0 40 0

0 0

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Brian Remedi	
CAO	
Lydia Wahlke	
Legal Counsel	
Gregg Berhalter	

MNT Head Coach (AS OF 12/18)

WNT Head Coach (as of 12/18)

MNT Head Coach (THRU 11/18)

......

U20M Head Coach and YTD

George Chlampas

Jill Ellis

Tabare Ramos

David Sarachan

Chief Medical Officer

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

/M- 2/1000-

304,142

304,140

1,475,000

Х

(11/- 2/1000-

organization and

0

0

0

0

0

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

and Independent Contractors

Lindsey Horan

WNT Player

WNT Player

Juergen Klinsmann

Former MNT Head Coach

Julie Ertz

	organizations below dotted line)	Institutional Trustee	10	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
Earnie Stewart MNT Gen Manager (AS OF 07/18)	40 0			×			291,667	0	14,111
Alexandra Carrasco	40 0				х		313,390	0	0
WNT Player	0 0 40 0								

Alexandra Carrasco				X	313,390	1
WNT Player	0 0			ζ.	313,330	Ĵ
Carlı Hollins	40 0					
WNT Player	0 0			X	313,390	0
Crystal Soubrier	40 0				312,142	0
WNT Player	0.0			^	312,142	١

0.0

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for related

efile	e GR/	APHIC pri	1t - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493049011430			
(For 990E	m 99 E Z)	OULE A O or Othe Treasury	Com	plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form www.irs.gov/Form	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 0-EZ.	a section	OMB No 1545-0047 2018 Open to Public			
Interna	l Reven	nue Service							Inspection			
		he organiza Soccer Federa						Employer identific	ation number			
								13-5591991				
	rt I				us (All organization e it is (For lines 1 thro			See instructions.				
	rganiz		•		•	J ,	,					
1	Ш	,		,	ssociation of churches			(A)(I).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))										
3		A hospital o	or a cooperati	ve hospital ser	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).				
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										
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				bed in section 170			
6	Ш	A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 1/0(b)(1)(A	()(v).				
7				mally receives [vi]. (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the gener	al public described in			
8	П				170(b)(1)(A)(vi)	(Complete Part I	I)					
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a			
10	✓	from activit	ies related to income and i	ıts exempt fur unrelated busın	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its s				
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See section 509(a				
a		Type I. A so	supporting org n(s) the powe	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by				
b		Type II. A manageme	supporting o nt of the supp	rganization sup porting organiza	ervised or controlled i ation vested in the sar							
c		Type III f	unctionally i		and C. supporting organizatio ions) You must com				ated with, its			
d		Type III n	on-function integrated	ally integrate The organizatio	d. A supporting organ n generally must satis rt IV, Sections A and	Ization operated fy a distribution i	ın connection wi requirement and	th its supported orga				
e		Check this	, box if the org	anızatıon recei	ved a written determir	nation from the II		pe I, Type II, Type II	I functionally			
f	Ento			on-functionally organizations	integrated supporting	organization						
g				_	innorted organization/	e)		_	_			
	Provide the following information about the supported organization (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions))		(iii) Type of organization (described on lines		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
						Yes	No					
Total		work Reduc										

instructions

	Page	_
1	L70	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	is to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	T			
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
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						
4	Total. Add lines 1 through 3						
4	The portion of total contributions by						
5	· · ·						
	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						
S	ection B. Total Support		•	•	•		
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2017	(0)2013	(6)2010	(u)2017	(e)2010	(1)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		+				
10							
	loss from the sale of capital assets						
	(Explain in Part VI) Total support. Add lines 7 through						
11	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)	<u> </u>		12	
	First five years. If the Form 990 is for			ard fourth or fifth	n tay year as a sec	tion 501(c)(3) org	anization
		=				· · · · · · <u>-</u>	_
_	check this box and stop here				<u> </u>	<u>P</u> L	
	Section C. Computation of Public						
	Public support percentage for 2018 (line			column (f))		14	
	Public support percentage for 2017 Sch					15	
16a	33 1/3% support test—2018. If the	organızatıon dıd ı	not check the box	on line 13, and lin	ne 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qualif	ies as a publicly s	supported organiza	ation			ightharpoons
b	33 1/3% support test—2017. If the	organization did	not check a box of	on line 13 or 16a,	and line 15 is 33 i	./3% or more, chec	k this
	box and stop here. The organization	qualifies as a nub	alicly supported or	ganization			ightharpoons
47-	10%-facts-and-circumstances test-				ne 13 16a or 16h	and line 14	
1/2	is 10% or more, and if the organization						
	in Part VI how the organization meets t						
	J			J. garnización	-, as a publ	,	►□
	organization	2047 ****	, , ,		43.46.46.	47	
ь	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization	i meets the Tact	s-and-circumstand	es test the orga	inization qualifies	as a publicly	_
	supported organization						▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	cand see	

Section A. Public Support

Part III

267,828,913

340,325,896

608,154,809

10,028,205

10,028,205

618,183,014

55 053 %

57 215 %

1 622 %

1 098 %

▶□

0

0

(f) Total

	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) ⊤otal
	(or fiscal year beginning in)	(- 7	\-/	(-,	(,	(-,	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,698,426	2,726,308	53,642,508	21,841,996	9,938,032	93,847,270
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	94,870,799	122,623,436	96,404,117	99,123,823	101,285,364	514,307,539
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	100,569,225	125,349,744	150,046,625	120,965,819	111,223,396	608,154,809
7a	.			50,000,000	18,719,385	2,562,843	71,282,228
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed	36,643,612	40,931,777	42,210,033	25,730,014	51,031,249	196,546,685

40,931,777

125,349,744

1,335,346

1,335,346

126,685,090

19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization.

(b) 2015

92,210,033

150,046,625

1,951,899

1,951,899

151,998,524

(c) 2016

44,449,399

120,965,819

2,626,984

2,626,984

123,592,803

(d) 2017

53,594,092

111,223,396

3,823,812

3,823,812

115,047,208

15

16

17

18

Schedule A (Form 990 or 990-EZ) 2018

(e) 2018

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

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

the organization fails to qualify under the tests listed below, please complete Part II.)

the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support. (Subtract line 7c

Section B. Total Support Calendar year

Amounts from line 6

Add lines 10a and 10b

Net income from unrelated

line 10b, whether or not the business is regularly carried on

check this box and stop here

Section C. Computation of Public Support Percentage

Public support percentage from 2017 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2017 Schedule A, Part III, line 17

(or fiscal year beginning in) ▶

Gross income from interest, dividends, payments received on

securities loans, rents, royalties

and income from similar sources Unrelated business taxable income (less section 511 taxes) from

businesses acquired after June 30,

business activities not included in

Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,

from line 6)

1975

11, and 12)

9

С

11

12

14

15

16

17

18

20

10a

36,643,612

100,569,225

290.164

290,164

100,859,389

Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))

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

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

(a) 2014

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 3b 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 3с 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 4a 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 4b supervised by or in connection with its supported organizations

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 4c 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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. 6

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)

7 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)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a 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

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	Page 5	
Pa	rt IV Supporting Organizations (continued)				
			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
	governing body of a supported organization?	11a			
b	A family member of a person described in (a) above?	11b			
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c			
S	ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization				
S	ection C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)				
	ection D. All Type III Supporting Organizations		Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103		
		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2			
By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard					
S	ection E. Type III Functionally-Integrated Supporting Organizations		l		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)			
	The organization satisfied the Activities Test Complete line 2 below	•			
	b				
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstru	ctions)		
2	Activities Test Answer (a) and (b) below.		Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement				
,		2b			
3	Parent of Supported Organizations Answer (a) and (b) below.	2~			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a			
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	36			

Sched	ule A (Form 990 or 990-EZ) 2018			Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

See instructions

6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014.

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

instructions)

Software ID: Software Version:

EIN: 13-5591991

Name: United States Soccer Federation Inc.

Page 8

Schedule A (Form 990 or 990-EZ) 2018 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See

Facts And Circumstances Test	

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

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

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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 the latest information.

DLN: 93493049011430 OMB No 1545-0047

Open to Public **Inspection** Employer identification number

Ome	ed States Soccer Federation Inc				13-5	5591991			
Pa	rt I Organizations Maintaining Donor Advis				r Acc	counts.			
	Complete if the organization answered "Ye			· ·		(1)= 1 1 1			
	Total number at end of year	(a) Dono	r advi	sed funds		(b)Funds and other accounts	i		
L >	Aggregate value of contributions to (during year)								
2	Aggregate value of grants from (during year)								
, 1	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex			lets held in donor ad	lvised	funds are the] No		
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?						l Na		
Pai	rt II Conservation Easements. Complete if th	e organization a	nswe	red "Yes" on Forr	n 990		_ NO		
	Purpose(s) of conservation easements held by the organ				11 330	y raic 17 mic 71			
	Preservation of land for public use (e.g., recreation	•		,	histor	rically important land area			
		r or cadeation)	$\overline{}$						
	Protection of natural habitat		Ш	rieservation of a c	.ertirie	d historic structure			
	☐ Preservation of open space								
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion co	ntribution in the for	m of a	a conservation Held at the End of the Ye	225		
а	Total number of conservation easements				2a	Tield at the Liid of the Te	cai		
b	Total acreage restricted by conservation easements				2b				
c	Number of conservation easements on a certified historic	c structure include	d ın (a)	2c				
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06,	and n	ot on a historic	2d				
3	Number of conservation easements modified, transferre tax year ▶	d, released, exting	uished	d, or terminated by	the or	ganızatıon durıng the			
ı	Number of states where property subject to conservation	n easement is loca	ted ►			_			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		ing, ir	spection, handling	of viola	ations, 🗌 Yes 🔲 No	•		
5	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of vi	iolatio	ns, and enforcing co	onserv	ation easements during the ye	ear		
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violation	ons, a	nd enforcing conser	vation	easements during the year			
3	Does each conservation easement reported on line 2(d)	above satisfy the	reauir	ements of section 1	70(h)(4)(B)(ı)			
	and section 170(h)(4)(B)(ii)?	,			()(☐ Yes ☐ No)		
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org	s ın ıt: ganıza	s revenue and expe tion's financial state	nse sta ements	atement, and s that describes			
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historic			er Si	milar Assets.			
La	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, e	ducat	ion, or research in f					
b	751								
(i) Revenue included on Form 990, Part VIII, line 1					> \$			
(i	i)Assets included in Form 990, Part X					▶ \$			
2 (.	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1				ncıal g		_		
а	Revenue included on Form 990, Part VIII, line 1	(2 333) (Cla	9			▶ \$			
	Assets included in Form 990, Part X					► \$ ► \$	_		

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Coll	ections o	f Art, H	istori	cal Tı	reası	ires, or	· Other	Similar A	ssets (continued)	
3		ng the organızatıon's acq ns (check all that apply)	uisition, accessior	, and other	records,	check a	any of	the fo	llowing t	hat are a	ı sıgnıfıcant ı	use of its	collection	
а		Public exhibition				d		Loan	or excha	ange pro	grams			
b		Scholarly research				е		Othe	r					
c		Preservation for future	e generations											
4		vide a description of the t	organızatıon's coll	ections and	explain h	now the	y furth	ner the	e organız	ation's e	xempt purpo	ose in		
5		ing the year, did the orga ets to be sold to raise fur									nılar	☐ Ye	s 🔽 ı	No
Pa	rt IV	Escrow and Cust	odial Arrange	ments.										
		Complete if the org X, line 21.			on For	m 990	, Part	IV, lı	ne 9, oi	r report	ed an amou	unt on F	orm 990,	, Part
1a		he organization an agent uded on Form 990, Part)		n or other	ıntermedı	ary for	contril	bution	s or othe	er assets	not	☐ Ye	s 🗆 r	No
Ь	If "	Yes," explain the arrange	ement in Part XIII	and comple	te the fol	lowing	table				Α	mount		_
c		unning balance		·		_			l	1c				
d	Add	ditions during the year								1d				_
е	Dist	tributions during the year	r							1e				_
f	Enc	ling balance								1f				_
2a	Did	the organization include	an amount on Fo	rm 990 Par	t X line 2	21 for	escrow	or cu	Istodial a	ccount li	ability?	□ v _e	<u> </u>	— No
b		Yes," explain the arrange										_	э Ц :	10
	rt V													
		Endownient run	us. complete ii	(a)Curren			nor yea			ears back			(e)Four yea	ars back
1a	Begii	nning of year balance .		. ,					. , ,		, , , , ,			
b	Cont	ributions												
С	Net i	nvestment earnings, gair	ns, and losses											
d	Gran	ts or scholarships												
е		r expenditures for facilitie	es											
f	Adm	inistrative expenses .												
g	End o	of year balance												
2	Pro	vide the estimated percei	ntage of the curre	nt year end	balance	(line 1g	g, colu	mn (a)) held a	s				
а	Boa	ard designated or quasi-e	ndowment 🟲											
b	Per	manent endowment 🟲												
С	Ten	nporarily restricted endov	wment ►											
	The	percentages on lines 2a	, 2b, and 2c shoul	d equal 100)%									
3a		there endowment funds anization by	not in the posses	sion of the o	organızatı	on that	are h	eld an	d admını	stered fo	r the		Yes	No
	(i)	unrelated organizations					•						a(i)	
		related organizations .											ı(ii)	
		Yes" on 3a(II), are the rel scribe in Part XIII the inte	-		•			· ·				· [_:	3b	
4					n s endow	ment	unas							
ΡŒ	rt VI	Land, Buildings, Complete if the org			" on Fori	m 990	, Part	IV, lı	ne 11a.	. See Fo	rm 990, Pa	art X, lır	ne 10.	
	Des	cription of property	(a) Cost or oth (investme	er basıs	(b) Cost						depreciation		d) Book val	ue
1a	Land													
b	Build	ings		0			1,42	21,524			552,629			868,895
С	Leas	ehold improvements		0			5,92	22,145			3,875,707			2,046,438
		oment		0			2,50	08,600	1		2,464,154			44,446

55,603

3,015,382

409,002

464,605

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

	Investments—Other Securities. Complete if the org	ganızatıor	ansv	vered "Yes" on	Form 990, Pa	art IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	E	(b) Sook alue		(c) Method of v	
 (1) Financia (2) Closely- (3)Other 	I derivatives	: - -				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form	990, Part	IV, lı	ne 11c. See Fo	orm 990, Part	X, line 13.
	(a) Description of investment	(b) Book	value		(c) Method of vor end-of-year	
(1)						
(2)						
(3)						
(4)						
(5)						
(6) 						
(7) ————						
(8)						
(9)						
Part IX	of ther Assets. Complete if the organization answered 'Yes'		90, Pa	rt IV, line 11d S	See Form 990, F	Part X, line 15
(1)	(a) Description					(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15)				•	
Part X	Other Liabilities. Complete if the organization answe See Form 990, Part X, line 25.	ered 'Yes'		·	V, line 11e or	11f.
(1) Federal i	(a) Description of liability ncome taxes		(b) B	ook value 0		
DEFERRED C	COMPENSATION			2,190,914		
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	or (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions. In Part XIII, provide the text of the f					_

Schedule D (Form 990) 2018

Pa		venue per Audited Financial Statements With Rev zation answered 'Yes' on Form 990, Part IV, line 12a.	enue per Return	
1		upport per audited financial statements	. 1	
2		ot on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on i	nvestments 2a		
b	Donated services and use of facil	ties 2b		
С	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1 .		. 3	
4	Amounts included on Form 990, I	Part VIII, line 12, but not on line 1		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) .	4b		
c	Add lines 4a and 4b		. 4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)	5	
Par		penses per Audited Financial Statements With Ex zation answered 'Yes' on Form 990, Part IV, line 12a.	penses per Retur	n.
1	Total expenses and losses per au	dited financial statements	1	
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25		
а	Donated services and use of facil	ties		
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII) $\ .$	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.		3	
4	Amounts included on Form 990, I	Part IX, line 25, but not on line 1:		
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) $\ .$	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4	lc. (This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Info	ormation		
		art II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines : 2d and 4b Also complete this part to provide any additional i		e 4, Part X, line 2, Part
	Return Reference	Explanation		
See /	Addıtıonal Data Table			

Page **4**

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: **Software Version:**

EIN: 13-5591991

Name: United States Soccer Federation Inc.

Supplemental Information Return Reference Explanation

SCHEDULE D, PART X, LINE 2 USSF QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENU E CODE (IRC) AND, ACCORDINGLY, IS ONLY SUBJECT TO FEDERAL OR STATE INCOME TAXES ON SPECIFI CITYPES OF INCOME FROM ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE, USSE HAD NO IN COME FROM UNRELATED ACTIVITIES AND HAS NO INCOME TAXES DUE AS OF MARCH 31, 2019 AND 2018 USSF'S APPLICATION OF THE ACCOUNTING STANDARDS REGARDING UNCERTAIN TAX POSITIONS HAD NO EF FECT ON ITS FINANCIAL POSITION AS MANAGEMENT BELIEVES USSE HAS NO MATERIAL UNRECOGNIZED IN COME TAX BENEFITS. INCLUDING ANY POTENTIAL RISK OF LOSS OF ITS NOT-FOR-PROFIT TAX STATUS USSF WOULD ACCOUNT FOR ANY POTENTIAL INTEREST OR PENALTIES RELATED TO POSSIBLE FUTURE LIAB ILITIES FOR UNRECOGNIZED INCOME TAX BENEFITS AS INCOME TAX EXPENSE

efile GRAPHIC prin	t - DO NOT F	PROCESS	As Filed Data -	•		DLN:	93493049011430			
SCHEDULE F	State	ement of	Activities (Outside the Uni	ted S	tates	OMB No 1545-0047			
(Form 990)	► Compl	lete ıf the orgar		swered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.						
Department of the Treasury Internal Revenue Service	•	► Go to www.irs		io Form 990. Instructions and the latest in	nformatio	n.	Open to Public Inspection			
Name of the organization United States Soccer Fed						Employer iden	ntification number			
Onited States Soccer Fed	eration inc					13-5591991				
	Information Part IV, line		s Outside the U	Inited States. Comple	te if the	organization a	nswered "Yes" to			
1 For grantmaker	s. Does the or	ganızatıon ma	aintain records to	substantiate the amount	of its gi	rants and				
•	-	•	the grants or assis	stance, and the selection	criteria	used				
to award the grar	nts or assistan	ce?					☐ Yes ☐ No			
2 For grantmaker outside the United		Part V the or	ganızatıon's proce	dures for monitoring the	use of I	ts grants and ot	her assistance			
3 Activites per Regio	n (The followin	ng Part I, line 3	3 table can be dupli	cated if additional space is	needed)				
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	program sp	vity listed in (d) is a n service, describe ecific type of ice(s) in region	(f) Total expenditures for and investments in region			
See Add'l Data				j ,						
3- Cub tatal							10,793,392			
3a Sub-totalb Total from continua	tion sheets to						10,793,392			
Part I c Totals (add lines 3	a and 3h)						10,793,392			
C . Otals (add lines se	2 and 3D)	I	1				10,733,332			
For Paperwork Reduction	Act Notice, see	e the Instructio	ons for Form 990.	Cat	No 5008	32W Schedu	le F (Form 990) 2018			

Schedule F (Form 990) 2018							Page 3
Part IIII Grants and Otl				ed States. Complete r	f the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
	duplicated if addit			T	1		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (See Instructions for Form 5471)	\square Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713, don't file with Form 990)	☐ Yes	✓ No

Schedule F (Forn	chedule F (Form 990) 2018 Page 5							
Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).								
990 Schedule	990 Schedule F, Supplemental Information							
Return Reference	Explanation							

Additional Data

East Asia and the Pacific

Software ID: Software Version:

EIN: 13-5591991

Name: United States Soccer Federation Inc

National Teams

82,781

Form 990 Schedule F Par	t I - Activities	Outside The U	Inited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	National Teams	299,249

Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) Europe (Including Iceland and National Teams 2.148.360 Program Services Greenland) Middle East and North Africa 10,502 Program Services National Teams

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) South America National Teams 186.258 Program Services Central America and the Program Services Travel Expenses 257,785 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) East Asia and the Pacific Travel Expenses 821.523 Program Services Europe (Including Iceland and Program Services Travel Expenses 576,870 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) North America Travel Expenses 1.158.161 Program Services South America Program Services Travel Expenses 5,251,903

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLN: 934930490	11430
Note: To capture the full of Schedule I (Form 990)		Grants and O	ther Assistanc	e to Organiz	ations,		OMB No 1545-004	17
Department of the Treasury Internal Revenue Service	(Coi	2018 Open to Public Inspection						
Name of the organization United States Soccer Federation	Inc					13-5591	er identification number	
Part I General Inform	nation on Grants	and Assistance				13 3331		
Does the organization ma the selection criteria used					for the grants or assistance	, and	☑ Yes	□ No
	Assistance to Dom		nd Domestic Governme		rganization answered "Yes" (on Form 990, Par	rt IV, line 21, for any recip	ient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assis		f grant
(1) American Amputee Soccer 1033 Creekside Drive 3730 Walnut St Wilmington, DE 19804	51-0402649	501(C)(3)	30,000	0			2018 Campaigr	1
(2) Women's Sports Foundation 424 W 33RD St Ste 150 New York, NY 10001	23-7380557	501(C)(3)	15,000	0			Table Donation	
Enter total number of sectEnter total number of other		-						2
For Paperwork Reduction Act Note	ce. see the Instruction	s for Form 990.		Cat No. 50055	;p		Schedule I (Form 990	1 2018

(6) (7)

THE FEDERATION MAKES CONTRIBUTIONS TO OTHER ENTITIES WITH SIMILAR MISSIONS FOR THE GENERAL SUPPORT OF THESE ORGANIZATIONS SINCE THE

SCHEDULE I, PART I, LINE 2 FUNDS ARE TO BE USED FOR THE GENERAL SUPPORT OF THEIR MISSION, IT IS NOT REQUIRED THAT THESE ORGANIZATIONS SUBSTANTIATE THEIR EXPENDITURES

RELATED TO THESE CONTRIBUTIONS Schedule I (Form 990) 2018

efil	e GRAPHIC p	rint - DO NOT PROCESS	As Filed Dat	ta -	DLN: 934	19304	9011	.430		
Sch	nedule J	С	ompensat	tion Information	40	1B No	1545-0	0047		
(For	n 990)	For certain Offic	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
		► Complete if the ore	Compensa ganization answ	ated Employees wered "Yes" on Form 990, Part I\	/, line 23.	20	18	}		
Б			▶ Attach	h to Form 990. r instructions and the latest infor			o Pul			
•	tment of the Treasury al Revenue Service	Go to www.ns.go	0 <u>0/1/01/11330</u> 101	i monucions and the latest mior		Insp	ectio	n		
	me of the organiz ed States Soccer Fe				Employer identificat	ion nu	ımber			
	led States Soccer Fe	deradon inc			13-5591991					
Pa	rt I Questi	ons Regarding Compensa	ation							
							Yes	No		
1a				of the following to or for a person listency of the following the relevant information regarding the following the						
		s or charter travel		Housing allowance or residence for	•					
	_	companions		Payments for business use of person						
		nification and gross-up paymen nary spending account	ts 🔽	Health or social club dues or initiat Personal services (e.g., maid, chau						
	Discretion	iary spending account	· ·	reisonal services (e g , maid, chac	ineur, cher)					
b		xes in line 1a are checked, did t all of the expenses described ab		follow a written policy regarding payi nplete Part III to explain	ment or reimbursement	1 b	Yes			
2				or allowing expenses incurred by all or, regarding the items checked in lin	0.102	2	Yes			
	directors, truste	ees, officers, including the CEO/	executive Directo	or, regarding the items checked in iii	e la'					
3				ed to establish the compensation of t not check any boxes for methods	he					
				CEO/Executive Director, but explain	ın Part III					
	✓ Compens	ation committee	П	Written employment contract						
		lent compensation consultant	<u> </u>	Compensation survey or study						
		of other organizations	\checkmark	Approval by the board or compens	ation committee					
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the	filing organization or a					
а	_	rance payment or change-of-cor	ntrol payment?			4a	Yes			
b		or receive payment from, a supp		ilified retirement plan?		4b	103	No		
С		or receive payment from, an equ	•	•		4c		No		
	If "Yes" to any	of lines 4a-c, list the persons ar	d provide the app	plicable amounts for each item in Pai	t III					
	Only E01(a)(3)	\	must samplete lines E 0						
5		3), 501(c)(4), and 501(c)(29 ed on Form 990 Part VII Section		the organization pay or accrue any						
•		ontingent on the revenues of		the organization pay or decrue any						
а	The organizatio	n [?]				5a		No		
b	Any related org					5b		No		
	-	5a or 5b, describe in Part III								
6		ed on Form 990, Part VII, Section contingent on the net earnings o		the organization pay or accrue any						
а	The organizatio					6a		No		
b	Any related org					6b		No		
-	•	6a or 6b, describe in Part III	A long 4 1 - 1	<u> </u>						
7	payments not d	lescribed in lines 5 and 6? If "Ye	es," describe in Pa		eu	7	Yes			
8				ared pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," o	lescribe			No		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	ow the rebuttable	e presumption procedure described in	Regulations section	8		No_		
For F	Panerwork Red	uction Act Notice, see the In	structions for Fo	orm 990. Cat No	50053T Schedule J		9901	2018		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Part II Officers, Directors, Trustees, Rey Employees, and Ting								
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII							
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	≥ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual	
(A) Name and Title	(B) Breal	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	columns	Compensation in	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
See Additional Data Table						•		
	1	1	1		1	I	1	
							!	
				+				
	+			+				
				+				
1-		-		+				
1								
			1					

Supplemental Inform	lation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation
	MEMBERS OF BOTH SENIOR NATIONAL TEAMS, THEIR COACHING STAFFS, AND SENIOR NATIONAL TEAM ADMINISTRATORS MAY FLY VIA CHARTER FOR TEAM OR BUSINESS PURPOSES OF THOSE LISTED ON SCHEDULE J. PART II, ONE OFFICER, FOUR KEY EMPLOYEES, AND SEVEN HIGHEST COMPENSATED EMPLOYEES TRAVELED VIA CHARTER AT LEAST ONCE BECAUSE EXTENSIVE NATIONAL AND INTERNATIONAL TRAVEL IS A REQUIREMENT FOR THESE POSITIONS, THIS BENEFIT IS NOT CONSIDERED COMPENSATION AND IS THEREFORE TREATED AS NON-TAXABLE DAN FLYNN AND JOSEPH BERHALTER'S HEALTH CLUB FEES OF

Page **3**

Schedule J (Form 990) 2018

\$195 PER MONTH ARE COVERED BY U.S. SOCCER PER THEIR CONTRACTS. ADDITIONALLY, DAN FLYNN RECEIVES PERSONAL TAX AND ACCOUNTING SERVICES IN THE AMOUNT OF \$34,242 THAT ARE COVERED BY U.S. SOCCER PER HIS CONTRACT. SCHEDULE J, PART I, LINE 3 THE CEO OF U.S. SOCCER HAS ESTABLISHED THE TERMS OF HIS EMPLOYMENT WITH U.S. SOCCER BY WRITTEN CONTRACT. THIS WRITTEN CONTRACT DOES NOT INCLUDE OR IN ANY WAY INVOLVE ANOTHER ORGANIZATION AND IS BETWEEN THE CEO AND U.S. SOCCER ALONE. SCHEDULE J, PART I, LINE 4A Per the terms of the severance buyout agreement between Juergen Klinsmann and U.S. Soccer, Juergen received \$1,475,000 that was treated as taxable in 2018 and is included in Schedule J, Part II, common the compensation is included in Schedule J, Part II and Form 990, Part VII and is being reported as part of the 2018 calendar year compensation because the payment was made on February 1, 2018. However, the payment to Juergen was accounted for in the prior year financial statements and statement of functional expenses.

This is the final payment to Juergen and will not be included in future W-2 reporting SCHEDULE J, PART I, LINE 7 CERTAIN U.S. SOCCER EMPLOYEES RECEIVE IDISCRETIONARY, NON-FIXED BONUS PAYMENTS BASED ON EACH INDIVIDUAL'S PERFORMANCE. THESE PAYMENTS ARE MADE ON A CASE-BY-CASE BASIS.

Return Reference	Explanation
'	THE COMPENSATION FOR ALL INDIVIDUALS LISTED IN SCHEDULE J, PART II IS BASED ON THE COMPENSATION REPORTED ON EACH INDIVIDUAL'S FORM W-2 FOR THE 2018 CALENDAR YEAR

Software ID: Software Version:

EIN: 13-5591991

Name: United States Soccer Federation Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule	<u>е Ј,</u>	Part II - Officers, D	irectors, Trustees, K	ey Employees, and l	<u> Highest Compensate</u>	d Employees		
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
Joseph Berhalter CC & SO	(1)	483,424	296,341	0	16,500	20,515	816,780	0
	(11)	o	0	0	0	0	0	0
Dan Flynn CEO	(1)		190,000	41,987	16,500	14,939	930,879	0
Tom King	(11)		0	0	0	0	0	0
Tom King Managing Director Admin	(I)		25,000		16,500	18,175 	375,210	0
Brian Remedi	(1)		25,000	0	16,500	18,717	361,962	0
CAO								
Lydia Wahlke	(II)		2,000	0	0 15,308	9,886	436,417	0
Legal Counsel	(II)		2,000		15,308	9,000	430,417	
Gregg Berhalter	(1)		200,000	0	8,250	746	313,109	0
MNT Head Coach (AS OF 12/18)	(11)				3,230			
George ChIampas	(1)		1,000	0	8,250	0	319,840	0
Chief Medical Officer	(11)					م م		
Jill Ellis WNT Head Coach (as of	(1)		1,000	0	16,500	11,736	418,645	0
12/10\	(11)	o	0				0	0
U20M Head Coach and YTD (I	(1)	384,772	76,000	0	16,500	12,086	489,358	0
	(11)		0	0	0	0	0	0
	(1)	240,869	1,000	0	10,930	19,117	271,916	0
11/18)	(11)		0	0	0	0	0	0
Earnie Stewart MNT Gen Manager (AS OF	(1)	291,667	0	0	12,625	1,486	305,778	0
	(11)		0	0	0	0	0	0
Alexandra Carrasco WNT Player	(1)	171,140	142,250	٥	ا ا	0	313,390	0
<u></u>	(11)		0	0	0	0	0	0
Carlı Hollins WNT Player	(1)		142,250	0	0	0	313,390	0
Crystal Southern	(11)		0	0	0	0	0	0
Crystal Soubrier WNT Player	(1)		146,000	0	0	0	312,142	0
	(11)		0	0	0	0	0	0
Lindsey Horan WNT Player	(1)		139,500	0	0	0	304,142	0
Julie Ertz	(11)		0	0	0	0	0	0
Julie Ertz WNT Player	(1)	171,140	133,000			0	304,140	0
Alyssa Naeher	(11)	0	0	0	0	0	0	0
Alyssa Naeher WNT Player	(1)	171,140	133,000		0	0	304,140	0
Megan Rapinoe	(II)	171,140	133,000	0	0	0	304,140	0
WNT Player	(11)		133,000			0	304,140	
Juergen Klinsmann	(1)		n	1,475,000	0		1,475,000	0
Former MNT Head Coach	(11)				۱	ار ا		
	<u>'</u>		<u> </u>	<u></u>	<u> </u>	<u> </u>		

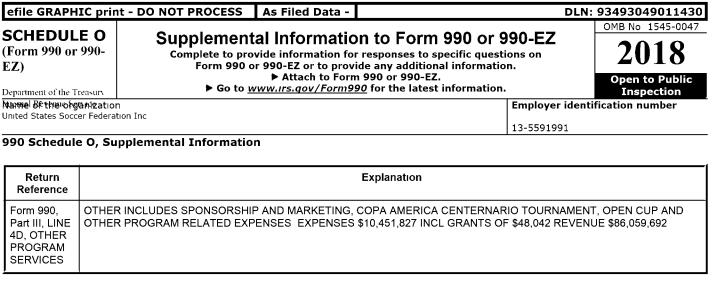
efile GRAPHI	C print - DO	NOT PROCES	SS A	s Filed Data -					DL	N: 93	4930	490	11430
Schedule L (Form 990 or 990	-EZ) ► Com	plete if the org	anizatio	ions with Ir	on Form 9	90, Part IV, li	nes 2	5a, 2	25b, 26		МВ No		
		27, 28a		r 28c, or Form 99 ttach to Form 996			Юb.				20	1	8
D		⊳G o t	to <u>www</u>	.irs.gov/Form990	for the late	st information	۱.) Dpen		
Department of the Trea Internal Revenue Servi	I										Ins	oecti	on
Name of the org		:					Er	nplo	yer ide	ntifica	ation r	numb	er
						. =			1991				
				501(c)(3), section ! on Form 990, Part !						ne 40b			
		qualified person		(b) Relationship be	tween disqua			(c) [escript	ion of			rected?
					organization		-	tr	ansactı	on	Y	es	No
Part II Loa	ans to and/ nplete if the or orted an amou	or From Interganization answerint on Form 990, ship (c) Purpose	rested ered "Yes Part X, I	s" on Form 990-EZ, ine 5, 6, or 22 pan to or from the organization?				In oult?	(I Appro boa	-	(i)Writ	tten
			-										
Total				<u> </u>	\$								
				terested Perso									
(a) Name of Inter		_		"Yes" on Form 9		, line 27. (d) Type o	of acci	stano	ا ۵	(a) Pu	rnose	of acc	ıstance
(a) Name of file	ested person	interested personganiza	on and t		n assistance	(d) Type o				(c) ru			istance
									_				
For Paperwork Red	luction Act Not	ice, see the Instru	ictions fo	r Form 990 or 990-E	Z. C.	at No 50056A		Scl	redule l	(Form	990 o	r 990-	EZ) 2018

				Yes	No
(1) Don Garber	See Part V	28,499,999	SEE PART V		No
Part V Supplemental I	nformation				
Provide additional in	nformation for responses to questions	on Schedule L (see instructi	ons)		

Supplemental Inform	
Provide additional informa	tion for responses to questions on Schedule L (see instructions)
Return Reference	Explanation
	(1)(A) NAME OF PERSON DON GARBER (1)(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION PRESIDENT OF SOCCER UNITED MARKETING (1)(D) DESCRIPTION OF TRANSACTION MARKETING PARTNER PAYMENT TO USSF DON GARBER IS A BOARD MEMBER OF USSF AND DOES NOT HAVE ANY PERCENTAGE OWNERSHIP IN MAJOR LEAGUE SOCCER ("MLS") HOWEVER, FOR THE PURPOSE OF TRANSPAPENCY LISSE HAS INCLUDED DON IN SCHEDULE IN DUE TO HIS STATUS AS THE COMMISSIONER

TRANSPARENCY, USSF HAS INCLUDED DON IN SCHEDULE L DUE TO HIS STATUS AS THE COMMISSIONER
OF MLS AND HIS SEAT ON THE USSF BOARD

Schedule L (Form 990 or 990-EZ) 2018



Return Explanation Reference	
FORM 990, PART VI, ORGANIZATIONS AND ALL SOCCER PLAYERS, COACHES, TRAINERS, AMNAGERS, ADMINISTRATORS AND SECTION A, WITHOUT DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, CITI ZENSHIF AGE, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, OR VETERAN STATUS THE FEDERATION HAS THE CATEGORIES OF MEMBERSHIP (1) ORGANIZATION MEMBER COMPOSED OF THE FOLLOWING CLASSIFI MEMBERS (A) ASSOCIATE (8) DISABLED SERVICE ORGANIZATION (C) INDOOR PROFESSIONAL LEAGUE NATIONAL AFFILIATE (E) NATIONAL ASSOCIATION (F) NATIO NAL MEMBER (G) OTHER AFFILIATE (H) PROLEAGUE (I) STATE ASSOCIATION (2) LIFE MEMB ER (3) INDIVIDUAL SUSTAINING ORGANIZATION MEMBER ORGANIZATION FOR MEMBERSHIP TO THE SECRETARY GENERAL THE APPLICANT MUST APPLY FOR AS MEMBERSHIP CATEGORY THE APPLI CANT MUST INCLUDE WITH THE APPLICANT MUST APPLY FOR AS MEMBERSHIP CATEGORY THE APPLICANT MUST INCLUDE WITH THE APPLICANT OPIES OF ITS CHARLES OF INCORPORATION OR OTHER ORGANIZATIONAL DOCUMENTS. SYLAWS, RULES, REGULATI RULES OF PLAY, AND OTHER GOVERNING DOCUMENTS SUFFICIENT TO DESCRIBE THE STRUCTURE, N. EXTENT OF THE ORGANI ZATION ACTIVITIES THE SECRETARY GENERAL SHALL PRESCRIBE THE FOR MEMBERSHIP APPLI CATION AND EACH DOCUMENT TO BE SUBMITTED THE SECRETARY GENERAL SHA APPLICATION TO BE AN ORGANIZATION MEMBER TO THE BOARD OF DIRECTORS FOR CONSIDERATION SHALL SUBMIT THE APPLICATION AND ACCOMPANYING DOCUMENTS TO THE APPROPRIATE COMMITTE FORCE OF THE FEDERATION FOR REVIEW AND REPORT THE BOARD OF DIRECTORS FOR CONSIDERATION SHALL SUBMIT THE APPLICANT OF REVIEW AND REPORT THE BOARD OF DIRECTORS FOR CONSIDERATION UNTIL MEETING OF THE NATIONAL COUNCIL THAT THE APPLICANT OR APPLICANT OR (B) IF THE MEMBER CATEGORY FOR WHICH THE APPLICANT APPLIED IF THE BOARD DETERMINES THAT THE APPLICANT OF THE MEMBER CATEGORY FOR WHICH THE APPLICANT TO PROVISIONAL MEMBERSHIP IN THE FEDERATION UNTIL MEETING OF THE NATIONAL COUNCIL THAT THE APPLICANT OR APPLICATION, ADMIT THE APPLICANT TO FULCANT BY ADMITTED THE MEMBERSHIP OF THE FEDERATION, AND IT THE APPLICANT TO FULCANT BY AND APPLICA	ID OFF ICIALS P, DISABILITY, E FOLLOWING ICATIONS OF E (D) OFESSIONAL R AN T A WRITTEN PECIFIC ARTER, IONS, ANY ATURE, AND M OF THE ALL REFER AN I THE BOARD EE OR TASK HE APPLICA NT SHIP ULA LIFIES, THE NEXT O THAT THE NCIL HAS LL I PROVISIONAL ECOMMEND RATION THE MBERSHIP OF COUNCIL MAY ANCEMENT

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	RECOGNITION OF LIFETIME ACTIVITIES PROMOTING THE SPORT OF SOCCER AN ORGANIZATION MEMBER MAY RECOMMEND TO THE BOARD THAT AN INDIVIDUAL BE NOMINATED TO BE A LIFE MEMBER OF THE FEDE RATION A RECOMMENDATION MUST BE SUBMITTED IN WRITING TO THE SECRETARY GENERAL AT LEAST 18 0 DAYS BEFORE THE NATIONAL COUNCIL MEETING AT WHICH THE NOMINATION MAY BE CONSIDERED THE BOARD MAY NOMINATE UP TO TWO LIFE MEMBER CANDIDATES EACH YEAR AND IS NOT OBLIGATED TO MAKE ANY NOMINATION IN ANY YEAR A MAJORITY VOTE OF THE BOARD SHALL BE REQUIRED TO ROMINATE A LIFE MEMBER A MAJORITY VOTE OF THE NATIONAL COUNCIL SHALL BE REQUIRED TO GRANT LIFE MEMBE RSHIP A LIFE MEMBER MAY EXERCISE VOTING RIGHTS AS PROVIDED AT NATIONAL COUNCIL MEETINGS INDIVIDUAL SUSTAINING MEMBERS ANY INDIVIDUAL, INCLUDING ANY ATHLETE, TRAINER, MANAGER, AD MINISTRATOR AND OFFICIAL ACTIVE IN SOCCER IN THE UNITED STATES MAY BECOME AN INDIVIDUAL SU STAINING MEMBER OF THE FEDERATION THE BOARD OF DIRECTORS SHALL PRESCRIBE PROCEDURES FOR B ECOMING AN INDIVIDUAL SUSTAINING MEMBER AND THE OBLIGATIONS AND BENEFITS OF MEMBERSHIP AL LINDIVIDUAL SUSTAINING MEMBERS SHALL HAVE THE RIGHT TO COLLECTIVELY ELECT DELEGATES TO VO TE AT THE NATIONAL COUNCIL MEETING ON AN ANNUAL BASIS INDIVIDUAL SUSTAINING MEMBERS SHALL HAVE THE RIGHT TO BE REPRESENTED BY UP TO SIX (6) DELEGATES BASED UPON CRITERIA REGARDING TOTAL MEMBERS AND THE NUMBER OF STATES FROM WHICH THOSE MEMBERS COME

	
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A SECTION 1	THE NATIONAL COUNCIL SHALL BE THE REPRESENTATIVE MEMBERSHIP BODY OF THE FEDERATION AND HAVE THE FOLLOWING AUTHORITY (1) THE ELECTION OF THE PRESIDENT AND VICE PRESIDENT OF THE FED ERATION, (2) THE ADOPTION OF AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS OF THE FEDERATION, (3) APPROVING THE BUDGETS OF THE FEDERATION, INCLUDING BUDGETS OF THE YOUTH, ADULT, PROFESSIONAL AND ATHLETES' ADVISORY COUNCILS, (4) GRANTING LIFE MEMBER STATUS TO IN DIVIDUALS AS PROVIDED UNDER BYLAW 231, (5) APPROVE CHANGES IN BOUNDARIES UNDER SECTION 5 O F BYLAW 213, (6) APPROVE FEES, (7) APPROVE MEMBERSHIP OF ALL ORGANIZATION MEMBERS, (8) ADO PT POLICIES AND RESCIND OR AMEND POLICIES ADOPTED BY THE BOARD OF DIRECTORS, (9) AFFIRMING ACTIONS OF THE BOARD OF DIRECTORS, FOR THE PAST YEAR (A) THE FOLLOWING SHALL BE MEMBERS O F THE NATIONAL COUNCIL AND ENTITLED TO ONE VOTE UNLESS OTHERWISE SPECIFIED IN THIS BYLAW (1) DELEGATES FROM THE STATE ASSOCIATIONS, NATIONAL ASSOCIATIONS AND PROFESSIONAL LEAGUES HAVING VOTES AS DETERMINED AND WEIGHTED UNDER SECTION 2 OF THIS BYLAW (2) ATHLETE DELEGATES HAVING VOTES AS DETERMINED AND WEIGHTED UNDER SECTION 3 OF THIS BYLAW (3) EACH VOTING MEMBER OF THE BOARD OF DIRECTORS (4) EACH PAST PRESIDENT OF THE FEDERATION (5) EACH LIFE MEMBER, EXCEPT THAT THE TOTAL OF ALL VOTES CAST BY LIFE MEMBERS SHALL NOT EXCEED 12 IF THERE ARE MORE THAN 12 LIFE MEMBERS AT THAT MEETING, ROUNDED OFF TO 2 DECIMAL PLACE (6) EACH NATIONAL MEMBER, NATIONAL AFFILIATE, OTHER AFFILIATE, INDOOR PROFESSIONAL LEAGUE, AND ASSOCIATE (7) THE COMMISSIONERS OF THE ADULT COUNCIL'S ADMINISTRATIVE COMMISSION S HALL BE DELEGATES AND ALSO ENTITLED TO VOTE IN THE ADULT COUNCIL'S ADMINISTRATIVE COMMISSION S HALL BE DELEGATES AND ALSO ENTITLED TO VOTE IN THE YOUTH COUNCIL (9) DELEGATE(S) SELECTED BY INDIVIDUAL SUSTAINING MEMBERS (8) AN INDIVIDUAL ELIGIBLE TO VOTE IN MORE THAN ONE CAPACITY UNDER SUBSECTION (8) OF THIS SECTION MAY ONLY VOTE IN ONE OF THOSE CAPACITIES, AS SELECTED BY THAT INDIVIDUAL COUNCIL OF THIS SUBPARAGRAPH, ONE INDIVIDUAL AL

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. BUT HAS THE RIGHT TO SPEAK PART VI. SECTION A. LINE 7A

SECTION 1

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A SECTION 2	THE NUMBER OF DELEGATES FROM EACH OF THE ORGANIZATION MEMBERS IN THE YOUTH, ADULT, AND PROFESSIONAL COUNCILS SHALL BE DETERMINED BY THE RESPECTIVE COUNCILS THE NUMBER OF DELEGATES VOTING WITHIN A COUNCIL SHALL BE PROPORTIONAL AMONG ITS ORGANIZATION MEMBERS BASED ON THE FOLLOWING (1) IN THE YOUTH COUNCIL, THE NUMBER OF DELEGATES FOR (A) A STATE ASSOCIATION SHALL BE BASED ON THE NUMBER OF PLAYERS REGISTERED AND FEES PAID TO THE FEDERATION BY THE STATE ASSOCIATION, AND (B) A NATIONAL ASSOCIATION SHALL BE BASED ON THE NUMBER OF PLAYERS REGISTERED AND FEES PAID BY THE NATIONAL ASSOCIATION DIRECTLY TO THE FEDERATION AND NOT THROUGH A STATE ASSOCIATION IN EACH CASE, PLAYERS REGISTERED AND FEES PAID SHALL BE FOR THE PRECEDING CALENDAR YEAR, JANUARY 1 THROUGH DECEMBER 31, AS CERTIFIED BY THE FEDERATION'S TREASURER (2) IN THE ADULT COUNCIL, THE NUMBER OF DELEGATES FOR (A) A STATE ASSOCIATION SHALL BE BASED ON THE NUMBER OF PLAYERS REGISTERED AND FEES PAID TO THE FEDERATION BY THE STATE ASSOCIATION, AND (B) A NATIONAL ASSOCIATION SHALL BE BASED ON THE NUMBER OF PLAYERS REGISTERED AND FEES PAID TO THE FEDERATION BY THE STATE ASSOCIATION, HOWEVER THE NATIONAL ASSOCIATION SHALL DESIGNATE DELEGATE VOTES TO NATIONAL ASSOCIATION, HOWEVER THE NATIONAL ASSOCIATION SHALL DESIGNATE DELEGATE VOTES TO NATIONAL ASSOCIATION HOWEVER THE NATIONAL ASSOCIATION AND NOT THROUGH A STATE ASSOCIATION HOMEVER THE NATIONAL ASSOCIATION AND NOT THROUGH A STATE ASSOCIATION HOMEVER THE NATIONAL ASSOCIATION AND NOT THROUGH A STATE ASSOCIATION IN EACH CASE, PLAYERS REGISTERED AND FEES PAID DIRECTLY TO THE NATIONAL ASSOCIATION AND NOT THROUGH A STATE ASSOCIATION IN EACH CASE, PLAYERS REGISTERED AND FEES PAID THE PRECEDING CALENDAR YEAR, JANUARY 1 THROUGH DECEMBER 31, AS CERTIFIED BY THE FEDERATION'S TREASURER (3) IN THE PROFESSIONAL COUNCIL, THE NUMBER OF DELEGATES FOR EACH PROFESSIONAL LEAGUE SHALL BE BASED ON THE LEVEL OF COMPETITIVE DIVISION AMONG THE PROFESSIONAL COUNCIL OF THE YOUTH, ADULT, AND PROFESSIONAL COUNCILS SHALL HAVE EQUAL VOTING STRENGTH

Return

Reference	
FORM 990,	(A) AT LEAST TWENTY (20) PERCENT OF THE VOTES ELIGIBLE TO BE CAST AT A NATIONAL COUNCIL MUST BE
PART VI,	ATHLETES, AND THE CREDENTIALS COMMITTEE SHALL MAKE NECESSARY ADJUSTMENTS TO ENSURE THAT THIS
SECTION A,	TWENTY (20) PERCENT ATHLETE REQUIREMENT IS SATISFIED (B) ATHLETE DELEGATES TO THE NATIONAL COUNCIL
LINE 7A	SHALL BE DETERMINED BY THE ATHLETES COUNCIL (C) ONE INDIVIDUAL MAY CAST ALL OR PART OF THE VOTES
SECTION 3	FOR THE ATHLETES AT A NATIONAL COUNCIL MEETING, BUT THAT INDIVIDUAL MAY NOT CAST VOTES FOR ANY
	OTHER ORGANIZATION MEMBER OR INDIVIDUAL AT THE MEETING THE INDIVIDUAL MAY CAST THE VOTES AS AN
	ATHLETE DELEGATE AS DETERMINED BY THE ATHLETES COUNCIL (D) TO ENSURE AT LEAST TWENTY (20) PERCENT
	ATHLETE REPRESENTATION ON THE NATIONAL COUNCIL, THE VOTES OF THE ATHLETE DELEGATES SHALL BE
	MULTIPLIED BY AN ATHLETE COUNCIL MULTIPLIER

Explanation

Return Explanation

Reference

11010101100	
FORM 990,	GOVERNING BOARD REVIEW OF FORM 990 - THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO
PART VI,	PREPARE THE FEDERATION'S FORM 990 MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND PROVIDES A
SECTION B,	FULL COPY TO ALL VOTING MEMBERS OF THE GOVERNING BOARD PRIOR TO FILING THE RETURN
LINE 11	

Return Explanation

Deference

Reference	
FORM 990,	CONFLICTS OF INTEREST POLICY MONITORING - OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE ANNUALLY
PART VI,	REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRECURSOR TO THEIR SERVICE

PART VI, REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AS A PRECURSOR TO THEIR SERVICE SECTION B, TO THE FEDERATION POTENTIAL CONFLICTS ARE LOGGED WITH AND MONITORED BY THE RISK AUDIT AND LINE 12C COMPLIANCE COMMITTEE

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ARE DETERMINED BY COMPARING THEM AGAINST OTHER SIMILAR SIZED ORGANIZATIONS

Return

SECTION B.

LINE 15

Ittererence	
FORM 990,	THE SALARY OF THE CEO IS DETERMINED USING A COMPENSATION SPECIALIST AND A COMPENSATION SURVEY
PART VI.	WHICH IS THEN APPROVED BY THE BOARD THE SALARY OF KEY EMPLOYEES IS DETERMINED BY INDUSTRY

Explanation

SURVEYS WHICH COVER OTHER ORGANIZATIONS AND SPORTING TEAMS. THE SALARY OF ALL OTHER EMPLOYEES.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH APPLICABLE GOVERNMENTAL AGENCIES, THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON USSF'S WEBSITE OR UPON REQUEST TO THE FEDERATION FORM 990, PART VII, SECTION A, LINE 1A 1) ALYSSA NAEHER - WNT PLAYER REPORTABLE COMPENSATION FROM THE ORANIZATION \$304,140 REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS \$0 EST AMOUNT OF OTHER COMPENSATION \$0 2) MEGAN RAPINOE - WNT PLAYER REPORTABLE COMPENSATION FROM THE ORANIZATION \$304,140 REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS \$0 EST AMOUNT OF OTHER COMPENSATION \$0

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Return Explanation

Reference	
FORM 990	DESCRIPTION EQUIPMENT AND ALLOTMENT TOTAL EXPENSES 3531250 PROGRAM SERVICES 2288839 MANAGEMENT
PART IX	AND GENERAL 1242411 FUNDRAISING
LINE 24 -	
OTHER	
EXPENSES	

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Return Explanation

Peference

	Reference	
ľ	FORM 990	DESCRIPTION BUILDING RESERVE TOTAL EXPENSES 2941323 PROGRAM SERVICES 1906468 MANAGEMENT AND
	PART IX	GENERAL 1034855 FUNDRAISING
	LINE 24 -	
	OTHER	
l	EXPENSES	

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Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION FREIGHT TOTAL EXPENSES 1103633 PROGRAM SERVICES 715338 MANAGEMENT AND GENERAL 388295 FUNDRAISING

Explanation

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Reference	
FORM 990	DESCRIPTION DUES TOTAL EXPENSES 789088 PROGRAM SERVICES 511461 MANAGEMENT AND GENERAL 277627
PART IX	FUNDRAISING
LINE 24 -	
OTHER	
EXPENSES	

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Return Explanation

Reference	
FORM 990	DESCRIPTION PRINTING AND PUBLICATIONS TOTAL EXPENSES 62519 PROGRAM SERVICES 47930 MANAGEMENT AND
PART IX	GENERAL 14589 FUNDRAISING
LINE 24 -	!
OTHER	
EXPENSES	l l

Return Explanation
Reference

EXPENSES

FORM 990	DESCRIPTION MISCELLANEOUS TOTAL EXPENSES 7494645 PROGRAM SERVICES 4744388 MANAGEMENT AND
PART IX	GENERAL 2750257 FUNDRAISING
LINE 24 -	
OTHER	

SCHEDULE R
(Form 990)

As Filed Data Related

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

Employer identification number

Open to Public Inspection

2018

DLN: 93493049011430 OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

United States Soccer Federation Inc

13-5591991 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (c) (d) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income End-of-year assets Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)CA2016 LOCAL ORGANIZING COMMITTEE LLC TOURN PROMO DE 501(C)(3) 10 US SOCCER 1801 S PRAIRIE AVENUE CHICAGO, IL 60616 47-2294282

Part III Identification of Related Organizations to				e if the o	rganızatıoı	n ans	wered "Ye	s" on Form	990,	Part I\	V, line 34 b	ecau	se ıt l	had	
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	unrela excluded tax un sections	inant elated, ted, d from ider 512-	(f) Share of total income		(I Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) ral or aging ner?	(F Percei owne	
					514	!)			Yes	No		Yes	No		
Part IV Identification of Related Organization because it had one or more related							ation ans	wered "Yes	on F	orm 9	90, Part IV	, lıne	34		
(a) Name, address, and EIN of related organization	(b) Primary activity	(Le don (state d	c) gal nicile or foreign		(d) ct controlling entity	Type (C cor	(e) of entity p, S corp, trust)	(f) Share of total Income	Share	(g) of end- year ssets	of- Perce owne	ntage	(1	L3) con entit	512(b) itrolled ty?
(1)CA2016 MARKETING INC	SEE PART VIII		ntry) E	CA20	016 LOC LLC	C Corr	2	0	1		0 100 00	00 %	-	Yes Yes	No
1801 S PRAIRIE AVENUE CHICAGO, IL 60016 81-1520116	522 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_		20 200 220	0 00,		Š				, 0			
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	i	I				1	1		1		1		- 1		

Schedule R (Form 990) 2018		Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p		No
q Reimbursement paid by related organization(s) for expenses	1 q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No							
													_						
													_						
	•								•	Schedul	e R (Forn	1 99	0) 2018						

Schedule R (Form 990) 2018								
Part VII Supplemental Information								
Provide additional information for responses to questions on Schedule R (see instructions)								
Return Reference	Explanation							
SCHEDULE R, PART IV, LINE 1 (B)	PRIMARY ACTIVITY ADMINISTRATION OF COMMERCIAL RIGHTS FOR COPA AMERICA CENTENARIO							

Schedule R (Form 990) 2018