# UNITED STATES SOCCER FEDERATION

Form 990 for the Year Ended March 31, 2021

Public Disclosure Copy

Form	qqn
Form	330

### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



A	For th	e 2020 calendar year, or tax year beginning APR 1, 2020 and	ending Mi	AR 31, 2021								
B	Check if applicab	e: C Name of organization		D Employer identified	cation number							
	Addre	united states soccer federation										
	Name Doing business as 13-5591991											
	Initial returr											
	Final returr	1901 C DRATRIE AVENILE		312-808-1300								
	termi			G Gross receipts \$	92,952,676.							
	Amer returr	ded CHICAGO, IL 60616		H(a) Is this a group re	eturn							
	Appli tion	F Name and address of principal officer. Will willow		for subordinates	? Yes X No							
	pendi	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No							
		empt status: 🕱 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) d	or 🗌 527	If "No," attach a	list. See instructions							
		te: VWW.USSOCCER.COM		H(c) Group exemptio	n number 🕨							
		f organization: 🕱 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1914	A State of legal domicile: NY							
Pa	art I	Summary										
0	1	Briefly describe the organization's mission or most significant activities: TO PRO	MOTE AND	GOVERN SOCCER IN								
Governance		THE UNITED STATES IN ORDER TO MAKE IT THE PREEMINENT SPORT.										
erne	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	1							
ove ove	3				15							
		Number of independent voting members of the governing body (Part VI, line 1b)			15							
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)										
viti	6	Total number of volunteers (estimate if necessary)			15							
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.							
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.							
				Prior Year	Current Year							
e	8	Contributions and grants (Part VIII, line 1h)		7,103,432.	6,371,061.							
enu	9	Program service revenue (Part VIII, line 2g)		128,274,663.	54,847,254.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,965,058.	3,698,351.							
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		138,343,153.	64,916,666.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,142,382.	675,780.							
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		46,278,769.	33,357,717.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
ă	b	Total fundraising expenses (Part IX, column (D), line 25)		114 535 410	20 615 602							
ш	1 11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		114,535,410.	39,615,623.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		164,956,561.	73,649,120.							
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12		-26,613,408.								
Net Assets or				ginning of Current Year	End of Year							
Sset	<b>20</b>	Total assets (Part X, line 16)		162,433,549.	152,594,663.							
etA	21	Total liabilities (Part X, line 26)		42,188,058.	23,800,881.							
Ź	22 21	Net assets or fund balances. Subtract line 21 from line 20		120,245,491.	128,793,782.							
	art II			at a state that have t	- Los and a data and the Park 201							
Unc	ier pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, 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.

Sign		Signature of officer			Date				
Here		WILL WILSON, CEO							
		Type or print name and title							
	Prin	nt/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	BRI	self-employed P00666837							
Preparer	Firn	n's name 🕒 GRANT THORNTON LLP			Firm's EIN 🕨 36-6055558				
Use Only	nly Firm's address 171 N. CLARK ST., SUITE 200								
	CHICAGO, IL 60601 Phone no.312-856-0200								
May the II	RS di	iscuss this return with the preparer shown abo	ve? See instructions		X Yes No				
					- 000 (*****				

(Rev. January 2020)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpaye	ridentificat	ion number (TIN)					
print	UNITED STATES SOCCER FEDERATION 13-5591991										
File by the due date for	File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.										
filing your return. See 1801 S PRAIRIE AVENUE											
instructions.	nstructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60616										
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)								
Applicat	ion	Return	Application			Return					
ls For		Code	Is For			Code					
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)			07					
Form 990	)-BL	02	Form 1041-A			08					
Form 472	20 (individual)	03	Form 4720 (other than individual)			09					
Form 990	)-PF	04	Form 5227			10					
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 990	)-T (trust other than above) PINKY RAINA CF(	06	Form 8870			12					
<ul> <li>If the officiency of the second sec</li></ul>	none No. ► <u>312-528-1236</u> organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► equest an automatic 6-month extension of time until organization named above. The extension is for the org . calendar year or X tax year beginning <u>APR 1, 2020</u> he tax year entered in line 1 is for less than 12 months, c . Change in accounting period	Group Exe and atta FEBRI anization's , an heck reaso	mption Number (GEN), I <u>ch a list with the names and TINs of</u> <u>JARY 15, 2022</u> , to file return for: d ending <u>MAR 31, 2021</u> on: Initial return	f this is fo all memb	r the whole ers the exte npt organiz	group, check this ension is for.					
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 / nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.					
	his application is for Forms 990-PF, 990-T, 4720, or 6069	), enter any	refundable credits and		<b>₩</b>						
estimated tax payments made. Include any prior year overpayment allowed as a credit. <b>3b</b>					0.						
	lance due. Subtract line 3b from line 3a. Include your pa										
	using EFTPS (Electronic Federal Tax Payment System). See instructions.										
Caution: instructio	If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84	153-EO an		79-EO for payment 8868 (Rev. 1-2020)					

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	990 (2020) UNITED STATES SOCCER FEDERATION	13-5591991	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	TO PROMOTE AND GOVERN SOCCER IN THE UNITED STATES IN ORDER TO MAKE IT		
	THE PREEMINENT SPORT RECOGNIZED FOR EXCELLENCE IN PARTICIPATION,		
	SPECTATOR APPEAL, INTERNATIONAL COMPETITIONS AND GENDER EQUALITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.	·····	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t	the total expension	ses, and
	revenue, if any, for each program service reported.		7 204 200
4a	(Code:) (Expenses \$36,983,653. including grants of \$180,124. ) (Revenue \$ NATIONAL TEAM PROGRAMS - THE 22 NATIONAL TEAMS MANAGED BY THE	·	7,304,309.)
	FEDERATION RANGE FROM THE UNDER-14 BOY'S AND GIRL'S TEAMS TO THE		
	UNDER-23 MEN'S AND WOMEN'S TEAMS, EXTENDED NATIONAL 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		
	REVENUE AND EXPENSES RELATED TO OPEN CUP, PLAYER DEVELOPMENT AND		
	INTERNATIONAL GAMES.		
4b	(Code:) (Expenses \$3, 293, 788. including grants of \$70, 230. ) (Revenue \$		1,254,651.)
	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 GRASSROOTS CERTIFICATION.		
	AND GRASSROOTS CERTIFICATION.		
4c		i	2,502,926.)
	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.		
	TO TROTADDIONAL TRIBANTIONAL DOCCAR.		
40	Other program services (Describe on Schedule O.)         (Expenses \$ 6,529,565. including grants of \$ 425,426.) (Revenue \$ 43	8,705,288.)	
4e	(Expenses \$ 6,529,565. including grants of \$ 425,426.) (Revenue \$ 43 Total program service expenses ► 49,354,332.	,,,200.)	
		F	orm <b>990</b> (2020)
032002	12-23-20		( )
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Form 990 (2020)

Part IV Checklist of Required Schedules

UNITED STATES SOCCER FEDERATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			1
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	Δ	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4 4 6		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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			
u		11d		x
<u>م</u>	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	x	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	000
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Form 990 (	2020)			SOCCER	
Part IV	<b>Checklist of</b>	Required	Schedu	ules <sub>(cor</sub>	ntinued)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		──
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	0.4		
	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		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transportion with a discussified person during the voor2. ((1)(x) 1) and (1) (x) (x) (x) (x) (x) (x) (x) (x) (x) (x	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	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	Х	└──
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	<u> </u>
. u	Check if Schedule O contains a response or note to any line in this Part V			
	טוופטע זו סטוופטעוב ט כטווגמווז מ ובאטווזכ טו זוטנב נט מוזץ וווופ ווז נוווז דמוג ע		Vac	
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a195Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1c		
033004	(gambling) winnings to prize winners?		990	(2020)
032004	12-20-20	1 0111		(2020)

### 15330209 153424 0198681-00001

Form	990 (2020) UNITED STATES SOCCER FEDERATION	13-559199	1	Р	age <b>5</b>				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 824							
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of	0	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial ac		4a		x				
b	If "Yes," enter the name of the foreign country	,							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?	-	6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution								
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for goods and service of \$75 made partly as a contribution and partly for \$75 made partly as a contribution and	vices provided to the payor?	7a	х					
b			7b	х					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa								
	to file Form 8282?		7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		x				
f									
g									
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7h						
		•	8						
9	Sponsoring organizations maintaining donor advised funds.								
а			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	•							
а	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
с	Enter the amount of reserves on hand	13c							
14a		•	14a		х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner								
	excess parachute payment(s) during the year?		15	х					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X				
	If "Yes," complete Form 4720, Schedule O.								
				990	(0000)				

Form **990** (2020)

032005 12-23-20

Form	990 (2020) UNITED STATES SOCCER FEDERATION 13-5591		F	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a	15		
	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 on Schedule O.			
b	Enter the number of voting members included on 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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	Did the organization have members or stockholders?	6	х	
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	х	
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?		Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. <b>12</b> b	х	
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	Х	
13	Did the organization have a written whistleblower policy?	. 13	Х	
14	Did the organization have a written document retention and destruction policy?	. 14	Х	
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	Х	
b	Other officers or key employees of the organization	15b	Х	
	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		x
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE 0			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and finan	cial	
	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			
	PINKY RAINA - 312-528-1236			
	1801 S PRAIRIE AVENUE, CHICAGO, IL 60616			
032006	5 12-23-20	Forn	n <b>990</b>	(2020)
	6			
302	09 153424 0198681-00001 2020.05060 UNITED STATES SOCCER	FEDF	E 01	986

Form 990 (2	020)	STATES SOCCER		13-5591991	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
· · · · · ·	Employees, and Independent Contractors							
	Check if Schedule O contains a response or note to any line in this Part VII							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		ו than o	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee.			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	tional		voldu	t con	_			and related organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GREGG BERHALTER	40.00				-					
MNT HEAD COACH	0.00				х			1,291,539.	0.	31,881.
(2) EARNIE STEWART	40.00									
SPORTING DIRECTOR	0.00				Х			799,699.	0.	26,021.
(3) KATE MARKGRAF	40.00									
WNT GENERAL MANAGER	0.00				X			500,000.	0.	18,697.
(4) BRIAN REMEDI	40.00									
CAO (THRU 04/20)	0.00			X				457,949.	0.	15,595.
(5) WILL WILSON	40.00									
CEO (BEG 03/20)	0.00			х				414,270.	0.	29,683.
(6) JILL ELLIS	40.00									
AMBASSADOR/FORMER KEY EMPLOYEE	0.00				X			413,440.	0.	29,158.
(7) VLATKO ANDONOVSKI	40.00									
WNT HEAD COACH	0.00				X			357,597.	0.	32,417.
(8) BRIAN MCBRIDE	40.00									
MNT GENERAL MANAGER	0.00				X			338,417.	0.	30,835.
(9) PINKY RAINA	40.00									
COO & CFO	0.00			X				329,590.	0.	29,265.
(10) TOM KING	40.00									
MANAGING DIRECTOR ADMIN	0.00				X			327,332.	0.	30,973.
(11) LYDIA WAHLKE	40.00									
CLO (THRU 05/20)	0.00			X				323,271.	0.	13,732.
(12) GEORGE CHIAMPAS	40.00									
CHIEF MEDICAL OFFICER	0.00				Х			312,120.	0.	8,790.
(13) DAN FLYNN	39.00									
AMBASSADOR/FORMER OFFICER	0.00				Х			242,353.	0.	33,174.
(14) ALYSSA NAEHER	40.00									
WNT PLAYER	0.00					X		255,783.	0.	0.
(15) JULIE ERTZ	40.00									
WNT PLAYER	0.00					X		254,945.	0.	0.
(16) BECKY SAUERBRUNN	40.00									
WNT PLAYER	0.00	<u> </u>	<u> </u>		<u> </u>	x		254,533.	0.	0.
(17) ABBY DAHLKEMPER	40.00	4						052.000		<u>^</u>
WNT PLAYER	0.00					X	I	253,283.	0.	0.

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Form 990 (2020)

### 15330209 153424 0198681-00001

Form 990 (2020) UNITED STATES SOCCER FEDERATION 13-5591991 Page 8													
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(	C)			(D)	(E)			(F)	
Name and title	Average	(-1-		Pos				Reportable	Reportable		Es	stimat	ed
	hours per	box	, unle	ss pe	rson i	than o s both	n an	compensation	compensatio	n	ar	nount	of
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	J		other	
	(list any	ector						the	organizations	s	com	pensa	ation
	hours for	r dire				ted		organization	(W-2/1099-MIS	;C)	fi	om th	ne
	related	stee o	ustee			ensa		(W-2/1099-MISC)			org	aniza	tion
	organizations	al trus	nal tr		oyee	e omp					an	d rela	ted
	below	In dividual trustee or director	Institutional trustee	cer	ƙey employee	Highest compensated employee	Former				org	anizat	ions
	line)	Indi	Inst	Officer	Key	High	For			$ \rightarrow $			
(18) CRYSTAL DUNN SOUBRIER	40.00												
WNT PLAYER	0.00					X		253,195.		0.			0.
(19) JOSEPH BERHALTER	39.00												
FORMER OFFICER	0.00			Х				209,385.		٥.		14	,772.
(20) KAREN LEETZOW	40.00												
CLO (AS OF 08/20)	0.00				х			152,564.		٥.		13	,763.
(21) CINDY PARLOW CONE	5.00												
PRESIDENT	0.00	х		x				0.		٥.			Ο.
(22) BILL TAYLOR (AS OF 02/2021)	5.00												
VICE PRESIDENT	0.00	x		x				0.		٥.			Ο.
(23) CARLOS BOCANEGRA	5.00												
ATHLETE REPRESENTATIVE	0.00	x						0.		٥.			٥.
(24) CARLOS CORDEIRO		~						· · ·					<u> </u>
	5.00												0
PAST PRESIDENT	0.00	х						0.		0.			0.
(25) CHRIS AHRENS	5.00												
ATHLETE REPRESENTATIVE	0.00	Х						0.		٥.			٥.
(26) DON GARBER	5.00												
PRO COUNCIL REPRESENTATIVE	0.00	Х						٥.		٥.			0.
1b Subtotal	b Subtotal							٥.		358	,756.		
c Total from continuation sheets to Part VI								0.		٥.			٥.
d Total (add lines 1b and 1c)								7,741,265.		0.		358	,756.
2 Total number of individuals (including but no							o re	eceived more than \$100.	000 of reportable	,I			
compensation from the organization						,							86
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director trust	ا مم		mn		o or	hia	hest compensated emp		ſ			
	-		-	•	•		Ŭ				3		x
line 1a? If "Yes," complete Schedule J for su											<u> </u>		
4 For any individual listed on line 1a, is the su												77	
and related organizations greater than \$150			•								4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J f	or si	ich i	pers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated inc	lepe	nde	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0	C)	
Name and business	address							Description of s	ervices	C	ompe	nsatic	on
LATHAM & WATKINS													
P.O. BOX 894256, LOS ANGELES, CA 9018	39							LEGAL			9	,170	,481.
MORGAN LEWIS & BOCKIUS													
1701 MARKET ST., PHILADELPHIA, PA 191	.03							LEGAL			2,150,254.		254.
BONZI TECHNOLOGIES, 8100 NYBERG RD. S												, ,	
450, TUALATIN, OR 97062								SOFTWARE			1	634	557
CROWELL & MORING, 1001 PENNSYLVANIA A	VF						-				1,634,557.		,
·	1 V E							TROAT			1	057	220
NW, WASHINGTON, DC 20004							_	LEGAL			T	,057,	,228.
PHILIPPKA SPORTVERLAG													0.0.0
REKTORATDWEG 36, MUNSTER, GERMANY								SOFTWARE			1	,000	,000.
2 Total number of independent contractors (ir	•	ot lir	nited	d to			ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					20	U							
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS									Form	990	(2020)

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Part VII Section A. Officers, Directors, Tru	Compensated Employees (continued)											
(A)	(B)		<u>,,,,,</u>		C)	iigii		(D) (E) (F)				
Name and title	Average				-, itior	1		Reportable	Reportable	Estimated		
	hours	(c			that		ly)	compensation	compensation	amount of		
	per							from	from related	other		
	week	r				loyee		the	organizations	compensation		
	(list any hours for	directo				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	related	ee or	stee			nsate				and related		
	organizations	trust	nal tru		oyee	ompe				organizations		
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former					
	line)	Indi	Inst	Officer	Key	Hig	For					
(27) JOHN COLLINS (AS OF 02/2021)	5.00											
AT-LARGE REPRESENTATIVE	0.00	X	<u> </u>			<u> </u>		0.	0.	0		
(28) JOHN MOTTA	5.00								0	0		
ADULT COUNCIL REPRESENTATIVE (29) JUAN URO	0.00	X						0.	0.	0		
INDEPENDENT DIRECTOR	0.00	x						0.	0.	0		
(30) LINDSAY TARPLEY SNOW	5.00	~	-			-		<u>.</u>	0.	0		
ALTERNATIVE ATHLETE REPRESENTATIVE	0.00	x						0.	0.	0		
(31) LISA CARNOY	5.00	Δ						0.	0.	0		
INDEPENDENT DIRECTOR	0.00	x						0.	0.	0		
(32) LORI LINDSEY	5.00								<u>•</u> •	0		
ATHLETE REPRESENTATIVE	0.00	x						0.	0.	0		
(33) MIKE CULLINA (THRU 02/2021)	5.00							<b>·</b> ·				
AT-LARGE REPRESENTATIVE	0.00	x						0.	0.	0		
(34) LISA BAIRD (AS OF 2/2021)	5.00											
PRO COUNCIL REPRESENTATIVE	0.00	х						0.	0.	0		
(35) PATTI HART	5.00											
INDEPENDENT DIRECTOR	0.00	х						0.	0.	0		
(36) PETER ZOPFI	5.00											
YOUTH COUNCIL REPRESENTATIVE	0.00	х						٥.	0.	0		
(37) RICHARD MOELLER	5.00											
ADULT COUNCIL REPRESENTATIVE	0.00	х						٥.	0.	0		
(38) STEVE MALIK (THRU 02/2021)	5.00											
PRO COUNCIL REPRESENTATIVE	0.00	х						0.	0.	0		
(39) TIM TURNEY	5.00											
YOUTH COUNCIL REPRESENTATIVE	0.00	х						٥.	0.	0		
		$\vdash$			$\vdash$							

032201 04-01-20

			Check if Schedule O	conta	ans a respo	ISE (	or note to any line	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclu from tax und sections 512 -
ıts	1 ;	a	Federated campaigns		<u>1a</u>						
our			Membership dues								
Ām			Fundraising events								
ar	(	d	Related organizations		1d						
and Other Similar Amounts			Government grants (contr								
S I	1		All other contributions, gifts,								
Ę			similar amounts not included	l abov			6,371,061.				
p	9	g	Noncash contributions included in	lines 1	a-1f <b>1g</b> \$						
ar		h	Total. Add lines 1a-1f				<b>&gt;</b>	6,371,061.			
							Business Code	20.004.650	20.004.650		
			SPONSORSHIP & ROYAL				711300	39,984,650.	39,984,650.		
e	-	-	NON-DED. MBRSHP. DU				900099	3,864,258.	3,864,258.		
'ent		-	NATL. TEAM INT GAME	s			711210	3,520,131.	3,520,131.		
Revenue			REFEREES				711300	2,502,926.	2,502,926.		
7		-	COACHING SCHOOLS				711300 711300	1,254,651.	1,254,651.		
			All other program service				L	3,720,638.	3,720,638.		
			Total. Add lines 2a-2f					54,847,254.			
	3		Investment income (inclue					1 621 540			1 6 2 1 5
			other similar amounts)					1,621,549.			1,621,5
	4		Income from investment of		-		Г				
	5		Royalties		(i) Real		(ii) Personal				
	•	_	0	•			(II) Personal				
			Gross rents	6a							
			Less: rental expenses	6b							
	c		Rental income or (loss)	6 <u>6</u>							
			Net rental income or (loss	) <u></u>	(i) Securiti	 AS	(ii) Other				
	/ 6		Gross amount from sales of	7-	30,112,8						
			assets other than inventory Less: cost or other basis	<i>1</i> a	50,112,0	±2.	<u> </u>				
D			and sales expenses	76	28,036,0	10					
anlianau		~	Gain or (loss)	70	2 076 8	02					
		4	Net gain or (loss)	10	_,,-			2,076,802.			2,076,8
			Gross income from fundraisi			<u> </u>		_,			_,,-
	0		including \$	•	•						
1			contributions reported on								
			Part IV, line 18		,	8a					
			Less: direct expenses			8b					
			Net income or (loss) from								
			Gross income from gamin		-	<u> </u>					
			Part IV, line 19	-		9a					
	I		Less: direct expenses			9b					
			Net income or (loss) from								
			Gross sales of inventory,	-	-						
			and allowances			10a					
	I		Less: cost of goods sold			10b					
			Net income or (loss) from			v	▶				
			(,				Business Code				
	11 :	а									
nue		b									
Revenue		c									
å			All other revenue								
			Total. Add lines 11a-11d				►				
		-					<b>&gt;</b>	64,916,666.	54,847,254.	0.	3,698,3

UNITED STATES SOCCER FEDERATION

Form 990 (2020)

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UNITED STATES SOCCER FEDERATION

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Do r	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	( <b>D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	405 400	405 406		
	and domestic governments. See Part IV, line 21	425,426.	425,426.		
2	Grants and other assistance to domestic	050.054	050.054		
	individuals. See Part IV, line 22	250,354.	250,354.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	C 1CO 101	4 1 60 7 21	2 000 270	
_	trustees, and key employees	6,169,101.	4,160,731.	2,008,370.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and	110 000	110 505		
_	persons described in section 4958(c)(3)(B)	112,606.	112,606.	4 150 001	
7	Other salaries and wages	22,041,211.	17,889,180.	4,152,031.	
8	Pension plan accruals and contributions (include	054 454			
~	section 401(k) and 403(b) employer contributions)	954,471.	588,074.	366,397.	
9	Other employee benefits	2,369,060.	1,865,349.	503,711.	
10	Payroll taxes	1,711,268.	1,302,972.	408,296.	
11	Fees for services (nonemployees):				
	Management	0 000 561	0.5.6 4.0.5	0 404 124	
	Legal	9,700,561.	276,427.	9,424,134.	
	Accounting	341,086.		341,086.	
	Lobbying	16,600.		16,600.	
е	Professional fundraising services. See Part IV, line 17	160.005		1.00 200	
f	Investment management fees	162,327.		162,327.	
g	Other. (If line 11g amount exceeds 10% of line 25,	7 547 072	4 100 412	2 247 660	
	column (A) amount, list line 11g expenses on Sch 0.)	7,547,073.	4,199,413.	3,347,660.	
12	Advertising and promotion	419,796.	382,401.	37,395.	
13	Office expenses	47,540.	35,932.	11,608.	
14	Information technology	1,724,109.	1,263,268.	460,841.	
15	Royalties	F20 71F	F00 00F	20.020	
16		538,715.	500,095. 5,156,750.	38,620.	
17	Travel	5,198,598.	5,150,750.	41,848.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 000 052	1 060 120	27.024	
19	Conferences, conventions, and meetings	1,098,053.	1,060,129.	37,924.	
20					
21	Payments to affiliates	070 100	264 179	709 004	
22	Depreciation, depletion, and amortization	972,182. 1,696,993.	264,178. 1,180,663.	708,004. 516,330.	
23	Insurance	1,030,333.	1,100,003.	510,330.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROFESSIONAL REF. ORG.	1,853,221.	1,853,221.		
b	COVID TESTING	1,581,996.	1,515,900.	66,096.	
с	SPONSORSHIP	1,389,256.	1,389,256.		
d	EQUIPMENT AND ALLOTMENT	944,101.	944,101.		
е	All other expenses	4,383,416.	2,737,906.	1,645,510.	
25	Total functional expenses. Add lines 1 through 24e	73,649,120.	49,354,332.	24,294,788.	(
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)				

11

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Check here

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if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

15330209 153424 0198681-00001

UNITED STATES SOCCER FEDERATION Form 990 (2020) Part X Balance Sheet

ı a	πΧ	Check if Schedule O contains a response or	note to an	v line in this Part Y			
		oneskin concurre o contains a response of			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			12,109,265.	1	
	2	Savings and temporary cash investments			4,237,480.	2	19,846,932
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			7,181,363.	4	4,241,477
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri		6			
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				2,301,344.	9	2,108,735
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		10,316,874.			
	b	Less: accumulated depreciation		8,013,107.	2,658,657.	10c	2,303,767
	11	Investments - publicly traded securities		133,328,148.	11	116,889,672	
	12	Investments - other securities. See Part IV, lir			12		
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets	617,292.	14	7,204,080		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e		162,433,549.	16	152,594,663	
	17	Accounts payable and accrued expenses	30,331,963.	17	15,745,005		
	18	Grants payable		18			
	19	Deferred revenue	9,888,376.	19	4,995,836		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple			21		
s	22	Loans and other payables to any current or for	ormer offic	er, director,			
litie		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t	hese pers	ons		22	
Ë	23	Secured mortgages and notes payable to un	related thi	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ated third p	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24)	. Complete Part X			
		of Schedule D			1,967,719.	25	3,060,040
	26	Total liabilities. Add lines 17 through 25			42,188,058.	26	23,800,881
		Organizations that follow FASB ASC 958, o	check her	e 🕨 🛛			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			114,750,491.	27	122,181,354
Ba	28	Net assets with donor restrictions			5,495,000.	28	6,612,428
pur		Organizations that do not follow FASB AS					
Ľ.		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	r equipmei	nt fund		30	
t As	31	Retained earnings, endowment, accumulated	l income, o	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		L	120,245,491.	32	128,793,782
-	33	Total liabilities and net assets/fund balances			162,433,549.	33	152,594,663

Form 990 (2020)

Form	1990 (2020) UNITED STATES SOCCER FEDERATION	13-55919	91	Pa	<sub>ae</sub> 12
	rt XI Reconciliation of Net Assets				<u></u>
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	64,	,916,	666.
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,	,649,	120.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,	,732,	454.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	120,	,245,	491.
5	Net unrealized gains (losses) on investments	5	8,	,780,	742.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	8,	,500,	003.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	128,	,793,	782.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	Э.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•		x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	A	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gie Audit			x
	Act and OMB Circular A-133?		3a		^
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	<u> </u>

Form **990** (2020)

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SCHEDUL	E A.
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

2020
2020

Open to Public Inspection

Name of	the organization						Employer	identification number				
		STATES SOCCER						13-5591991				
Part I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The organ	nization is not a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)							
1	A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)( <sup>-</sup>	1)(A)(i).						
2	A school described in sect	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Forn	n 990 or 99	90-EZ).)							
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(i	ii).						
4	A medical research organiz					-	)(iii). Enter	the hospital's name,				
	city, and state:											
5	An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in				
	section 170(b)(1)(A)(iv). (C											
6	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).						
7	An organization that norma	-					ne general i	oublic described in				
·	section 170(b)(1)(A)(vi). (C	•		onn a gort			ie general j					
8	A community trust describe		(1)(A)(vi), (Complete Par	ни)								
9	An agricultural research org				ed in conii	inction with a	land-grant	college				
•		-			-		-	-				
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:											
10 X												
	activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment											
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
44 🗔			woly to toot for public or	foty Soo	agation El	O(a)(4)						
11	An organization organized a	-	•	•			rn out the	nurnance of one or				
12	An organization organized a	-	-	-			•					
	more publicly supported or	-						Sheck the box in				
-	lines 12a through 12d that	• •			-		-					
a	<b>Type I.</b> A supporting orga		-	• • • •	-							
	the supported organization			majority c	of the aired	ctors or truste	es of the sl	ipporting				
	organization. You must o											
b 🗋	<b>Type II.</b> A supporting org	-				-		-				
	control or management o			ame perso	ns that co	ntrol or manag	ge the supp	oorted				
_	organization(s). You mus											
c 🗌	Type III functionally inte						ly integrate	d with,				
	its supported organization		-									
d	Type III non-functionally						-					
	that is not functionally int			•		-	an attentiv	/eness				
	requirement (see instructi											
e	Check this box if the orga					Туре I, Туре	II, Type III					
	functionally integrated, or		nally integrated supporti	ng organiz	ation.							
	er the number of supported o	•										
	vide the following information			(iv) is the ora:	anization listed							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of support (see ir		(vi) Amount of other support (see instructions)				
	organization		above (see instructions))	Yes	No	support (see ii	istructions					
Total												
LHA For	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020				

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### Schedule A (Form 990 or 990-EZ) 2020 UNITED STATES SOCCER FEDERATION

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				-		
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	() 0010	(1) 0017	() 0010	( 1) 0010	() 0000	(0.7.1.1
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	Amounts from line 4	<u> </u>			-		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
~	and income from similar sources	<u> </u>					
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities,	ata (aga instructi				12	
	First 5 years. If the Form 990 is for th			fourth or fifth tax		· · ·	
13	organization, check this box and stop	0					
Se	ction C. Computation of Public						
	Public support percentage for 2020 (li			column (f))		14	%
	Public support percentage from 2019		•			15	<u> </u>
	<b>33 1/3% support test - 2020.</b> If the c					· · · · ·	
	stop here. The organization qualifies						
r	<b>33 1/3% support test - 2019.</b> If the c		•				
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test				e 13 16a or 16b		
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te			•	organization	Ŭ	
ŀ	10% -facts-and-circumstances test	•			•	17a. and line 15 is	
~	more, and if the organization meets th		-			-	
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						s <b>&gt;</b>
	<u> </u>		1			edule A (Form 990	

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### Schedule A (Form 990 or 990-EZ) 2020 UNITED STATES SOCCER FEDERATION

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 53,642,508 21,841,996 9,938,032. 7,103,432. 6,371,061 98,897,029. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 96,404,117. 99,123,823. 101,285,364. 128,274,663, 54,847,254. 479,935,221. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 61,218,315. 150,046,625, 120,965,819. 111,223,396. 135,378,095. 578,832,250. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 50,000,000 18,719,385 2,562,843 71,292,228. 10,000. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 42,210,033 25,730,014 51,031,249 55,180,253 39,984,650 214,136,199. 44.449,399 c Add lines 7a and 7b 92,210,033 53,594,092 55,190,253 39,984,650 285,428,427 293,403,823. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 150,046,625 120,965,819 111,223,396 135,378,095 61,218,315 578,832,250. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 1,951,899 2,626,984 3,823,812. 3,130,713. 1,621,549. 13,154,957. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 1,951,899 2,626,984 3,823,812 3,130,713, 1,621,549 13,154,957. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on **12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 151,998,524. 123,592,803. 115,047,208. 138,508,808. 591,987,207. 62,839,864. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 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, check this box and stop here Section C. Computation of Public Support Percentage 49.56 % 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 54.37 16 Public support percentage from 2019 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 2.22 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 % 1.96 18 Investment income percentage from 2019 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2020. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. 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 not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 032023 01-25-21

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Schedule A (Form 990 or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Yes No

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)

13-5591991 Page **5** 

2

Yes No

No

Yes No

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
<b>b</b> A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	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,

#### <u>supervised, or controlled the supporting organization.</u> Section C. Type II Supporting Organizations

			Yes
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)	1	

### Section 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?	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		
3	By reason of the relationship described in line 2, above, 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	3		

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

1	Check the box next to the method	that the organization used to	satisfy the Integral Part 1	Test during the year	(see instructions).
•	CHECK THE DOX HEAT TO THE HIELITOU		salisiy line initegral i art i	csi uunny inc ycar	1000 1100 0000

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

<b>c</b> [		The organization supported a governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see in	struction <u>s).</u>
------------	--	---	--	----------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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Part V Type III Non-Functionally Integrated 509(a)(3) Supportin	<u> </u>		
1 Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 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		

Schedule A (Form 990 or 990-EZ) 2020

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instructions).

Schedule A (Form 990 or 990-EZ) 2020	משתאות	CW7 WEC	GOCCED	FFDFDATTON
Schedule A (Form 990 or 990-EZ) 2020	ONTIED	DIVITO	DOCCER	I EDERATION

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	nizations (continu	ued)	
Sect	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	the organization is responsive	1		
-	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Ene e aneant awaed by the e ameant	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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schedule A	Form 990 or 990-EZ) 2020 UNITED STATES SOCCER FEDERATION	13-5591991	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a	lines 1 and 2; Part IV, Sectio ; Part V, Section B, line 1e; P	n C,
	(See instructions.)		
	S	chedule A (Form 990 or 990	

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### **Schedule B**

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** P	JBLIC	DISCLOSURE	COPY	* *
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## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

UNITED	STATES	SOCCER	FEDERATION
Organization type (check one):			

13-5591991

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

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UNITED STATES SOCCER FEDERATION

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 1 Person Payroll 2,625,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 2 X Person Payroll 800,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 737,415. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 4 Х Person Payroll 497,154. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Х Person Payroll 200,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

Employer identification number

UNITED STATES SOCCER FEDERATION

13-5591991

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 023452 11-25-		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

UNITED STATES SOCCER FEDERATION

13-5591991

Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		- \$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		- \$\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		- _ \$50,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		- _ \$50,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$49,732	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

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Employer identification number

UNITED STATES SOCCER FEDERATION

13 - 5591991Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroll 33,333. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 20 X Person Payroll 27,839. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution 21 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 Х Person Payroll Noncash 25,000. \$ (Complete Part II for noncash contributions.) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 Х Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution 24 X Person Payroll 25,000. Noncash \$ (Complete Part II for

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noncash contributions.)

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Name of organization

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		- _ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		- \$\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		- _ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		- \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		- _ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		- _ \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Name of organization

Employer identification number

UNITED STATES SOCCER FEDERATION

13-5591991

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$12,181.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$10,101.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$10,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$10,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$10,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number

UNITED STATES SOCCER FEDERATION

13-5591991

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

UNITED STATES SOCCER FEDERATION

13-5591991

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	, , , , , , , , , , , , , , , , ,	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$10,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>54</u> 023452 11-25-		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

UNITED STATES SOCCER FEDERATION

13-5591991

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$6,460.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$5,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>60</u> 023452 11-25		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

UNITED STATES SOCCER FEDERATION

13-5591991

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>66</u> 023452 11-25		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

UNITED STATES SOCCER FEDERATION

13-5591991

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

UNITED STATES SOCCER FEDERATION

13-5591991

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number

UNITED STATES SOCCER FEDERATION

13-5591991

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$5,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$5,000 <u>.</u>	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           .         \$5,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$5,000 <u>.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Page **2** 

Name of organization

Employer identification number

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UNITED STATES SOCCER FEDERATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$5,000.	Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

noncash contributions.)

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Name of organization

Employer identification number

UNITED STATES SOCCER FEDERATION

13-5591991

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92	, , , , , , , , , , , , , , , , ,	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$5,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Name of organization

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UNITED STATES SOCCER FEDERATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	

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ame of orgar	nization			Employer identification number
NITED STAT	TES SOCCER FEDERATION			13-5591991
Part III E	Exclusively religious, charitable, etc., contributi rom any one contributor. Complete columns (a) ompleting Part III, enter the total of exclusively religious, Jse duplicate copies of Part III if additional	) through (e) and the following line ent charitable, etc., contributions of <b>\$1,000 or</b>	try For organizations	hat total more than \$1,000 for the ye
a) No.			(1) D	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gif	 t	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	Insferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I	(c). si poso oi girt			
		(e) Transfer of gif	 t	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	insferor to transferee
-		[		
a) No. from Part I —	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif	[ t	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	insferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	insferor to transferee
-				
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SCHEDULE C	Po	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047			
(Form 990 or 990-EZ)	2020								
		anizations Exempt From Income				2020			
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and t					90-EZ.	Open to Public Inspection			
	-	n Form 990, Part IV, line 3, or Form			aign Activ	vities) then			
•	-	plete Parts I-A and B. Do not com			aigh Aoth				
• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.									
<ul> <li>Section 527 organization</li> </ul>									
9	•	n Form 990, Part IV, line 4, or Fori	m 990-EZ, Part VI, lin	e 47 (Lobbying Activ	vities), th	en			
		have filed Form 5768 (election und							
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that	have NOT filed Form 5768 (election	n under section 501(h))	: Complete Part II-B.	Do not co	omplete Part II-A.			
If the organization answ	wered "Yes," or	Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	structions) or Form	990-EZ,	Part V, line 35c (Proxy			
Tax) (See separate inst	ructions), then								
<ul> <li>Section 501(c)(4), (5)</li> </ul>	, or (6) organizat	tions: Complete Part III.							
Name of organization					Employe	r identification number			
		TES SOCCER FEDERATION				13-5591991			
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) o	r is a section 52	7 orgar	nization.			
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.					
2 Political campaign	activity expendit	ures			▶\$				
3 Volunteer hours for	political campai	gn activities							
Part I-B Comple	ete if the org	anization is exempt under							
1 Enter the amount o	f any excise tax	incurred by the organization under							
		incurred by organization managers							
		n 4955 tax, did it file Form 4720 fo				Yes No			
						Yes No			
b If "Yes," describe in		anization is exempt under	continue (0.1/c)	waant agation E	(01/2)				
-		•		-					
		by the filing organization for section			. ► \$				
		ization's funds contributed to othe	-						
exempt function ac					▶\$				
•	•	a. Add lines 1 and 2. Enter here and							
		<b>1120-POL</b> for this year?							
		nployer identification number (EIN) tion listed, enter the amount paid f							
		omptly and directly delivered to a s							
	•	additional space is needed, provide			parate se	gregated fund of a			
		(b) Address	1	(d) Amount paid f		(a) Amount of political			
<b>(a)</b> Name	;	(b) Address	(c) EIN	filing organizatio		(e) Amount of political ontributions received and			
				funds. If none, ente	er -0	promptly and directly			
						delivered to a separate political organization.			
						If none, enter -0			
			1	1					

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

Schedule C (Form 990 or 990-EZ) 2020

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Schedule C	(Form 990)	or 990-EZ) 2020	UNITED	STATES	SOCCER	FEDERATION
Concaule C			ONTIDD	DINIED	DOCOLIN	I DDDIGIT I OI

Part II-A Complete if the org section 501(h)).	ganizatio	n is exen	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ction under
A Check      if the filing organize	ation belong	gs to an affi	liated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
expenses, and sha	are of excess	s lobbying e	expenditures).			
B Check 🕨 🔄 if the filing organization	ation checke	ed box A ar	nd "limited control" pro	ovisions apply.		
	its on Lobb iditures" me		nditures ints paid or incurred.)	,	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to inf	luence publi	ic opinion (	grassroots lobbying)		16,600.	
<b>b</b> Total lobbying expenditures to infl	luence a leg	islative boo	ly (direct lobbying)			
c Total lobbying expenditures (add	lines 1a and	1b)			16,600.	
d Other exempt purpose expenditur					49,354,332.	
e Total exempt purpose expenditure			<b>`</b>		49,370,932.	
f Lobbying nontaxable amount. Ent	ter the amou	unt from the	e following table in both	h columns.	1,000,000.	
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.						
Over \$1,000,000 but not over \$1,5						
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.						
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (er	nter 25% of	line 1f)			250,000.	
h Subtract line 1g from line 1a. If ze	ro or less, e	nter -0			0.	
i Subtract line 1f from line 1c. If zer	o or less, er	nter -0			0.	
j If there is an amount other than ze	ero on eithei	r line 1h or	line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	year?					Yes No
(Some organizations t	that made a See	a section 5 the separ	ate instructions for lir	have to complete all o nes 2a through 2f.)	f the five columns be	low.
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> Total
2a Lobbying nontaxable amount				9,880.	3,320.	13,200.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>						19,800.
c Total lobbying expenditures				49,400.	16,600.	66,000.
d Grassroots nontaxable amount				49,400.	16,600.	66,000.
<ul> <li>Grassroots ceiling amount</li> </ul>						

Schedule C (Form 990 or 990-EZ) 2020

Ο.

99,000.

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(150% of line 2d, column (e))

f Grassroots lobbying expenditures

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For ea	ch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	)
	lobbying activity.	Yes	No	Amo	ount
	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers?				
C A	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
-	Direct contact with legislators, their staffs, government officials, or a legislative body?				
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?         Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	, or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3		
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		-		3. is
	answered "Yes."		-		,
	Dues, assessments and similar amounts from members		. 1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
	Total				
			3		
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (See instructions)		. 5		
Part					
Provid	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1 a	nd 2 (See	
	ctions); and Part II-B, line 1. Also, complete this part for any additional information. I-A, LINE 1:				
PROVI	IDE BACKGROUND ON THE U.S. SOCCER FEDERATION AND THE SPORT OF SOCCER;				
RESPO	OND TO INQUIRIES RELATED TO SOCCER PLAYER COMPENSATION AND NATIONAL				
GOVEF	RNING BODIES.				

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SCHEDULE D	)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Name of the organizati	on	

Employer identification number

	UNITED STATES SOCCER FEDERATION		13-5591991		
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Fund	ds or Acc	Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, line 6.				
	(a) Donor advised funds	(b)	Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor ad	vised funds			
	are the organization's property, subject to the organization's exclusive legal control?		Yes 🗌 No		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can	be used only	/		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	se conferring	a		
_	impermissible private benefit?				
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 99	0, Part IV, lir	ne 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).				
	Preservation of land for public use (for example, recreation or education)	n of a historio	cally important land area		
		n of a certifie	d historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for	m of a cons			
	day of the tax year.	-	Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements	·····	2b		
С	Number of conservation easements on a certified historic structure included in (a)		<u>2c</u>		
d					
_	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by	the organiza	tion during the tax		
	year ▶				
4 5	Number of states where property subject to conservation easement is located	<u></u>			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling violations, and enforcement of the conservation easements it holds?		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of				
U		onscivation	casements during the year		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations	rvation ease	ments during the year		
•					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1	70(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expen				
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial state				
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Sin	nilar Assets.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statemer	nt and baland	ce sheet works		
	of art, historical treasures, or other similar assets held for public exhibition, education, or research ir	n furtherance	e of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these it	ems.			
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement ar	nd balance sl	heet works of		
	art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	urtherance o	f public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$		
	(ii) Assets included in Form 990, Part X		▶ \$		
2	If the organization received or held works of art, historical treasures, or other similar assets for finan	cial gain, pro	ovide		
	the following amounts required to be reported under FASB ASC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		► \$		
b	Assets included in Form 990, Part X		► \$		

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15330209 153424 0198681-00001

47

2020.05060 UNITED STATES SOCCER FEDE 01986811

Sche		TES SOCCER FEDE		<u>.</u>				13-559		Pa	<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Similaı	<sup>r</sup> Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	t make s	ignificant ι	use of its	•	,	
	collection items (check all that apply):	·			Ū.		•				
а	Public exhibition	c	1 🗌 I	Loan or exc	change progra	am					
b	Scholarly research	e									
c	Preservation for future generations	-									
4	Provide a description of the organization's co	ollections and explain	n how th	ov further th	he organizatio	n's ever	nnt nurno	e in Part	XIII		
5				-	-				/		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									Yes		No
Par	t IV Escrow and Custodial Arran								_		
I UI	reported an amount on Form 990, Pa			organizatio	on answered	res on	F0111 990	, Fait IV, I	11110 9, 01		
4-							in altrala al				
па	Is the organization an agent, trustee, custodi								7.	_	٦.,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing to	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year						. 1e				
f	Ending balance						. <b>1</b> f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabil	ity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1c	n column (a	)) held as:						
a	Board designated or quasi-endowment	-	c (iii ic rg	y, column (a	()) Held 23.						
b	Permanent endowment	%									
		<sup>90</sup>									
с											
0-	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	•									
38		ession of the organiza	ation that	t are neiù ai	no aominister	ed for tr	ie organiza	llon	l	V.	
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere										
	Description of property	(a) Cost or c basis (investr			t or other (other)		ccumulate preciation	d	( <b>d)</b> Boo	k value	e
1a	Land										
	Buildings			1	.,421,524.		652,	864.		768,	660.
	Leasehold improvements			5	5,922,145.		4,404,	061.	1,	518,	084.
	Equipment			2	2,426,563.		2,423,	723.		2,	840.
	Other				546,642.		532,	459.		14,	183.
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 1					2	,	767.
		gaan onn oou, i dit			<u></u>						

Schedule D (Form 990) 2020

032052 12-01-20

# Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

# Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	•
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2	ō.

(a) Description of liability (b) Book value 1 (1) Federal income taxes DEFERRED COMPENSATION 3,060,040. (2) (3) (4) (5) (6) (7) (8) (9) 3,060,040. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

032053 12-01-20

Sche	edule D (Form 990) 2020 UNITED STATES SOCCER FEDERATION		13-5591991	Page <b>4</b>
	rt XI Reconciliation of Revenue per Audited Financial State	ements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•	
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d				
е	····· • · · · · · · · · · · · · · · · ·		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b;	Part V, line 4; Part X, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	y additional information.		
PAR	F X, LINE 2:			
USSI	QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501	(C)(3) OF THE		
ТМФТ	RNAL REVENUE CODE (IRC) AND, ACCORDINGLY, IS ONLY SUBJECT			
11111	ANAL ALVENUE CODE (INC, AND, ACCONDINGEI, IS ONEI SUBDECI	IO I EDERAL		
ORS	STATE INCOME TAXES ON SPECIFIC TYPES OF INCOME FROM ACTIVI	TIES THAT ARE		

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UNRELATED TO ITS EXEMPT PURPOSE. USSF HAD NO INCOME FROM UNRELATED

ACTIVITIES AND HAS NO INCOME TAXES DUE AS OF MARCH 31, 2021 AND 2020.

USSF'S APPLICATION OF THE ACCOUNTING STANDARDS REGARDING UNCERTAIN TAX

POSITIONS HAD NO EFFECT ON ITS FINANCIAL POSITION AS MANAGEMENT BELIEVES

USSF HAS NO MATERIAL UNRECOGNIZED INCOME 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

032054 12-01-20

Part XIII Supplemental Information (continued)

LIABILITIES FOR UNRECOGNIZED INCOME TAX BENEFITS AS INCOME TAX EXPENSE.

Schedule D (Form 990) 2020

032055 12-01-20

<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	<ul> <li>(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)</li> </ul>	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND					
THE CARIBBEAN -					
ANTIGUA & BARBUDA,					
ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	NATIONAL TEAMS	195,000
EUROPE (INCLUDING					
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	NATIONAL TEAMS	1,317,232
NORTH AMERICA	0	0	PROGRAM SERVICES	NATIONAL TEAMS	523,484
CENTRAL AMERICA AND					
THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL EXPENSES	156,981
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL EXPENSES	207,518.
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL EXPENSES	591,074
<b>3 a</b> Subtotal	0	0			2,991,289
<b>b</b> Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a					1
and 3b)	0	0			2,991,289
LHA For Paperwork Reduct	ion Act Notice,	see the Instruc	tions for Form 990.	Schedule F	(Form 990) 202
032071 12-03-20					
			52		

Part I	General Information on Activities	; (

# Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes .....L
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Name of the organization

UNITED STATES SOCCER FEDERATION

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

No

Employer identification number

13-5591991

UNITED STATES SOCCER FEDERATION

13-5591991

# Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the t			1	1	
			or counsel has provided a sect	tion 501(c)(3) equ	uivalency letter			
3 Enter total number of	B Enter total number of other organizations or entities							

13-5591991

**(h)** Method of valuation (book, FMV, appraisal, other)

 Part III can be duplicated if additional space is needed.

 (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 noncash assistance
 (g) Description of noncash assistance

 Image: Colored Colored

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

1	•	1	Schedu	le F (Form 990) 2020

Schedule F (Form 990) 2020

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

032074 12-03-20

Schedule F (Form 990) 2020 UNITED STATES SOCCER FEDERATION

Part V 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.

PART I, LINE 1:

NOT APPLICABLE, THE FEDERATION DOES NOT PROVIDE UNRESTRICTED GRANTS TO

FOREIGN ORGANIZATIONS OR INDIVIDUALS IN CONNECTION WITH CERTAIN

TOURNAMENTS AND EVENTS, THE FEDERATION PROVIDES TRAVEL ASSISTANCE AND

PAYS APPEARANCE FEES TO CERTAIN FOREIGN SOCCER ORGANIZATIONS. THE

TRAVEL ASSISTANCE AND APPEARANCE FEES ARE PART OF THE TOTAL COST OF THE

EVENT TO ENSURE THE EVENT TAKES PLACE WITH THE APPROPRIATE PLAYERS.

THESE EXPENSES ARE INCLUDED AS PART OF THE ACTIVITIES PER REGION IN

PART I, LINE 3.

PART I, LINE 3:

THE ORGANIZATION REVIEWS ALL FOREIGN EXPENDITURES AND REPORTS THESE ON

SCHEDULE F BASED ON THE CAPABILITIES OF ITS ACCOUNTING SYSTEM.

032075 12-03-20

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.													
Department of the Treasury Internal Revenue Service				Attach to For				Open to Public Inspection						
Name of the organization			Go to www.in	s.gov/Form990 fo	r the latest inform	hation.		Employer identification number						
	UNITED STATES		TION					13-5591991						
	mation on Grants ar													
			amount of the grants											
			oring the use of grant											
		•	ations and Domestic			anization answered "Y	es" on Form 990, Parl	IV, line 21, for any						
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Pu														
or govern	<b>v</b>	( <b>b)</b> Ein	(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	(h) Purpose of grant or assistance						
ALASKA YOUTH SOCCER														
200 W 34TH AVE #21														
ANCHORAGE, AK 99503		94-3082137	501(C)(3)	15,000.	0.			ITG - COVID RELIEF						
ARKANSAS STATE SOCC 9871 BROCKINGTON RO SHERWOOD, AR 72120		71-0543109	501(C)(3)	15,000.	0.			ITG - COVID RELIEF						
CALIFORNIA SOCCER A NORTH - 1346 SILVER FRANCISCO, CA 94134	AVENUE – SAN	95-3657510	501(C)(3)	15,000.	0.			ITG - COVID RELIEF						
CEREBRAL PALSY SOCC 94 FARGO LANE IRVINGTON, NY 10533		82-1749574	501(C)(3)	10,000.	0.			ITG - COVID RELIEF						
COLORADO STATE SOCC 4643 S. ULSTER STRE DENVER, CO 80237		84-0833340	501(C)(3)	10,000.	0.			ITG - COVID RELIEF						
CONNECTICUT JUNIOR 11 EXECUTIVE DRIVE FARMINGTON, CT 0603		06-1021989	501(C)(3)	10,000.	0.			ITG - COVID RELIEF						
		<b>.</b> .	ganizations listed in the	e line 1 table				35.						
	of other organizations													
LHA For Paperwork Re	eduction Act Notice,	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2020						

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

# Schedule I (Form 990) UNITED STATES SOCCER FEDERATION

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<b>(b)</b> EIN	(c) IRC section					
	if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
23-2088207	501(C)(3)	10,000.	0.			ITG - COVID RELIEF
11-2590396	501(C)(3)	10,000.	0.			ITG - COVID RELIEF
36-2913490	501(C)(3)	15,000.	0.			ITG - COVID RELIEF
42-1290511	501(C)(3)	10,000.	0.			ITG - COVID RELIEF
31-0989041	501(C)(3)	10 000.	0.			ITG - COVID RELIEF
		,	- •			
72-1067495	501(C)(3)	10,000.	0.			ITG - COVID RELIEF
52-1349858	501(C)(3)	10,000.	0.			ITG - COVID RELIEF
41-1586073	501(C)(3)	15 000	0			ITG - COVID RELIEF
11 1000070		10,000.				
64-0597842	501(C)(3)	15 000	0			ITG - COVID RELIEF
_	11-2590396 36-2913490 42-1290511 31-0989041 72-1067495 52-1349858 41-1586073	23-2088207       501(C)(3)         11-2590396       501(C)(3)         36-2913490       501(C)(3)         42-1290511       501(C)(3)         31-0989041       501(C)(3)         72-1067495       501(C)(3)         52-1349858       501(C)(3)         41-1586073       501(C)(3)         64-0597842       501(C)(3)	23-2088207       501(C)(3)       10,000.         11-2590396       501(C)(3)       10,000.         36-2913490       501(C)(3)       15,000.         42-1290511       501(C)(3)       10,000.         31-0989041       501(C)(3)       10,000.         72-1067495       501(C)(3)       10,000.         52-1349858       501(C)(3)       10,000.         41-1586073       501(C)(3)       15,000.	23-2088207       501(C)(3)       10,000.       0.         11-2590396       501(C)(3)       10,000.       0.         36-2913490       501(C)(3)       15,000.       0.         42-1290511       501(C)(3)       10,000.       0.         31-0989041       501(C)(3)       10,000.       0.         72-1067495       501(C)(3)       10,000.       0.         52-1349858       501(C)(3)       10,000.       0.         41-1586073       501(C)(3)       15,000.       0.	assistance         (book, FMV, appraisal, other)           23-2088207         501(c)(3)         10,000.         0.           11-2590396         501(c)(3)         10,000.         0.           36-2913490         501(c)(3)         15,000.         0.           42-1290511         501(c)(3)         10,000.         0.           31-0989041         501(c)(3)         10,000.         0.           72-1067495         501(c)(3)         10,000.         0.           52-1349858         501(c)(3)         10,000.         0.           41-1586073         501(c)(3)         15,000.         0.	Image: Second

# Schedule I (Form 990) UNITED STATES SOCCER FEDERATION

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Part II Continuation of Grants and Other A	ssistance to Dor	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	rt II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IONTANA YOUTH SOCCER							
P.O. BOX 3466							
BUTTE, MT 59702	81-0417894	501(C)(3)	10,000.	0.			ITG - COVID RELIEF
NEW JERSEY YOUTH SOCCER 569 ABBINGTON DRIVE, SUITE 5							
EAST WINDSOR, NJ 08520	22-2339547	501(C)(3)	10,000.	0.			ITG - COVID RELIEF
NEW HAMPSHIRE SOCCER ASSOCIATION 1600 CANDIA ROAD, SUITE 3 MANCHESTER, NH 03109	02-0381450	501(C)(3)	10,000.	0.			ITG - COVID RELIEF
NEW MEXICO YTH SOCCER ASSN. 2825 BROADBENT PARKWAY NE, SUITE D ALBUQUERQUE, NM 87107	85-0284308	501(0)(3)	15,000.	0.			ITG - COVID RELIEF
	05 0204500	501(0)(5)	15,000.				
NEW YORK STATE WEST YOUTH SOCCER ASSOC. – PO BOX 1247 – CORNING, NY							
14830	16-1185044	501(C)(3)	10,000.	0.			ITG - COVID RELIEF
OHIO YOUTH SOCCER ASSN.NORTH 3487 CENTER ROAD, SUITE 2 BRUNSWICK, OH 44212	34-1552196	501(C)(3)	10,000.	0.			ITG - COVID RELIEF
OKLAHOMA STATE SOCCER ASSN. 9820 E 41ST STREET, SUITE 115							
TULSA, OK 74146	73-0779504	501(C)(3)	10,000.	٥.			ITG - COVID RELIEF
OREGON ADULT SOCCER ASSN. 1750 SW SKYLINE BLVD., SUITE 121							
PORTLAND, OR 97221	23-7400052	501(C)(3)	15,000.	0.			ITG - COVID RELIEF
RHODE ISLAND SOCCER ASSOCIATION LAW OFFICE OF DAVID BORTS 100 LAFAYETTE STREET - PAWTUCKET.							
RI 02860	05-0442449	501(C)(3)	7,500.	0.			ITG - COVID RELIEF

Schedule I (Form 990) UNITED STATES SOCCER FEDERATION

(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 of non-cash assistance	(h) Purpose of grant e or assistance		
SAY SOCCER									
11490 SPRINGFIELD PIKE CINCINNATI, OH 45246	23-7131820	501(C)(3)	15,000.	٥.			ITG - COVID RELIEF		
SOUTH TEXAS YOUTH SOCCER ASSN. 2851 JOE DIMAGGIO BLVD. #23									
ROUND ROCK, TX 78665	74-2012890	501(C)(3)	10,000.	0.			ITG - COVID RELIEF		
U.S. CLUB SOCCER 192 E. BAY ST. SUITE 301	EE 1100001	501(0)(2)	10.000						
CHARLESTON, SC 29401	57-1128981	5UI(C)(3)	10,000.	0.			ITG - COVID RELIEF		
WASHINGTON YOUTH SOCCER									
7100 FORT DENT WAY, SUITE 215									
TUKWILA, WA 98188	81-2750141	501(C)(3)	10,000.	0.			ITG - COVID RELIEF		
WEST VIRGINIA SOCCER ASSOCIATION PO BOX 3360									
BECKLEY, WV 25801	55-0608125	501(C)(3)	15,000.	0.			ITG - COVID RELIEF		
WISCONSIN YOUTH SOCCER 10427 W LINCOLN AVE SUITE 1100									
WEST ALLIS, WI 53227	27-1147074	501(C)(3)	10,000.	0.			ITG - COVID RELIEF		
WYOMING YOUTH SOCCER 777 OVERLAND TRAIL, SUITE 132									
CASPER, WY 82601	83-0279080	501(C)(3)	10,000.	0.			ITG - COVID RELIEF		
CDC FOUNDATION PO BOX 117300									
ATLANTA, GA 30368-7300	58-2106707	501(C)(3)	12,495.	0.			COVID-19 RESPONSE		
FIRST RESPONDERS CHILDRENS FOUNDATION - 38 EAST 32ND STREET									
SUITE 602 - NEW YORK, NY 10016	05-0536854	501(C)(3)	12,495.	0.			COVID-19 RESPONSE		

(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OGETHER RISING							
589 HOLLY MANOR DRIVE							
ALLS CHURCH, VA 22043	45-5362738	501(C)(3)	10,000.	0.			SUMMIT DONATION
OMEN'S SPORTS FOUNDATION							
/O ALISON EDERER							
47 WEST 30TH STREET							
TH FLOOR - NEW YORK, NY 10001	23-7380557	501(C)(3)	15,000.	0.			TABLE DONATION

Schedule I (Form 990) 2020

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	995	250,354.	0.		
Part IV Supplemental Information. Provide the information rec	I iuired in Part I. lin	e 2: Part III. column	(b): and any other ac	l Iditional information.	1

PART I, LINE 2:

ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE

UNITED STATES

THE FEDERATION MAKES CONTRIBUTIONS TO OTHER ENTITIES WITH SIMILAR MISSIONS

FOR THE GENERAL SUPPORT OF THESE ORGANIZATIONS. SINCE THE FUNDS ARE TO BE

USED FOR THE GENERAL SUPPORT OF THEIR MISSION, IT IS NOT REQUIRED THAT

THESE ORGANIZATION SUBSTANTIATE THEIR EXPENDITURES RELATED TO THESE

CONTRIBUTIONS.

PART II:

CONTRIBUTION OF GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND

ORGANIZATIONS IN THE UNITED STATES

THE AMOUNT OF THE GRANT IS RECORDED ON THE ACCURAL METHOD OF

ACCOUNTING. THEREFORE, CERTAIN AMOUNTS INCLUDED IN THE GRATED AMOUNT

HAVE NOT BEEN PAID AS OF FISCAL YEAR END.

Schedule I (Form 990)

032291 04-01-20

> 63 2020.05060 UNITED STATES SOCCER FEDE 01986811

sc	HEDULE J	1	OMB No.	1545-004	47			
	rm 990)	-	sation Information rs, Trustees, Key Employees, and Highest		20	ົງກ		
			ensated Employees nswered "Yes" on Form 990, Part IV, line 23.		20	ZU	)	
Depa	tment of the Treasury		ach to Form 990.		Open to			
Intern	al Revenue Service		0 for instructions and the latest information.			ection		
Nam	e of the organization			Employer id		on nui	mber	
		UNITED STATES SOCCER FEDERA	ATION	13-55	91991			
Ра	rt I Question	s Regarding Compensation						
						Yes	No	
1a			of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any rele						
	X First-class or c		X Housing allowance or residence for perso Payments for business use of personal res					
	Travel for com							
		ation and gross-up payments	X Health or social club dues or initiation fee					
		spending account	X Personal services (such as maid, chauffe	r, cnet)				
ь.	If any of the base	on line to are checked did the evention the	follow a written policy recording a second st					
D	•	· _	follow a written policy regarding payment or		416	x		
•	•	rovision of all of the expenses described abo			<u>1b</u>	Λ		
2			or allowing expenses incurred by all directors,		2	x		
	trustees, and once	s, including the CEO/Executive Director, rec	garding the items checked on line 1a?		💆			
3	Indicato which if a	w, of the following the organization used to	establish the compensation of the organization's					
5			boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but exp		1110				
	X Compensation		Written employment contract					
		ompensation consultant	X Compensation survey or study					
		ther organizations	X Approval by the board or compensation c	ommittoo				
				Uninitiee				
4	During the year, did	any person listed on Form 990, Part VII, Se	ction A, line 1a, with respect to the filing					
	organization or a re	•••	, , , , , , , , , , , , , , , , , , , ,					
а	-	e payment or change-of-control payment?			4a	х		
b		eive payment from a supplemental nonquali					x	
с	Participate in or rec	eive payment from an equity-based compen					X	
		es 4a-c, list the persons and provide the app						
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organization:	s must complete lines 5-9.					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n				
	contingent on the r	evenues of:						
а	The organization?				5a		x	
b	Any related organiz	ation?			. 5b		x	
	If "Yes" on line 5a o	r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n				
	contingent on the r	et earnings of:						
а	a The organization?							
b	Any related organiz	ation?			. 6b		X	
	If "Yes" on line 6a o	r 6b, describe in Part III.						
7			the organization provide any nonfixed payments					
					. 7	X	<u> </u>	
8	Were any amounts	reported on Form 990, Part VII, paid or accru	ued pursuant to a contract that was subject to th	ie			x	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III							
9		d the organization also follow the rebuttable	presumption procedure described in					
	Regulations section				. 9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions f	for Form 990.	Schedu	le J (Forr	n 990)	) 2020	

032111 12-07-20

13-5591991

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base (ii) Bonus & (iii) Other compensation incentive reportable compensation compensation		compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) GREGG BERHALTER	(i)	1,291,539.	0.	0.	13,798.	18,083.	1,323,420.	0.
MNT HEAD COACH	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(2) EARNIE STEWART	(i)	799,699.	0.	0.	20,300.	5,721.	825,720.	0.
SPORTING DIRECTOR	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(3) KATE MARKGRAF	(i)	500,000.	0.	0.	18,697.	0.	518,697.	0.
WNT GENERAL MANAGER	(ii)	٥.	0.	0.	0.	0.	0.	0.
(4) BRIAN REMEDI	(i)	97,834.	137,908.	222,207.	10,456.	5,139.	473,544.	0.
CAO (THRU 04/20)	(ii)	٥.	0.	0.	0.	0.	0.	0.
(5) WILL WILSON	(i)	314,270.	0.	100,000.	17,202.	12,481.	443,953.	0.
CEO (BEG 03/20)	(ii)	٥.	0.	0.	0.	0.	0.	0.
(6) JILL ELLIS	(i)	413,440.	0.	0.	17,456.	11,702.	442,598.	0.
AMBASSADOR/FORMER KEY EMPLOYEE	(ii)	٥.	0.	0.	0.	0.	0.	0.
(7) VLATKO ANDONOVSKI	(i)	347,597.	0.	10,000.	14,796.	17,621.	390,014.	0.
WNT HEAD COACH	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(8) BRIAN MCBRIDE	(i)	338,417.	0.	0.	13,948.	16,887.	369,252.	0.
MNT GENERAL MANAGER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(9) PINKY RAINA	(i)	304,590.	25,000.	0.	17,563.	11,702.	358,855.	0.
COO & CFO	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(10) TOM KING	(i)	327,332.	0.	0.	18,901.	12,072.	358,305.	0.
MANAGING DIRECTOR ADMIN	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(11) LYDIA WAHLKE	(i)	323,271.	0.	0.	9,205.	4,527.	337,003.	0.
CLO (THRU 05/20)	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(12) GEORGE CHIAMPAS	(i)	312,120.	0.	0.	8,790.	0.	320,910.	0.
CHIEF MEDICAL OFFICER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(13) DAN FLYNN	(i)	225,824.	16,529.	0.	11,359.	21,815.	275,527.	0.
AMBASSADOR/FORMER OFFICER	(ii)	٥.	0.	٥.	0.	0.	0.	0.
(14) ALYSSA NAEHER	(i)	182,783.	73,000.	0.	0.	0.	255,783.	0.
WNT PLAYER	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JULIE ERTZ	(i)	181,945.	73,000.	0.	0.	0.	254,945.	0.
WNT PLAYER	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) BECKY SAUERBRUNN	(i)	182,783.	71,750.	0.	0.	0.	254,533.	0.
WNT PLAYER	(ii)	Ο.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2020

13-5591991

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(17) ABBY DAHLKEMPER	(i)	182,783.	70,500.	0.	0.	0.	253,283.	0.
WNT PLAYER	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) CRYSTAL DUNN SOUBRIER	(i)	182,695.	70,500.	0.	0.	0.	253,195.	0.
WNT PLAYER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(19) JOSEPH BERHALTER	(i)	84,404.	124,981.	0.	11,338.	3,434.	224,157.	0.
FORMER OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) KAREN LEETZOW	(i)	152,564.	0.	0.	9,375.	4,388.	166,327.	0.
CLO (AS OF 08/20)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

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, TWO KEY 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 RECIEVED PERSONAL TAX AND ACCOUNTING SERVICES IN THE AMOUNT OF

\$34,297 THAT ARE COVERED BY U.S. SOCCER PER HIS CONTRACT. DAN FLYNN ALSO

RECEIVED GROSS-UP PAYMENTS OF \$16,529.

WILL WILSON RECEIVED PAYMENTS DURING THE 2020 CALENDAR YEAR FOR RELOCATION

IN THE AMOUNT OF \$100,000 PER HIS AGREEMENT.

VLATKO ANDONOVSKI RECEIVED PAYMENTS DURING THE 2020 CALENDAR YEAR FOR

RELOCATION IN THE AMOUNT OF \$10,000 PER HIS AGREEMENT.

JOSEPH BERHALTER'S HEALTH CLUB FEES OF \$420 TOTAL ARE COVERED BY U.S.

Page 3

#### Page 3

#### Part III Supplemental Information

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.

SOCCER PER HIS CONTRACT.

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.

PART I, LINE 4A:

BRIAN REMEDI RECEIVED SEVERANCE PAYMENTS OF \$222,207 DURING THE 2020

CALENDAR YEAR THAT WERE TREATED AS TAXABLE AND INCLUDED IN SCHEDULE J, PART

II, COLUMN (B)(III). THIS COMPENSATION FOR REMEDI IS INCLUDED IN SCHEDULE

J, PART II AND FORM 990, PART VII AND IS BEING REPORTED AS PART OF THE 2020

CALENDAR YEAR COMPENSATION BECAUSE THE PAYMENTS WERE MADE WITHIN THE YEAR

2020.

PART I, LINE 7:

CERTAIN U.S. SOCCER EMPLOYEES RECEIVE DISCRETIONARY, NON-FIXED BONUS

PAYMENTS BASED ON EACH INDIVIDUAL'S PERFORMANCE. THESE PAYMENTS ARE MADE ON

## Part III Supplemental Information

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.

A CASE-BY-CASE BASIS.

PART II

SALARIES ARE DETERMINED AFTER REVIEWING THE SALARIES OF SIMILAR

POSITIONS ACROSS THE SPORTS LANDSCAPE TO ENSURE THEY ARE FAIR AND

COMPARABLE WITHIN THE LABOR MARKET, WHILE ALSO TAKING INTO

CONSIDERATION THE JOB RESPONSIBILITIES REQUIRED AND PAST EXPERIENCE AN

INDIVIDUAL HAS IN THE SPECIFIC ROLE.

SCHEDULE L	•	Tra	insactior	ns V	Vith	Int	erested	P	ersons			ON	MB No. <sup>-</sup>	1545-00	)47
(Form 990 or 990-EZ)	Complete if	the o					Form 990, Pari Part V, line 38a		line 25a, 25b, 2 40b.	6, 27,	28a,		2	02	20
Department of the Treasury		- <b>-</b>					Form 990-EZ						pen T spect		olic
Internal Revenue Service Name of the organization		0 tO V	www.irs.gov/Fo	orm99	U for Ir	nstruc	tions and the	late	est information.	Em		r ident			mbor
Name of the organization		TES	SOCCER FEDE	RATTO	N						-	) 1991	ncau		iniber
Part I Excess E						ion 50'	1(c)(4) and set	ction	n 501(c)(29) orgai						
									Form 990-EZ, Pa						
1			Relationship bet		,	<i>,</i>		,				(d)	Corre	ected?	
(a) Name of disquali	fied person	.,	person and or				(0	c) D	escription of tran	sactio	n		Y	es	No
													—		
													—		
													+		
2 Enter the amount of	f tax incurred by	tho or	ragnization man	agore	or disc	ualifio	d porsons dur	inat	the year under						
	-		•	Ũ			•	Ũ	ine year under		► \$				
3 Enter the amount of											► \$				
	, , , <u>,</u> , ,	,	,	,											
Part II Loans to	and/or From	n Inte	erested Pers	sons.											
Complete if	the organization	answ	vered "Yes" on F	Form 9	90-EZ	, Part V	V, line 38a or F	orm	n 990, Part IV, line	e 26; o	or if th	e orga	nizatio	on	
	amount on Forn	1		Ť –									provod		
(a) Name of interested person			(c) Purpose of loan		an to or n the	· ·	e) Original cipal amount	(1	) Balance due		) In ault?	(h) Ap by bo	ard or		Vritten ement?
interested person	with organiz	alion	orioari		zation?	l .	cipai amount					comm		-	-
				To	From					Yes	No	Yes	No	Yes	No
															+
															+
															+
													<u> </u>		
													<u> </u>		
													L		
Total Part III Grants o	r Assistance	Bon	ofiting Inter	ostor	Dor	eone	<b>&gt;</b> \$								
	the organization		-												
(a) Name of interes	•						c) Amount of		(d) Type	of		(6)	) Purp		
		'	( <b>b)</b> Relationship interested pers the organiza	son an			assistance		assistan				assista		1
											+				
		_									-+				
LHA For Paperwork Re	aduction Act No.	tice	saa tha Instruct	tions	or For		) or 90∩_⊏7		l Coh	adula		rm 000	or 0	20-E2	2) 2020
	Sauction Act NO		see me manuc	10113			5 01 330-EZ.		JCIR	Judie			0 33		., 2020

032131 12-09-20

# Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (a) Name of interested person (b) Relationship between interested (c) Amount of organization's person and the organization transaction transaction revenues? Yes No 22,204,078.SEE PART V DON GARBER SEE PART V х JOHN CONE SEE PART V 112,606. SEE PART V Х Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions) PART IV, LINE (1): (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 TRANSPARENCY, USSF HAS INCLUDED DON IN SCHEDULE L DUE TO HIS STATUS AS THE COMMISSIONER OF MLS AND HIS SEAT ON THE USSF BOARD. PART IV, LINE (2): (2)(A) NAME OF PERSON: JOHN CONE (2)(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF PRESIDENT (2)(D) DESCRIPTION OF TRANSACTION: SERVICES PERFORMED FOR USSF AND BUSINESS EXPENSE REIMBURSEMENTS.

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 13-5591991

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDES SPONSORSHIP AND MARKETING AND OTHER

PROGRAM RELATED EXPENSES.

EXPENSES \$ 6,529,565. INCL GRANTS OF \$ 425,426. REVENUE \$ 43,705,288.

UNITED STATES SOCCER FEDERATION

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OR STOCKHOLDERS & GOVERNANCE DECISION OF THE ORGANIZATION

MEMBERSHIP IN THE UNITED STATES SOCCER FEDERATION ("THE FEDERATION") IS

OPEN TO ALL SOCCER ORGANIZATIONS AND ALL SOCCER PLAYERS, COACHES, TRAINERS,

MANAGERS, ADMINISTRATORS AND OFFICIALS WITHOUT DISCRIMINATION ON THE BASIS

OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, CITIZENSHIP, DISABILITY, AGE,

SEX, SEXUAL ORIENTATION, GENDER IDENTITY, OR VETERAN STATUS.

THE FEDERATION HAS THE FOLLOWING CATEGORIES OF MEMBERSHIP:

(1) ORGANIZATION MEMBER COMPOSED OF THE FOLLOWING CLASSIFICATIONS OF

MEMBERS:

(A) ASSOCIATE

(B) DISABLED SERVICE ORGANIZATION

(C) INDOOR PROFESSIONAL LEAGUE

(D) NATIONAL AFFILIATE

(E) NATIONAL ASSOCIATION

(F) OTHER AFFILIATE

(G) PROFESSIONAL LEAGUE

(H) STATE ASSOCIATION

(2) LIFE MEMBER

(3) INDIVIDUAL SUSTAINING MEMBER

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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (F

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Name of the organization UNITED STATES SOCCER FEDERATION	Employer identification number 13-5591991
AN ORGANIZATION DESIRING TO BECOME AN ORGANIZATION MEMBER OF THE FEDERATION	
MUST SUBMIT A WRITTEN APPLICATION FOR MEMBERSHIP TO THE SECRETARY GENERAL.	
THE APPLICANT MUST APPLY FOR A SPECIFIC MEMBERSHIP CATEGORY. THE APPLICANT	
MUST INCLUDE WITH THE APPLICATION COPIES OF ITS CHARTER, ARTICLES OF	
INCORPORATION OR OTHER ORGANIZATIONAL DOCUMENTS, BYLAWS, RULES,	
REGULATIONS, ANY RULES OF PLAY, AND OTHER GOVERNING DOCUMENTS SUFFICIENT TO	
DESCRIBE THE STRUCTURE, NATURE, AND EXTENT OF THE ORGANIZATIONS ACTIVITIES.	
THE SECRETARY GENERAL SHALL PRESCRIBE THE FORM OF THE MEMBERSHIP	
APPLICATION AND EACH DOCUMENT TO BE SUBMITTED.	
THE SECRETARY GENERAL SHALL REFER AN APPLICATION TO BE AN ORGANIZATION	
MEMBER TO THE BOARD OF DIRECTORS FOR CONSIDERATION. THE BOARD SHALL SUBMIT	
THE APPLICATION AND ACCOMPANYING DOCUMENTS TO THE APPROPRIATE COMMITTEE OR	
TASK FORCE OF THE FEDERATION FOR REVIEW AND REPORT. THE BOARD SHALL	
DETERMINE WHETHER THE APPLICANT COMPLIES WITH THE BYLAWS, POLICIES AND	
REQUIREMENTS OF THE FEDERATION FOR THE MEMBERSHIP CATEGORY FOR WHICH THE	
APPLICANT APPLIED. IF THE BOARD DETERMINES THAT THE APPLICANT QUALIFIES,	
THE BOARD MAY (A) ADMIT THE APPLICANT TO PROVISIONAL MEMBERSHIP IN THE	
FEDERATION UNTIL THE NEXT MEETING OF THE NATIONAL COUNCIL THAT THE	
APPLICATION CAN BE CONSIDERED AND RECOMMEND THAT THE APPLICANT BE ADMITTED	
INTO FULL MEMBERSHIP OF THE FEDERATION, OR (B) IF THE NATIONAL COUNCIL HAS	
DELEGATED TO THE BOARD AUTHORITY TO APPROVE AN APPLICATION, ADMIT THE	
APPLICANT TO FULL MEMBERSHIP IN THE FEDERATION. IF THE BOARD DETERMINES	
THAT APPLICANT DOES NOT QUALIFY, PROVISIONAL MEMBERSHIP SHALL NOT BE	
GRANTED AND THE BOARD SHALL EITHER DENY THE APPLICATION OR RECOMMEND TO THE	
NATIONAL COUNCIL THAT THE APPLICANT NOT BE APPROVED FOR MEMBERSHIP IN THE	
FEDERATION. THE NATIONAL COUNCIL OR BOARD, AS APPLICABLE, SHALL ADMIT A	Schedule () (Form 000 or 000 E7) 0000
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Name of the organization	Employer identification number	
UNITED STATES SOCCER FEDERATION	13-5591991	

QUALIFIED APPLICANT INTO FULL MEMBERSHIP OF THE FEDERATION BY MAJORITY

VOTE.

LIFE MEMBER:

THE BOARD MAY NOMINATE AND THE NATIONAL COUNCIL MAY APPROVE ANY PERSON WHO

HAS MADE A SIGNIFICANT LIFETIME CONTRIBUTION TOWARDS THE ADVANCEMENT AND

PROMOTION OF THE SPORT OF SOCCER TO BE A LIFE MEMBER. LIFE MEMBERSHIP SHALL

BE CONSIDERED THE HIGHEST RECOGNITION BESTOWED BY THE FEDERATION IN

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 FEDERATION. A RECOMMENDATION MUST BE

SUBMITTED IN WRITING TO THE SECRETARY GENERAL AT LEAST 180 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 NOMINATE A LIFE MEMBER. A

MAJORITY VOTE OF THE NATIONAL COUNCIL SHALL BE REQUIRED TO GRANT LIFE

MEMBERSHIP. A LIFE MEMBER MAY EXERCISE VOTING RIGHTS AS PROVIDED AT

NATIONAL COUNCIL MEETINGS.

INDIVIDUAL SUSTAINING MEMBERS:

ANY INDIVIDUAL, INCLUDING ANY ATHLETE, TRAINER, MANAGER, ADMINISTRATOR AND

OFFICIAL ACTIVE IN SOCCER IN THE UNITED STATES MAY BECOME AN INDIVIDUAL

SUSTAINING MEMBER OF THE FEDERATION. THE BOARD OF DIRECTORS SHALL PRESCRIBE

PROCEDURES FOR BECOMING AN INDIVIDUAL SUSTAINING MEMBER AND THE OBLIGATIONS

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AND BENEFITS OF MEMBERSHIP.

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UNITED STATES SOCCER FEDERATION	13-5591991
ALL INDIVIDUAL SUSTAINING MEMBERS SHALL HAVE THE RIGHT TO COLLECTIVELY	
ELECT DELEGATES TO VOTE AT THE NATIONAL COUNCIL MEETING ON AN ANNUAL BASIS.	
TO STY (6) DELECATES BASED HOON COTTENTS DECADDING TOTAL MEMBERS AND THE	
NUMBER OF STATES FROM WHICH THOSE MEMBERS COME.	
FORM 990, PART VI, SECTION A, LINE 7A:	
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 FEDERATION,	
(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 INDIVIDUALS,	
(5) APPROVE CHANGES IN BOUNDARIES OF STATE ASSOCIATIONS,	
(6) APPROVE FEES,	
(7) APPROVE MEMBERSHIP OF ALL ORGANIZATION MEMBERS,	
(8) ADOPT 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 OF 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	

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2 OF THIS BYLAW.

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Employer identification number

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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, THEN

EACH LIFE MEMBER'S VOTE SHALL EQUAL THE FRACTION OF 12 DIVIDED BY THE

NUMBER OF LIFE MEMBERS AT THAT MEETING, ROUNDED OFF TO 2 DECIMAL PLACES

(6) EACH NATIONAL MEMBER, NATIONAL AFFILIATE, OTHER AFFILIATE, INDOOR

PROFESSIONAL LEAGUE, AND ASSOCIATE.

(7) THE COMMISSIONERS OF THE ADULT COUNCIL'S ADMINISTRATIVE COMMISSION

SHALL BE DELEGATES AND ALSO ENTITLED TO VOTE IN THE ADULT COUNCIL.

(8) THE COMMISSIONERS OF THE YOUTH COUNCIL'S ADMINISTRATIVE COMMISSION

SHALL BE DELEGATES AND ALSO ENTITLED TO VOTE IN THE YOUTH COUNCIL.

(9) DELEGATE(S) SELECTED BY INDIVIDUAL SUSTAINING MEMBERS.

(B) AN INDIVIDUAL ELIGIBLE TO VOTE IN MORE THAN ONE CAPACITY UNDER

SUBSECTION (A) OF THIS SECTION MAY ONLY VOTE IN ONE OF THOSE CAPACITIES, AS

SELECTED BY THAT INDIVIDUAL.

(C)(1) NO VOTING PROXY IS ALLOWED. EXCEPT AS PROVIDED IN SUBSECTION (2) AN

INDIVIDUAL MAY CAST ALL OR PART OF THE VOTES OF AN ORGANIZATION MEMBER

HAVING MORE THAN ONE VOTE AT A COUNCIL MEETING. A DELEGATE OF AN

ORGANIZATION MEMBER BE AN OFFICER, DIRECTOR OR SENIOR EXECUTIVE OF THE

ORGANIZATION MEMBER OR MUST BE AUTHORIZED IN WRITING TO SERVE AS A DELEGATE

BY THE GOVERNING BODY OF THE ORGANIZATION MEMBER.

(2) FOR ANY NATIONAL COUNCIL MEETING, ONE INDIVIDUAL OF AN ORGANIZATION

MEMBER MAY NOT CAST VOTES THAT EXCEED 2 PERCENT OF THE VOTES ELIGIBLE TO BE

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### Name of the organization

UNITED STATES SOCCER FEDERATION

CAST AT A COUNCIL MEETING.

(D) AN ORGANIZATION MEMBER MAY DESIGNATE ALTERNATES TO A NATIONAL COUNCIL

MEETING. AN ALTERNATE MAY NOT VOTE BUT HAS THE RIGHT TO SPEAK.

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 WITH THE AND

FEES PAID DIRECTLY TO THE FEDERATION BY THE NATIONAL ASSOCIATION AND NOT

THROUGH A STATE ASSOCIATION, HOWEVER, THE NATIONAL ASSOCIATION SHALL

DESIGNATE DELEGATE VOTES TO NATIONAL ASSOCIATION MEMBERS THAT ARE NOT STATE

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ASSOCIATIONS BASED UPON THE NUMBER OF PLAYERS REGISTERED AND FEES PAID

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Name of the organization UNITED STATES SOCCER FEDERATION	Employer identification number 13-5591991
DIRECTLY TO THE NATIONAL ASSOCIATION AND NOT THROUGH A STATE ASSOCIATION IN	
EACH CASE, PLAYERS REGISTERED AND FEES PAID FOR THE PRECEDING CALENDAR	
YEAR, JANUARY 1 THROUGH DECEMBER 31, AS CERTIFIED BY THE 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 LEAGUES.	
(B) IF THE MEMBERS OF THE COUNCIL ARE UNABLE TO REACH AGREEMENT ON THE	
NUMBER OF DELEGATES UNDER SUBSECTION (A) OF THIS SECTION, THE BOARD SHALL	
DETERMINE THE NUMBER.	
(C) THE YOUTH, ADULT, AND PROFESSIONAL COUNCILS SHALL HAVE EQUAL VOTING	
STRENGTH IN THE NATIONAL COUNCIL.	
(D) TO PROVIDE EQUAL VOTING STRENGTH AMONG THE YOUTH, ADULT, AND	
PROFESSIONAL COUNCILS, THE VOTES OF THE DELEGATES FROM EACH OF THOSE	
COUNCILS SHALL BE MULTIPLIED BY A COUNCIL MULTIPLIER. THE COUNCIL	
MULTIPLIER SHALL EQUAL THREE HUNDRED (300) DELEGATES DIVIDED BY THE NUMBER	
OF DELEGATES OF THE RESPECTIVE COUNCIL, ROUNDED OFF TO TWO (2) DECIMAL	
PLACES, EXCEPT THAT THE CREDENTIALS COMMITTEE HAS THE DISCRETION FOR A	
GIVEN YEAR TO EXTEND THE CALCULATION BEYOND TWO (2) DECIMAL PLACES BASED	
UPON THE CAPABILITIES OF THE COMPUTERIZED VOTING SYSTEM AND/OR SPREADSHEET	
PROGRAM.	
FORM 990, PART VI, SECTION A, LINE 7A: SECTION 3	
(A) AT LEAST TWENTY (20) PERCENT OF THE VOTES ELIGIBLE TO BE CAST AT A	
NATIONAL COUNCIL MUST BE ATHLETES, AND THE CREDENTIALS COMMITTEE SHALL MAKE	
NECESSARY ADJUSTMENTS TO ENSURE THAT THIS TWENTY (20) PERCENT ATHLETE	
REQUIREMENT IS SATISFIED.	
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Name of the organization UNITED STATES SOCCER FEDERATION	Employer identification number 13-5591991
(B) ATHLETE DELEGATES TO THE NATIONAL COUNCIL SHALL BE DETERMINED BY THE	
ATHLETES COUNCIL.	
(C) ONE INDIVIDUAL MAY CAST ALL OR PART OF THE VOTES FOR THE ATHLETES AT A	
NATIONAL COUNCIL MEETING, BUT THAT INDIVIDUAL MAY NOT CAST VOTES FOR ANY	
OTHER 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.	
FORM 990, PART VI, SECTION B, LINE 11B:	
GOVERNING BOARD REVIEW OF FORM 990 - THE BOARD RETAINS THE SERVICES OF AN	
INDEPENDENT CPA FIRM TO PREPARE THE FEDERATION'S FORM 990. MANAGEMENT	
REVIEWS THE COMPLETED FORM 990 AND PROVIDES A FULL COPY TO ALL VOTING	
MEMBERS OF THE GOVERNING BOARD PRIOR TO FILING THE RETURN.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICTS OF INTEREST POLICY MONITORING - OFFICERS, DIRECTORS AND KEY	
EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A CONFLICT OF INTEREST	
DISCLOSURE STATEMENT AS A PRECURSOR TO THEIR SERVICE TO THE FEDERATION	
POTENTIAL CONFLICTS ARE LOGGED WITH AND MONITORED BY THE RISK AUDIT AND	
COMPLIANCE COMMITTEE.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE SALARY OF THE CEO IS DETERMINED USING A COMPENSATION SPECIALIST AND A	
COMPENSATION SURVEY WHICH IS THEN APPROVED BY THE BOARD THE SALARY OF KEY	

EMPLOYEES IS DETERMINED BY INDUSTRY SURVEYS WHICH COVER OTHER ORGANIZATIONS

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UNITED STATES SOCCER FEDERATION	13-5591991
AND SPORTING TEAMS. THE SALARY OF ALL OTHER EMPLOYEES ARE DETERMINED BY	
COMPARING THEM AGAINST OTHER SIMILAR SIZED ORGANIZATIONS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OK, OR, PA, RI, SC	
TN, UT, VA, WI, WV	
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 VIII:	
AS A RESULT OF THE SPREAD OF COVID-19 CORONAVIRUS, ECONOMIC	
UNCERTAINTIES HAVE ARISEN WHICH MAY NEGATIVELY IMPACT THE FEDERATION'S	
RESULTS REPORTED ON THE FORM 990 AND IN ITS FINANCIAL STATEMENTS. DUE	
TO IMPOSED RESTRICTIONS, EVENTS HAVE BEEN TEMPORARILY CANCELLED, THUS	
THE FEDERATION EXPECTS A MATERIAL IMPACT ON ITS REVENUES. GIVEN THE	
UNCERTAINTIES SURROUNDING THE CONTINUATION AND DURATION OF THE OUTBREAK	
AND ITS POTENTIAL IMPACT ON THE FEDERATION'S OPERATIONS, THE FEDERATION	
CANNOT REASONABLY ESTIMATE THE RELATED FINANCIAL IMPACT AT THIS TIME.	
THE FEDERATION IS CLOSELY MONITORING ITS INVESTMENT PORTFOLIO AND ITS	
LIQUIDITY AND IS ACTIVELY WORKING TO MINIMIZE THE IMPACT OF THESE	
DECLINES.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
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Name of the organization

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Employer identification number

Name of the organization UNITED STATES SOCCER FEDERATION		Employer identification number 13-5591991
PROGRAM SERVICE EXPENSES	1,570,697.	
MANAGEMENT AND GENERAL EXPENSES	3,221,467.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	4,792,164.	
OTHER PROFESSIONAL SERVICES:		
PROGRAM SERVICE EXPENSES	2,628,716.	
MANAGEMENT AND GENERAL EXPENSES	126,193.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,754,909.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,547,073.	
FORM 990, PART XI, LINE 8: IN MAY 2014, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB ACCOUNTING STANDARDS UPDATE (ASU) 2014-09, REVENUE FROM CON		
CUSTOMERS (TOPIC 606), WHICH ESTABLISHED A COMPREHENSIVE RE		
RECOGNITION STANDARD FOR VIRTUALLY ALL INDUSTRIES UNDER U.S		
CORE PRINCIPLE OF THE GUIDANCE IS THAT AN ENTITY SHOULD REC	OGNIZE	
REVENUE TO DEPICT THE TRANSFER OF PROMISED GOODS OR SERVICE	S TO	
CUSTOMERS IN AN AMOUNT THAT REFLECTS THE CONSIDERATION TO W	HICH THE	
ENTITY EXPECTS TO BE ENTITLED TO IN EXCAHNGE FOR THOSE GOOD	S OR	
SERVICES. ASU 2014-09 IS EFFECTIVE FOR NON-PUBLIC ENTITIES	FOR ANNUAL	
PERIODS BEGINNING AFTER DECEMBER 15, 2019. EARLIER ADOPTION	IS	
PERMITTED SUBJECT TO CERTAIN LIMITATIONS. ASU 2014-09 IS TO	BE APPLIED	
USING ONE OF TWO RETROSPECTIVE APPLICATIONS METHODS. MANAGE	MENT HAS	
ADOPTED ASU 2014-09 EFFECTIVE APRIL 1, 2020 AND HAS ELECTED	TO USE THE	
MODIFIED RETROSPECTIVE METHOD FOR TRANSITION. GIVEN THIS AD	OPTION FOR	
RETROSPECTIVE TRANSITION, THERE EXISTS A PRIORI PERIOD ADJU	STMENT OF	
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<b>Related O</b>	rganizations	and Ur	nrelated <b>F</b>	Partnersh	ips

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

Attach to Form 990.

### Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

UNITED STATES SOCCER FEDERATION

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

#### 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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
CA2016 LOCAL ORGANIZING COMMITTEE LLC -							
47-2294282, 1801 S PRAIRIE AVENUE, CHICAGO,							
IL 60616	TOURNAMENT PROMOTION	DELAWARE	501(C)(3)	LINE 10	U.S. SOCCER	х	
	_						
	-						

20 Open to Public Inspection

Employer identification number

13-5591991

OMB No. 1545-0047

Schedule R (Form 990) 2020

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income			ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
	1										
	-										
	-										
											+
	4										
	-										
	4										

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512( cont	tion b)(13) rolled tity?
	country)		0				Yes	No	
CA2016 MARKETING, INC 81-1520116									
1801 S PRAIRIE AVENUE	ADMINISTRATION OF								
CHICAGO, IL 60016	COMMERCIAL RIGHTS	DE	CA2016 LOC LLC	C CORP	0.	3,330,251.	100%	х	
	-								

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		Х
<b>b</b> Gift, grant, or capital contribution to related organization(s)			Х
c Gift, grant, or capital contribution from related organization(s)			Х
d Loans or loan guarantees to or for related organization(s)			Х
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)	1f		x
g Sale of assets to related organization(s)			Х
h Purchase of assets from related organization(s)			X
i Exchange of assets with related organization(s)			X
j Lease of facilities, equipment, or other assets to related organization(s)			х
k Lease of facilities, equipment, or other assets from related organization(s)			x
I Performance of services or membership or fundraising solicitations for related organization(s)			X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	х	
o Sharing of paid employees with related organization(s)		X	
p Reimbursement paid to related organization(s) for expenses	1p		x
q Reimbursement paid by related organization(s) for expenses			x
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)			х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction t	hresholds.		

	<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
(4)				
(5)				
(6)				

## Schedule R (Form 990) 2020 UNITED STATES SOCCER FEDERATION

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>(b)</b> Primary activity	(c)	Are Partne 501( org Yes	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2020

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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