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Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
 (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2011

Open to Public
Inspection

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
 ► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning APRIL 01, 2011, and ending MARCH 31, 2011

B Check if applicable	C Name of organization NSYSA DISTRICT 1	D Employer Identification number 91-1674904
<input type="checkbox"/> Address change	Number & street (or P O box, if mail is not delivered to street addr) PO BOX 2844	Room/ suite
<input type="checkbox"/> Name change	City or town, state or country, and ZIP + 4 Everett WA 98213	E Telephone number (425) 252-2099
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

G Accounting Method Cash Accrual Other (specify) ►

I Website: ► www.wsysad1.com

J Tax-exempt status (check only one) -- 501(c)(3) 501(c)() ► (insert no) 4947(a)(1) or 527

K Check **if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return**

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 29,797

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	EXPENSES	NET ASSETS	BALANCE
1 Contributions, gifts, grants, and similar amounts received	5a Gross amount from sale of assets other than inventory	5a	1
2 Program service revenue including government fees and contracts	b Less cost or other basis and sales expenses	5b	2
3 Membership dues and assessments	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	3 29,765
4 Investment income	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	4 32
5a Gross amount from sale of assets other than inventory	b Less cost or other basis and sales expenses	6b	
5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	c Less: direct expenses from gaming and fundraising events	6c	
6 Gaming and fundraising events	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	7a Gross sales of inventory, less returns and allowances	7a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	b Less cost of goods sold	7b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
7a Gross sales of inventory, less returns and allowances	8 Other revenue (describe in Schedule O)	8	
b Less cost of goods sold	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	29,797
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	10 Grants and similar amounts paid (list in Schedule O)	10	1,000
8 Other revenue (describe in Schedule O)	11 Benefits paid to or for members	11	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	12 Salaries, other compensation, and employee benefits	12	4,422
10 Grants and similar amounts paid (list in Schedule O)	13 Professional fees and other payments to independent contractors	13	330
11 Benefits paid to or for members	14 Occupancy, rent, utilities, and maintenance	14	6,293
12 Salaries, other compensation, and employee benefits	15 Printing, publications, postage, and shipping	15	69
13 Professional fees and other payments to independent contractors	16 Other expenses (describe in Schedule O)	16	21,266
14 Occupancy, rent, utilities, and maintenance	17 Total expenses. Add lines 10 through 16 ►	17	33,380
15 Printing, publications, postage, and shipping	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,583
16 Other expenses (describe in Schedule O)	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	67,398
17 Total expenses. Add lines 10 through 16 ►	20 Other changes in net assets or fund balances (explain in Schedule O)	20	297
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	64,112

For Paperwork Reduction Act Notice, see the separate Instructions.

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	67,398	22	64,112
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	67,398	25	64,112
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	67,398	27	64,112

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See attachment #1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 See attachment #2

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

(Grants \$ 32,884) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	32,884
29			
(Grants \$) If this amount includes foreign grants, check here . . .	<input type="checkbox"/>	29a	
30			
(Grants \$) If this amount includes foreign grants, check here . . .	<input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here . . .	<input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	32,884

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instr. for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and address	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099 MISC)	(d) Health benefits, Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
See attachment #3				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year? ..	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter.	39a	
a Initiation fees and capital contributions included on line 9 ..	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40a	
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40c	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40d	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► NONE		
42a The organization's books are in care of ► See attachment #4 Telephone no. ► _____ Located at ► _____		
	ZIP + 4	►
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .. If "Yes," enter the name of the foreign country. ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? .. If "Yes," enter the name of the foreign country. ► _____	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	43	►
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ ..	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ ..	44b	X
c Did the organization receive any payments for indoor tanning services during the year? ..	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ..	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ..	45a	X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) ..	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

b If "Yes," was the related organization a section 527 organization?

49b		X
-----	--	---

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

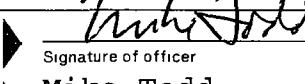
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

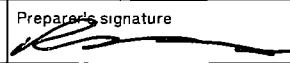
d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► Yes No

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

Sign Here	►  Signature of officer ► Mike Todd Type or print name and title	Commissioner	Date 11/14/13
-----------	--	--------------	---------------

Paid Preparer Use Only	Print/Type preparer's name Anne Frew	Preparer's signature 	Date 11/14/13	Check <input type="checkbox"/> if self-employed	PTIN P00786184
	Firm's name ► HRB Tax Group INC			Firm's EIN ►	
	Firm's address ► 906 SE EVERETT MALL WAY STE 130			Phone no. 425-290-5886	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
WSYSA DISTRICT 1

Employer Identification number
91-1674904

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(I)**.
 2 A school described in **section 170(b)(1)(A)(II)**. (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(III)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(III)**. Enter the hospital's name, city, and state
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(IV)**. (Complete Part II)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(V)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(VI)**. (Complete Part II)
 8 A community trust described in **section 170(b)(1)(A)(VI)**. (Complete Part II)
 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III-Functionally integrated d Type III-Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.....
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (I) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (II) A family member of a person described in (i) above?
 (III) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

	Yes	No
11g(I)		
11g(II)		
11g(III)		

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(IV) Is the organization in col (I) listed in your governing document?	(V) Did you notify the organization in col (I) of your support?	(VI) Is the organization in col (I) organized in the U.S.?	(VII) Amount of support
Total						

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

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		36,348	33,829	35,715	8,325	114,217
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		11,510	9,875	10,375	21,440	53,200
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	47,858	43,704	46,090	29,765	167,417	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						167,417

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	47,858	43,704	46,090	29,765	167,417	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10	358	97	32	497	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	10	358	97	32	497	
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 IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)	47,868	44,062	46,187	29,797	167,914	

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	99.70	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.30	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		%

19a **33 1/3 % support tests -- 2011.** 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 -- 2010.** 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 ►

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

WSYSA DISTRICT 1

Employer identification number

91-1674904

In the current year WSYSA awarded a scholarship of \$1,000 to
Briley Benner.

A line 20 adjustment is made to fund balances as a result of
a 3/31/11 check to petty cash for \$297.51. Apparently this was
double posted as an expense.

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning	04-01	, and ending	03-31-2011
Name of Organization WSYSA DISTRICT 1				Employer Identification Number 91-1674904
Primary Purpose				
Organize and support amateur youth soccer groups throughout the district. Support includes providing the training for coaches and referees and the scheduling and conducting of the games.				

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2011 or tax period beginning	04-01-2011, and ending	03-31-2011
Name of Organization WSYSA DISTRICT 1		Employer Identification Number 91-1674904	
Part III - Statement of Program Service Accomplishments			
Grants and allocations	32,884	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements			
Supplied personnel and financial support to youth soccer groups throughout the district. Provided training for coaches and referees, coordinated and scheduled games and a tournament and issued player awards and scholarships			

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2011 or tax period beginning	04-01-2011, and ending	03-31-2011	
Name of Organization WSYSA DISTRICT 1			Employer Identification Number 91-1674904	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben plans & def comp	(E) Expense account & other compensation
Mike Todd 2418 California St Everett, WA 98201	Commissioner 5.00	0	0	0
Hal Uderitz 2418 California St Everett, WA 98201	Alternate Commission 5.00	0	0	0
Michael Murphy 2418 California St Everett, WA 98201	Dir of Competition 5.00	0	0	0
Lance Calloway 2418 California St Everett, WA 98201	Treasurer 10.00	0	0	0
Naomi Johnson 2418 California St Everett, WA 98201	Secretary 10.00	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2011 or tax period beginning	04-01	, and ending	03-31-2011
Name of Organization WSYSA DISTRICT 1				Employer Identification Number 91-1674904

Part V - Line 42a

Individual Name Lance Calloway

or

Business Name

Street Address 2418 California St.

U S Address

Zip code 98201

City Everett

State WA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (425) 252-2099

Fax Number (360) 252-6290

2011 DETAIL STATEMENTS

WSYSA DISTRICT 1
91-1674904

Page 1

STATEMENT #1 - Membership Dues & Assessments (990-EZ PG 1 Line 3)

Recreation Cup.....	8,325
Team League Registrations.....	21,440
 TOTAL CARRIED TO 990-EZ PG 1 Line 3.....	29,765

STATEMENT #2 - Investment Income (990-EZ PG 1 Line 4)

CD Interest.....	27
Interest Income.....	5
 TOTAL CARRIED TO 990-EZ PG 1 Line 4.....	32

STATEMENT #3 - Salaries, Other Compensations (990-EZ PG 1 Line 12)

General Program Labor.....	920
Rec Cup Referees.....	3,502
 TOTAL CARRIED TO 990-EZ PG 1 Line 12.....	4,422

STATEMENT #4 - Professional Fees (990-EZ PG 1 Line 13)

Tax Preparation.....	330
 TOTAL CARRIED TO 990-EZ PG 1 Line 13.....	330

STATEMENT #5 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

General Program Rent.....	4,800
Rec Cup Field Rental.....	1,493
 TOTAL CARRIED TO 990-EZ PG 1 Line 14.....	6,293

STATEMENT #6 - Other expenses (EOEZ Pg 1 Line 16)

Awards / NPSL.....	3,875
Scheduler / NPSL.....	866
Top Soccer.....	348
Training Education.....	5,415
Meetings.....	193
NCYSA Office Exp.....	618
Regional / Beyond fees.....	4,000
Website.....	530
T-Shirts.....	2,489
WYS Fees.....	2,775
Secretary Expenses.....	114
Bank Service Charges.....	33

2011 DETAIL STATEMENTS

WSYSA DISTRICT 1
91-1674904

Page 2

Misc Treasurer Expenses.....	10
TOTAL CARRIED TO EOEZ Pg 1 Line 16.....	21,266