

Form CHAR500 <small>This form used for Article 7-A, EPTL and dual filers. Please use forms CHAR 497, CHAR 498 and CHAR 499.</small>	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	2004 Open to Public Inspection
---	---	---



1. General Information

a. For the fiscal year beginning (mm/dd/yyyy) 11/01 / 2004 and ending (mm/dd/yyyy) 10/31/2005

b. Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization <u>West Seneca Girls Softball Association, Inc.</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>71 Pine Tree Lane</u> City or town, state or country and zip + 4 <u>West Seneca, NY 14224-4146</u>	d. Fed. employer ID no. (EIN) (##-####) <u>16-1605340</u> e. NY State registration no. (##-##) <u>09-09-39</u> f. Telephone number <u>(716) 843-5090</u> g. Email <u>charles.krotje@ey.com</u>
--	--	---

2. Certification - Two Signatures Required

We certify under penalties for perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a. President or Authorized Officer/Trustee	 Signature	<u>John P. Hess</u> Printed Name	<u>President</u> Title	<u>11/12/06</u> Date
b. Chief Financial Officer or Treasurer	 Signature	<u>Charles A. Krotje</u> Printed Name	<u>Treasurer</u> Title	<u>01/12/2006</u> Date

3. Annual Report Exemption Information

a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)

Check ☒ if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.

NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used and either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A.

b. EPTL annual report exemption (EPTL registrants and dual registrants)

Check ☐ if total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.

Do not submit a fee, **do not** complete the following schedules and **do not** submit any attachments to this form.

4. Article 7-A Schedules

If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ☐ Yes* ☐ No
 * If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? ☐ Yes* ☐ No
 * If "Yes", complete Schedule 4b.

5. Fee Submitted

Indicate the filing fee(s) you are submitting along with this form:

a. Article 7-A filing fee \$ <u>25</u> b. Estates, Powers and Trusts Law filing fee \$ <u>25</u> c. Total fee \$ <u>25</u>	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
--	--

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.

- Mail completed form with required schedules, fee and attachments to the address at the top of this page -

Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)

If you checked the box in question 4.a. on page 1, complete the following schedule for each PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):

Professional fund raiser ☐
Fund raising counsel ☐
Commercial co-venturer ☐

2. Name of FRP:

Number and street (or P.O. box if mail is not delivered to street address):

City or town, state or country and zip + 4:

3. FRP telephone number:**4. Services provided by FRP (provide description):****5. Compensation arrangement with FRP (provide description):**

6. Dates of contract (mm/dd/yyyy) through (mm/dd/yyyy)

7. Amount paid to FRP \$

Schedule 4b: Government Contributions (Grants)

If you checked the box in question 4.b. on page 1, complete the following schedule for each government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

[illegible]

6. ATTACHMENTS -- DOCUMENT ATTACHMENT CHECK-LIST:

Check the boxes for the documents you are attaching.

FOR ALL FILERS -- COPIES OF INTERNAL REVENUE SERVICE FORMS

- | | | |
|---|---|--|
| <input type="checkbox"/> IRS Form 990 | <input checked="" type="checkbox"/> IRS Form 990-EZ | <input type="checkbox"/> IRS Form 990-PF |
| <input type="checkbox"/> Schedule A to IRS Form 990 | <input checked="" type="checkbox"/> Schedule A to IRS Form 990-EZ | <input type="checkbox"/> Schedule B to IRS Form 990-PF |
| <input type="checkbox"/> Schedule B to IRS Form 990 | <input type="checkbox"/> Schedule B to IRS Form 990-EZ | <input type="checkbox"/> IRS Form 990-T |
| <input type="checkbox"/> IRS Form 990-T | <input type="checkbox"/> IRS Form 990-T | |

ADDITIONAL ARTICLE 7-A DOCUMENT ATTACHMENT REQUIREMENT

Independent Accountant's Report

- ☐ Audit Report (total support & revenue more than \$250,000)
☐ Review Report (total support & revenue \$100,001 to \$250,000)
☒ No Accountant's Report Required (total support & revenue not more than \$100,000)

Form **990-EZ**Department of the Treasury
Internal Revenue Service**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)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

OMB No. 1545-1150

2004**Open to Public Inspection****A** For the 2004 calendar year, or tax year beginning **November 1**, 2004, and ending **October 31**, 20 **05****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**West Seneca Girls Softball Association, Inc.**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

71 Pine Tree Lane

City or town, state or country, and ZIP + 4

West Seneca, NY 14224-4146**D** Employer identification number**16 : 1605340****E** Telephone number**(716) 843-5090****F** Group Exemption Number

▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶ **wsgsa.com****J** Organization type (check only one)—☒ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **97,790****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 37 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	19,757
	2	Program service revenue including government fees and contracts	2	66,032
	3	Membership dues and assessments	3	
	4	Investment income	4	73
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	11,928
6b	Less: direct expenses other than fundraising expenses	6b	4,510	
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	7,418	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	93,280	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	11,197
	14	Occupancy, rent, utilities, and maintenance	14	13,264
	15	Printing, publications, postage, and shipping	15	3,027
	16	Other expenses (describe ▶ Schedule 2)	16	54,494
	17	Total expenses (add lines 10 through 16)	17	81,982
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	11,298
	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	37,181
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	48,479

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22,502	33,913
23 Land and buildings		
24 Other assets (describe ▶ softball and other related equipment)	14,679	14,566
25 Total assets	37,181	48,479
26 Total liabilities (describe ▶ _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,181	48,479

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2004)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

2004

Name of the organization

Employer identification number

West Seneca Girls Softball Association, Inc.

16 : 1605340

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		✓
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	✓
b Do you have a section 403(b) annuity plan for your employees?	3b	✓
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	✓

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	21,112	14,609	13,463	20,895	70,079
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	10,781	8,971	8,085	6,826	34,663
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	62	96	219	337	714
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	31,955	23,676	21,767	28,058	105,456
24 Line 23 minus line 17	21,174	14,705	13,682	21,232	70,793
25 Enter 1% of line 23	319.55	236.76	217.67	280.58	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,415.86
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,262
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 70,793
d Add: Amounts from column (e) for lines: 18 714 19 0 22 0 26b 1,262					26d 1,976
e Public support (line 26c minus line 26d total)					26e 68,817
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.2088 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
32 Does the organization maintain the following:	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32b	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32c	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:	33a	
a Students' rights or privileges?	33b	
b Admissions policies?	33c	
c Employment of faculty or administrative staff?	33d	
d Scholarships or other financial assistance?	33e	
e Educational policies?	33f	
f Use of facilities?	33g	
g Athletic programs?	33h	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group. Check **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table—			
If the amount on line 40 is—			
Not over \$500,000	20% of the amount on line 40		
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 \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
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		
42 Grassroots nontaxable amount (enter 25% of line 41).	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		✓	
c Media advertisements		✓	
d Mailings to members, legislators, or the public		✓	
e Publications, or published or broadcast statements		✓	
f Grants to other organizations for lobbying purposes		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		✓	
i Total lobbying expenditures (Add lines c through h.)			-0-

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- | | |
|-----|----|
| Yes | No |
|-----|----|

51a(1)	<input checked="" type="checkbox"/>
--------	-------------------------------------

a(ii)	<input checked="" type="checkbox"/>
-------	-------------------------------------

- | | |
|-----|---|
| 1.3 | ✓ |
|-----|---|

b(1)

b(1)	
b(2)	
b(3)	
b(4)	
b(5)	
b(6)	
b(7)	
b(8)	
b(9)	
b(10)	
b(11)	
b(12)	
b(13)	
b(14)	
b(15)	
b(16)	
b(17)	
b(18)	
b(19)	
b(20)	
b(21)	
b(22)	
b(23)	
b(24)	
b(25)	
b(26)	
b(27)	
b(28)	
b(29)	
b(30)	
b(31)	
b(32)	
b(33)	
b(34)	
b(35)	
b(36)	
b(37)	
b(38)	
b(39)	
b(40)	
b(41)	
b(42)	
b(43)	
b(44)	
b(45)	
b(46)	
b(47)	
b(48)	
b(49)	
b(50)	
b(51)	
b(52)	
b(53)	
b(54)	
b(55)	
b(56)	
b(57)	
b(58)	
b(59)	
b(60)	
b(61)	
b(62)	
b(63)	
b(64)	
b(65)	
b(66)	
b(67)	
b(68)	
b(69)	
b(70)	
b(71)	
b(72)	
b(73)	
b(74)	
b(75)	
b(76)	
b(77)	
b(78)	
b(79)	
b(80)	
b(81)	
b(82)	
b(83)	
b(84)	
b(85)	
b(86)	
b(87)	
b(88)	
b(89)	
b(90)	
b(91)	
b(92)	
b(93)	
b(94)	
b(95)	
b(96)	
b(97)	
b(98)	
b(99)	
b(100)	

b(1)	✓
------	---

b(iv)	✓
-------	---

b(v)	✓
------	---

b(vi)	✓
-------	---

- | | |
|---|---|
| C | ✓ |
|---|---|

- market value of the

West Seneca Girls Softball Association, Inc.

EIN 16-1605340

Form 990-EZ

For the tax year beginning November 1, 2004 and ending October 31, 2005

Schedule 1 - Part I, Line 6, Special Events and Activities:

	Concession Stand	Raffle	Spring Social	All Other	Total
Gross receipts	\$ 4,273	\$ 4,700	\$ 2,401	\$ 554	\$ 11,928
Less: contributions	-	-	-	-	-
Gross revenue	4,273	4,700	2,401	554	11,928
Less: direct expenses	2,221	1,778	511	-	4,510
Net income (loss)	\$ 2,052	\$ 2,922	\$ 1,890	\$ 554	\$ 7,418

Schedule 2 - Part I, Line 16, Other Expenses

Player uniforms	\$ 24,891
Player awards and annual banquet	5,731
Tournament and team league fees	9,647
Insurance	3,325
Depreciation of equipment	4,423
Website costs	780
Costs of organization-sponsored tournaments, other than umpires	1,985
Cost of player education clinics	160
Miscellaneous	3,552
	<u>\$ 54,494</u>

West Seneca Girls Softball Association, Inc.

EIN 16-1605340

Form 990-EZ

For the tax year beginning November 1, 2004 and ending October 31, 2005

Schedule 3 - Part IV, Officers, Directors, Trustees, and Key Employees

(A)	(B)	(C)	(D)	(E)
John P. Hess	President	- 0 -	- 0 -	- 0 -
68 Crystal Lane, West Seneca, NY 14224	10 hours			
John Battaglia	Vice Pres	- 0 -	- 0 -	- 0 -
63 Creekview, West Seneca, NY 14224	10 hours			
Kenneth L. Switzer	Vice Pres	- 0 -	- 0 -	- 0 -
112 Wedgewood Drive, West Seneca, NY 14224	1 hour			
Charles A. Krotje	Treasurer	- 0 -	- 0 -	- 0 -
71 Pine Tree Lane, West Seneca, NY 14224	10 hours			
Marie Nowak	Secretary	- 0 -	- 0 -	- 0 -
17 Greenbranch Road, West Seneca, NY 14224	5 hours			
Michael L. Arnold	Director	- 0 -	- 0 -	- 0 -
60 Deer Path, West Seneca, NY 14224	2 hours			
Michael G. DeMarzio	Director	- 0 -	- 0 -	- 0 -
107 Century Drive, West Seneca, NY 14224	2 hours			
John Leininger	Director	- 0 -	- 0 -	- 0 -
257 Woodward, West Seneca, NY 14224	2 hours			