See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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EXTENSION ATTACHED

ENVELOPE POSTMARK DATE MAR 12 2014

SCANNED MAR 20 2014

Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 09/01, 2012, and ending 08/31, 20 13

B Check if applicable:
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
WASHINGTON STATE YOUTH SOCCER ASSOCIATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
500 S 336TH STREET | 100

City, town or post office, state, and ZIP code
FEDERAL WAY, WA 98003-6389

D Employer identification number
23-7303150

E Telephone number
(253) 476-2237

G Gross receipts $ 2,837,156.

F Name and address of principal officer TERRY FISHER
500 S 336TH STREET, STE 100 FEDERAL WAY, WA 98003

H(a) Is this a group return for affiliates? Yes [X] No

H(b) Are all affiliates included? Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.WASHINGTONYOUTHSOCCER.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1970 **M** State of legal domicile WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
IT IS THE MISSION OF WA YOUTH SOCCER TO FOSTER THE PHYSICAL, MENTAL AND EMOTIONAL GROWTH AND DEVELOPMENT OF THE STATE OF WA'S YOUTH THROUGH THE SPORT OF SOCCER AT ALL LEVELS OF AGE AND COMPETITION.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	14.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14.
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	24.
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,688.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,083.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	115,965.	167,092.
	9 Program service revenue (Part VIII, line 2g)	2,619,105.	2,648,189.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,106.	17,580.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,202.	4,295.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,777,378.	2,837,156.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	28,822.	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,084,224.	889,122.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,650,520.	1,942,948.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,763,566.	2,832,070.
	19 Revenue less expenses Subtract line 18 from line 12	13,812.	5,086.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,645,979.	1,630,886.
	21 Total liabilities (Part X, line 26)	39,421.	19,242.
	22 Net assets or fund balances Subtract line 21 from line 20	1,606,558.	1,611,644.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 02/26/14

▶ TERRY FISHER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: BART H. WILSON | Preparer's signature | Date FEB 24 2014 | Check [ ] if self-employed | PTIN P00938306

Firm's name ▶ BADER MARTIN, P.S. | Firm's EIN ▶ 91-1501421

Firm's address ▶ 1000 SECOND AVENUE, 34TH FLOOR SEATTLE, WA 98104-1022 | Phone no 206-621-1900

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2012)

JSA
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