_____ Annual Report of the

	(Organization name)
1.	This organization is / is not a 503c non-profit Corporation. \Box Is \Box Is not
2.	This Organization is/ is not operated by City or Municipality \Box Is \Box Is not If yes, list City or Municipality:
3.	Officer elections were held on, 200 The officers currently listed in the MSA e-Org system as of the date of this report is a true and current listing of our officers elected during this seasonal year.
4.	Our organization maintains a pool of USSF Registered Referees \square Yes \square No
5. 6.	Our organization is in a sound financial position Our organization purchases our uniforms from:
	a. MSA's State Sponsor – Score American Soccer
	b. Local vendor(s)
7.	Our Organization maintains a current Directors and Officers Errors and Omissions Insurance
	Policy.
8.	Our Organization understands its responsibilities in adherence to MSA's Kidsafe Risk
	Management Policy
9.	Our Organization understands and agrees that it will comply with the requirements to maintain
	it's Member In Good Standing Status with MSA. $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
	Signed,