Form CHAR500

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

2005

Open to Public

(replaces forms CHAR 497, CHAR 910 and CHAR 906)		us/charities/charities.html	Insp	ection
1. General Information				
a. For the fiscal year beginning ((mm/dd/yyyy) ///0/ / 2005 and end	ling (mm/dd/yyyy) 10/3//	1006	
b. Check if applicable for NYS:	c. Name of organization	an an talah di kerilah di Kerilah Kerilah di Kerilah di K	d. Fed. employer ID no. (EIN)	(##-#######)
☐ Address change	West Senera Gri		16-1605340	
☐ Name change	Association, -	Inc.	e. NY State registration no. (#	#-##-##)
☐ Initial filing			07-09-39	Programa - Control de
☐ Final filing	Number and street (or P.O. box if mail not	•	Room/suite ff, Telephone number	
☐ Amended filing	71 line Tree Lan	((716) 843-5090	>
☐ NY registration pending	City or town, state or country and zip + 4		g. Email	interferiament management for the second
	Wast Seneca, My 1422	4-4146	(716) 843-5090 g. Email Chulbes, Krotje @	ey. com
				All Commence of April 1990 Commence of the Com
2. Certification - Two Signature	es Required			ACTION OF THE PROPERTY OF THE
We certify under penalties of per	rjury that we reviewed this report, includi	ng all attachments, and to	the best of our knowledge and belief th	nev are true
correct and complete in accorda	nce with the laws of the State of New Yo	ork applicable to this repo	rt.	loy are true,
a. President or Authorized Offic		John P. He	es President	
	easurer / A / A	Printed Name	es President Linke Treasurer U/10	Date
b. Chief Financial Officer or Tre	asurer Market A FGF	Challes A. 1	Crope Treasurer 6/10	12007
теритерительного при	Signature	rimed Name	V nite	Date '
3. Annual Report Exemption In	Iformation			
a. Article 7-A annual report exe	emption (Article 7-A registrants and dual	registrants)		
\$25,000 <u>and</u>	butions from NY State (including resident the organization did not use the service during this fiscal year.	its, foundations, corporati is of a professional fund r	ons, government agencies, etc.) did not aiser (PFR) or fund raising counsel (Ffv	exceed i) to solicit
organization all other sour	rganization may also check the box to cl. received an allocation from a federated rces did not exceed \$25,000 or 2) it rece nich it submitted an annual financial repo	fund, United Way or inco	rporated community appeal and contribute of its contributions from a single govern	tions from iment
b. EPTL annual report exemption	on (EPTL registrants and dual registrants	3)		ANTENNA DE LA COMPANSA DEL COMPANSA DEL COMPANSA DE LA COMPANSA DE
Check ♥ if total gross \$25,000 at a	receipts for this fiscal year did not excee ny time during this fiscal year.	ed \$25,000 <u>and</u> the asset	s (market value) of the organization did n	iot exceed
exemptions under both laws	iming the annual report exemption under the or s, simply complete part 1 (General Information), it submit a fee, do not complete the following s	, part 2 (Certification) and par	t 3 (Annual Report Exemption Information) abo-	innus) report
4. Article 7-A Schedules				
**************************************		VATEGOOD TO THE TOTAL CONTRACT OF THE TOTAL		
	annual report exemption above, complete lessional fund raiser, fund raising counsel of			Von't Na
* If "Yes", complete Schedule		a commence of contains	or fund failing activity in ter olate?	Yes* No
	overnment contributions (grants)?			Yes* No
* If "Yes", complete Schedule) 4b.			
5. Fee Submitted: See last page	for summary of fee requirements.			
Indicate the filing fee(s) you are so	ubmitting along with this form:			
a. Article 7-A filing fee			Submit only one check or money or	der for the
			total fee, payable to "NYS Departme	nt of Law"
c. Total fee	**********	\$ <u>50</u>		Westellier

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

S	chedule 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 not 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:
ļ	
3.	FRP telephone number:
4.	Services provided by FRP (provide description):
5.	Compensation arrangement with FRP (provide description):
6.	Dates of contractthrough
	(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.

Government Agency Name	Grant Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
·	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Governm	ent Contributions (Grants) \$



5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type		Fee Instructions			
٠	Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.			
•	EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.			
•	Duai	Calculate both the Article 7-A and EPTL filling fees using the tables in parts a and b below. Add the Article 7-A and EPTL filling fees together to calculate the total fee. Submit a single check or money order for the total fee.			

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filling fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching

Filing Fee		
Single check or money order payable	to "NYS Department of Law"	
Copies of Internal Revenue Service Forms	3	
☑IRS Form 990	☐ IRS Form 990-EZ	☐ IRS Form 990-PF
Schedule A to IRS Form 990	Schedule A to IRS Form 990-EZ	1
☐ Schedule B to IRS Form 990	Schedule B to IRS Form 990-EZ	Schedule B to IRS Form 990-PF
☐ IRS Form 990-T	☐ IRS Form 990-T	☐ IRS Form 990-T

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. 1545-0047

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

		of the Treasury ■ The organization may have to use a copy of this return to satisfy	state reporting	requirements.	Inspection
A			i ending Octo	ekindidi daram badan badan dari kembada membelah karapura menggan perpengga pagaran g	, 20 06
8		h		D Employer ident	
,		applicado:	1	16 1605340	
	Name c		0000 [E Telephone num	
	Initial re	Hum WEST SENECA GIRLS SOFTBALL	₹ [_	(716)843-5	
	Final re	71 PINE TREE LN tum WEST SENECA NY 14224-4146	· sl	F Accounting method:	-36,00
	Amend	ed return		Other (spec	ny) > on 527 organizations.
	Applica	 Section 501(cl(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). 			iates? Yes Z No
rá	waner	e: > wsgsa.com		enter number of affi	
.,			` '	illates included?	Yes Mo
j	Organi	zation type (check only one) ➤ 🗸 501(c) (3) < (insert no.) [4947(a)(1) or [527]		ttach a list. See ins	,
K	Check	here ▶ [] if the organization's gross receipts are normally not more than \$25,000. The		parate return filed by n covered by a group	an ruling? ☐ Yes ☑ No
		ation need not file a return with the IRS; but if the organization chooses to file a return, be file a complete return. Some states require a complete return.		emption Number >	Tomig. Land
					nization is not required
L	Gross	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 112,491	to attach	Sch. B (Form 990	, 990-EZ, or 990-PF).
		Revenue, Expenses, and Changes in Net Assets or Fund Balar	nces (See the	e instructions.,	
	4	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	16,18	35	
	ь	Indirect public support			
	c	Government contributions (grants)	2,70		
	d	Total (add lines 1a through 1c) (cash \$18,885 noncash \$		1d	18,885
	2	Program service revenue including government fees and contracts (from Part		2	75,736
	3	Membership dues and assessments	4	88	
	4	Interest on savings and temporary cash investments	5		
	5	Dividends and interest from securities			
	6a	Or God Territor			
	b	Less: rental expenses		6c	
	7	Other investment income (describe	7		
Revenue			3) Other		
jeve jeve	- Va	than inventory			
££.	ь	Less; cost or other basis and sales expenses. 8b			
	c	Gain or (loss) (attach schedule) 8c			
,	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	·
	9	Special events and activities (attach schedule). If any amount is from gaming, chec	k here 🕨 🛛		
	a	Gross revenue (not including \$ of	4 m m m	ا ا	
		contributions reported on line 1a)	17,78		
		Less: direct expenses other than fundraising expenses . 9b	7,29	9c	10,489
	ł	Net income or (loss) from special events (subtract line 9b from line 9a). Gross sales of inventory less returns and allowances 10a		90	10,403
	10a	Group de strong to the strong		-	
	b	Less: cost of goods sold	rom line 100)	10c	
	11	Other revenue (from Part VII, line 103)	rom mie roaj.	11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	105,198
	13	Program services (from line 44, column (B))		13	99,309
86.5	14	Management and general (from line 44, column (C))		14	1,234
Expenses	15	Fundraising (from line 44, column (D))		15	
×	16	Payments to affiliates (attach schedule)		16	mininte anaes vansavananana wata anain-anain-anain
verner	17	Total expenses (add lines 16 and 44, column (A))		17	100,543
20	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	4,655
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A		19	48,479
, O	20	Other changes in net assets or fund balances (attach explanation)	and the second second	20	pres de se se
Œ.	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20) .		21	53,134

Eastwa	$\Omega\Omega\Omega$	(2005)

Page 2

Pa	Statement of All organ Functional Expenses organiza	nizations must comp ations and section 49	lete column (A). Coli 147(a)(1) nonexempt	umns (8), (C), and (E charitable trusts but) are required for sec optional for others. (tion 501(c)(3) and (4 See the instructions.
***************************************	Do not include amounts reported on 6b, 8b, 9b, 10b, or 16 of Part I.	line	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedu (cash \$ noncash \$ for this amount includes foreign grants, check he) 22				
23	Specific assistance to individuals schedule)					
24	Benefits paid to or for members schedule)	1				
25	Compensation of officers, directors, e	tc. 25			110000000000000000000000000000000000000	anne a a com Eur Manuel I Prantic Prantic Prantic Prantic Prantic Prantic Park (1997)
26	Other salaries and wages	7 (
27	Pension plan contributions	1				
28	Other employee benefits . ,	28	**************************************	***************************************	***************************************	
29	Payrolf taxes			~~~~~		
30	Professional fundraising fees	1				
31	Accounting fees					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
32	Legal fees	32				
33	Supplies	33	448	108	340	
34	Telephone	34				
35	Postage and shipping	35	301	213	88	
36	Occupancy	3 1	16,194	16,194	19 - 19 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
37	Equipment rental and maintenance,				~~~~~	
38	Printing and publications	1 1	283	283	***************************************	
39	Travel	1	0.50			
40	Conferences, conventions, and meetin	- 1	250		250	
41	Interest ,	1 i	E 20/1/2			
42	Depreciation, depletion, etc. (attach sch		4,591	4,591	***************************************	
43	Other expenses not covered above (ite		00.000	00.000		
a	Player uniforms	1 404	26,686	26,686		
d	Umpires Awards and banquet		13,658	13,658		
C	Tournaments and team registration	43c 43d	11,701	11,701		
d	Insurance	43a 43e	14,393 2,938	14,393 2,938		
e f	Non-umpire tournament costs		2,338	2,936		
•	# # D # E =	60	5.071	4,515	556	
9			V,V/ :		336	
44	Total functional expenses. Add lin through 43. (Organizations comcolumns (B)-(D), carry these totals to 13-15)	pleting lines	98,782	97,548	1,234	
Join	t Costs. Check ▶ ☐ if you are follow				1,477	
	iny joint costs from a combined educational		raisino solicitation	reported in (R) Proc	ıram services?	Vas DNa
If "Ye	es," enter (i) the aggregate amount of these	joint costs \$: (ii) the :	amount allocated to	Program services	imiros skitao Ž
(iii) th	ne amount allocated to Management and ge	eneral \$		amount allocated to		<i>*</i> //,
						CONTRACTOR OF THE PARTY OF THE

Form **990** (2005)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

~ , ·	grams and accompliantions.	
Wi	nat is the organization's primary exempt purpose? amateur girls softball program	Program Service
of org	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) panizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) Irusts; bet optional for others.)
3 ¹ / ₂ 2	Sponsored girls softball program benefiting 549 girls ages 5 through 18.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	97,548
b		
	//	

	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
C	V V A + D A = = = A = J + E + D + D	
	V/************************************	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
ď		

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
e	Other program services (attach schedule)	
ŧ	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐ Total of Program Service Expenses (should equal line 44, column (B), Program services). ▶	
×	Total of Trogram Services (Should equal line 44, Column (b), Program Services).	97,548

Form **990** (2005)

10	art IV	Balance Sheets (See the instructions	s.)	All Committee of the second property of the committee of		nerekterinske statiske de en statiske statiske statiske de en en statiske statiske statiske statiske statiske s I
	Vote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	s within the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing , , , , , ,		19,968	45	17,854
	46	Savings and temporary cash investments .		13,945	46	14,033
	47a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts .	47b		47c	
	48a	Pledges receivable , ,	48a			
		Less: allowance for doubtful accounts .	48b		48c	
	1	Grants receivable ,	•		49	
	50	Receivables from officers, directors, truste (attach schedule)		**************************************	50	
(C)	51a	Other notes and loans receivable (attach schedule)	51a			
Assets	b	Less: allowance for doubtful accounts .	51b	w	51c	······
⋖	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges .		***************************************	53	
	54	Investments—securities (attach schedule) . Investments—land; buildings, and	. DOSt FMV		54	
	Soa	equipment: basis	55a			
	b	Less: accumulated depreciation (attach				
		schedule) , , , , , , , , , , ,	550		55c	
	1	Investments-other (attach schedule)			56	
	1	Land, buildings, and equipment: basis .	57a 39,544			
	b	Less: accumulated depreciation (attach schedule)	57b 18,297	14,566	57c	21.247
	58	Other assets (describe		······································	58	Fren E g Gao E E
			i de			
-	59	Total assets (must equal line 74). Add lines		48,479		53,134
	60	Accounts payable and accrued expenses .		***************************************	60 61	
	61 62	Grants payable			62	
Ø)	63	Loans from officers, directors, trustees, and	7		V2.	
- sette olympi - tiven olympi - tiven	-	schedule) . , . , , , , ,		Anna Anna	63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule		64a		
, må		Mortgages and other notes payable (attach			64b	***************************************
	65	Other liabilities (describe)		65	7-74 25-78-4 Vice (CV) (CV) (CV) (CV) (CV) (CV) (CV) (CV)
	66	Total liabilities. Add lines 60 through 65 .			66	
	Orga	inizations that follow SFAS 117, check here #	and complete lines			
(S)		67 through 69 and lines 73 and 74.				
Š	67	Unrestricted			67	
8	68 69		· · · · · · · · · · · · · · · · · · ·		68 69	
Fund Balances		mizations that do not follow SFAS 117, check				
Ï	9.5	complete lines 70 through 74.	cinore E and			
Ö	70	Capital stock, trust principal, or current fund		V===/1.0000000000000000000000000000000000	70	
e SS	71	Paid-in or capital surplus, or land, building,			71	
S)	72	Retained earnings, endowment, accumulated		48,479	72	53,134
Net Assets	73	Total net assets or fund balances (add line 70 through 72;	***************************************			
	74	column (A) must equal line 19; column (B) m		48,479	73	53,134
	f 💠	Total liabilities and net assets/fund balance	rs. Add ines ob and 73.	48,479	74	53,134

Form 990 (2005) Part VA Reconciliation	Street in the st	EPA 0 9M4 H B dRev	e e 8 d No. 6 Mar.		Page
instructions.)	of Revenue per Au	idited Financial Sta	tements With Re	evenue per Reti	ırn (See the
a Total revenue, gains, and			ents , , , ,	а	n/
b Amounts included on line					
 Net unrealized gains on in 					
2 Donated services and use					
3 Recoveries of prior year g	rants ,		<u> 158 </u>		
4 Other (specify):					
Add lines b1 through b4			, ,	, , , <u>b</u>	
c Subtract line b from line a			*	<u>c</u>	
d Amounts included on Part	·		1		
1 Investment expenses not					
2 Other (specify):			100		
			,		
e Total revenue (Part I, line	12) Add lines c and			, , <u>d</u>	
Para IVAE Reconciliation	of Expenses per A	udited Financial Sta	atements With E	xnenses ner Re	fires
a Total expenses and losses					n/
b Amounts included on line					
1 Donated services and use			b1		
2 Prior year adjustments rep					
3 Losses reported on Part I,					
4 Other (specify);					
Add lines b1 through b4				b	
c Subtract line b from line a			* * , * , .		
d Amounts included on Part	I, line 17, but not on	line a:			,
1 Investment expenses not i	ncluded on Part I, líne	e 6b	<u>d1</u>		
2 Other (specify):	~/*·/····			100	
			d2		
Add lines d1 and d2					
e Total expenses (Part I, lin					
or key employee a	s, Directors, Trustee t any time during the y	es, and key Employ ear even if they were r	ees (List each pers not compensated.) (on who was an offi <i>See the instruction</i>	cer, director, trustee
		(8)	(C) Compensation		oyee (E) Expense accour
(A) Name and ac	idress	Title and average hours week devoted to positi	per (it not paid, ente	 benefit plans & deferre compensation plans 	d and other allowance
John P. Hess					
68 Crystal Lane, West Seneca	NY 14224	President - 15	•	0	0
John Battaglia		4 X Y			
63 Creekview, West Seneca, N	Y 14224	Vice President - 1	5	0	0 (
Charles A. Krotje		Tages of the			
71 Pine Tree Lane, West Sene	ca, NY 14224	Treasurer - 10	() [0 (
Michael L. Arnold		200.4			
60 Deer Path, West Seneca, N'	Y 14224	Director - 1)	0 0
Michael G. DeMarzio					
107 Century Drive, West Sened	ca, NY 14224	Director - 2)	0 (
John Leininger		100 I			
257 Woodward, West Seneca,	NY 14224	Director - 2)	0 0
Kenneth L. Switzer					
112 Wedgewood Drive, West S	eneca, NY 14224	Director - 0	(No.	0
Marie Nowak		Discord of	-		
17 Greenbranch Road, West S	eneca, NY 14224	Director - 1	(P	0 0

				200	video du desse
×/		- 1			
		1	1	1	Į.

Form 990 (2005) Part V-A Current Officers, Directors, T		and transfer	A Company of the Comp				Page €		
75a Enter the total number of officers, directors meetings			,,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-	n business at board 8		res	No		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).									
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations.									
If "Yes," attach a statement that iden organization and the other organization fincluding amounts paid to each individual of the control of t	ation(s), dual by	and describes to each related orga	the compensati nization.	on arrangements,					
d Does the organization have a written confined Part V-B Former Officers, Directors, Truste officer, director, trustee, or key emp person below and enter the amount	es, and I	Key Employees That I ceived compensation o	Received Comper	nsation or Other Ben	the ve	ar Île	_√ ormer it that		
(A) Name and address		(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	accour	Expensions and wance	other		

VVVV A R R I R A A R R A A R R A A R R A A A A									
	a a a a a a a a a a a a a a a a a a a						V		
				7.000					
	The state of the s	9/// #####							
Part VI Other Information (See the insti	ructions	. .)	Addition to the second		,	Yes	No		
76 Did the organization engage in any activity			the IRS? If "Yes,"	' attach a detailed	- E. S.				
77 Were any changes made in the organizing If "Yes," attach a conformed copy of the ci	or gove hanges.		,		76 77		7		
78a Did the organization have unrelated busine this return?b If "Yes," has it filed a tax return on Form 9					78a 78b	transfer and transfer of trans	1		

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt

b If "Yes," enter the name of the organization ▶

81a Enter direct and indirect political expenditures. (See line 81 instructions.)

b Did the organization file Form 1120-POL for this year? . .

and check whether it is exempt or nonexempt

79

80a

Form	990 (2005)		Р	'age
	d VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	1	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	V	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	1	-/^
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85a 85b		
	Dues, assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
0	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
g		85g	8.565.4 5	24/2006(4)
***	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	***************************************	
86	501(c)(7) orgs. Enter: a initiation fees and capital contributions included on line 12			
	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	39b		✓
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			-0-
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	***************************************		n/a
	List the states with which a copy of this return is filed New York Number of employees employed in the pay period that includes March 12, 2005 (See			
91a	instructions.) 90b The books are in care of ▶ Charles A. Krotje, Treasurer Telephone no. ▶ (716)84			^
	Located at ▶ 71 Pine Tree Lane, West Seneca, NY 14224 ZIP + 4 ▶ 14224-4	146		
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.)1b	es	No ✓
c		i1c		1
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here		>	

timbiometricon/entered	0 (2005)		nacouch we ne someone resonance mesonance mesonance mesonance mesonance mesonance mesonance mesonance mesonance	nomenumenumenumenumenumenumenumenumenumenu	nd Belonder share and substantial or the construent method share community belonder.	Page 8
Part	77			· · · · · · · · · · · · · · · · · · ·	inn 549 549 or 544	
	Enter gross amounts unless otherwise		siness income		ion 512, 513, or 514	(E) Related or
indicat		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function income
93	Program service revenue:				**************************************	73.975
a	Amateur girls softball					13,813
b						
c ·				-		
đ					^^~~	
e	XX (**)					
No.	Medicare/Medicaid payments					
. 9	Fees and contracts from government agencies			-		
94	Membership dues and assessments			14		
95	Interest on savings and temporary cash investments			14	88	
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate:					
a	debt-financed property		·			part 1 m and 100 m and 2 m and
b	not debt-financed property			 		
98	Net rental income or (loss) from personal property	ļ	· · · · · · · · · · · · · · · · · · ·	·		+
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory		······································	04	40 400	!
101	Net income or (loss) from special events .	 	· · · · · · · · · · · · · · · · · · ·	01	10,489	
102	Gross profit or (loss) from sales of inventory	ļ	m prime a con a servicio non processo such a servicio de con como coste de concesso de			
103	Other revenue: a					
b		ļ				
C					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
d				 		
e					######################################	nanananananananananananananananananana
104	Subtotal (add columns (B), (D), and (E))		-0-		10,577	73,975
105	Total (add line 104, columns (B), (D), and (E)).				<u> </u>	84,552
	Line 105 plus line 1d, Part I, should equal the a NIII Relationship of Activities to the Acce			Car the	· innderentiems \	
			*****	~~~~		
Line I	No. Explain how each activity for which income of the organization's exempt purposes (other	is reported in colui is than by providing	nn (E) of Part VI	il contributed in	nportantly to the	accomplishment
93a						
	effective ways to teach the importance o		····	the game or	SOILDAN AND AN	######################################
	enective ways to teach the importance of	i tealilling and ra	ш рау.			

a satal	Information Regarding Taxable Subsi	dinuing and Diag	accorded Entit	ina/Can tha is		
		(B)		ies (see me ii		751
	(A) Name, address, and EIN of corporation, Pe	ercentage of	(C) Nature of ac	tivitiae	(D) Total income	(E) End-of-year
***************************************	partnership, or disregarded entity own	ership interest	1490016-01-00		TOTAL BIGOLIE	assets
***************************************		%				
		%				
		%				
		%				
(da)	Information Regarding Transfers Associ	ated with Person	iai beneiit Cor	itracts (See In	e instructions.)	
	Did the organization, during the year, receive any funds, dire					☐ Yes ☑ No
	Did the organization, during the year, pay premi			personal bene	efit contract?] Yes ☑ No
Note	: If "Yes" to (b) , file Form 8870 and Form 4720		and the second s			international construction and the construction of the constructio
	Under penalties of perjury, I declare that I have examined and belief, it is true, correct, and complete. Declaration	I this return, including	accompanying sch	nedules and stater	nents, and to the be	st of my knowledge
Please		or proports (ettra tha	a unical is uased	. 4		
Sign	Charles & feet			<i></i>	une 9, 2	00]
Here	F Signature of officer			Val	e	
. s	Charles A. Krotje, Treasurer					
	Type or print name and title.			10-000 (100 o 20 o 100 o 20 o 20 o 20 o 20 o 20		
	Preparer's	to a the second of the second	Date	Check if	Preparer's SSN or P	TIN (See Gen, Inst. W)
			1	seif-		
Paid Oranges	Signature 8			employed ▶		
Paid Preparer Use Only	s signature Firm's name (or yours to			employed ▶ 📗 EIN	>	

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information—(See separate instructions.)

2005

OMB No. 1545-0047

Department of the Treasury internal Revenue Service

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

Mant Companyation	Employer identification number			
West Seneca Girls Softball Association, Inc.			16 1605340	
Part I Compensation of the Five High (See page 1 of the instructions. L	est Paid Employees O t .ist each one. If there ar	t her Than Office e none, enter "h	ers, Directors , a None.")	ind Trustees
(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 & deterred compensation	(e) Expense account and other allowances
None			1/00///	
		V \- //// (\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			Annual An	
Total number of other employees paid over \$50,000 . 🕒				
Part II-A Compensation of the Five Higher (See page 2 of the instructions. List	est Paid Independent C each one (whether indivi	contractors for I duals or firms). If	Professional Se there are none, e	rvices nter "None.")
(a) Name and address of each independent contractor	paid more than \$50,000	(b) Type (of service	(c) Compensation
None				
	V / 1. A			
~ / ~ · · / · · · · · · · · · · · · · ·	~ ^ / * / / / - &			
Total number of others receiving over \$50,000 for professional services				
Part II-B Compensation of the Five Highe (List each contractor who perform firms. If there are none, enter "Nor	ed services other than p	rofessional servi	Other Services ces, whether ind	ividuals or
(a) Name and address of each independent contractor	paid more than \$50,000	(b) Type c	of service	(c) Compensation
None				www.
~ / / / - / / - / / - / / - / / - / / - / / - / / - / / - / / / - / / / / / - / / / / / - / / / / / / / / - /				
		P-25/500/200		
		//////////////////////////////////////		***************************************
Total number of other contractors receiving over \$50,000 for other services				

2.6		Statements About Activities (See page 2 of the instructions.)			
	LANUE .	Oratements About Activities (See page 2 of the instructions.)		Yes	No
ypoon	atten or ind Part \ Orga organ	ng the year, has the organization attempted to influence national, state, or local legislation, including are not to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses particular or connection with the lobbying activities (Must equal amounts on line 3 VI-A, or line I of Part VI-B.)	d 3, 1		*
		obbying activities.			
2	subsi with owne	ng the year, has the organization, either directly or indirectly, engaged in any of the following acts with an tantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or any taxable organization with which any such person is affiliated as an officer, director, trustee, majoriter, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the actions.)	ir V		
а	Sale,	exchange, or leasing of property?	2a	Processor of the control of the cont	1
b	Lend	ing of money or other extension of credit?	2b	Ļ	✓
C	Furni	shing of goods, services, or facilities?	2c		<u> </u>
d		nent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		
90		of any part of its income or assets?	<u>2e</u>		
За	vou à	ou make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how determine that recipients qualify to receive payments.).	/ 3a	1	1
b	Do yo	ou have a section 403(b) annuity plan for your employees?	3b		/
C	Durin	g the year, did the organization receive a contribution of qualified real property interest under section 170(h)			Ţ
4 a	Did y	ou maintain any separate account for participating donors where donors have the right to provide advice or			
	the us	se or distribution of funds?	4a		✓
D	по ус	ou provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		1
Ŀ	ři IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions	3		
Fhe			~ • /		
	organiz	zation is not a private foundation because it is: (Please check only ONE applicable box.)			
5		zation is not a private foundation because it is: (Please check only ONE applicable box.) church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
	□ A □ A	church, convention of churches, or association of churches. Section 170(b)(1)(A)(i), school. Section 170(b)(1)(A)(ii), (Also complete Part V.)			
5	☐ A ☐ A ☐ A	church, convention of churches, or association of churches. Section 170(b)(1)(A)(i), school. Section 170(b)(1)(A)(ii), (Also complete Part V.) hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii),			
5 6 7 8	☐ A ☐ A ☐ A ☐ A	church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). school. Section 170(b)(1)(A)(ii). (Also complete Part V.) hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
5 6 7 8 9	A A A A ar	church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). school. Section 170(b)(1)(A)(ii). (Also complete Part V.) hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hond state	spital's r		-
5 7 8 9	A A A A A A A (A	church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). school. Section 170(b)(1)(A)(ii). (Also complete Part V.) hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hold state n organization operated for the benefit of a college or university owned or operated by a governmental unit. Sells complete the Support Schedule in Part IV-A.)	spital's r	(b)(1)(/	4)(iv
5 7 8 9	A A A A A A A A A A A A A A A A A A A	church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). school. Section 170(b)(1)(A)(ii). (Also complete Part V.) hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hond state In organization operated for the benefit of a college or university owned or operated by a governmental unit. See also complete the Support Schedule in Part IV-A.) In organization that normally receives a substantial part of its support from a governmental unit or from the get 70(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	spital's r	(b)(1)(/	 4)(iv
5 6 7 8 9	A A A A A A A A A A A A A A A A A A A	church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). school. Section 170(b)(1)(A)(ii). (Also complete Part V.) hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hold state n organization operated for the benefit of a coilege or university owned or operated by a governmental unit. Selso complete the Support Schedule in Part IV-A.) n organization that normally receives a substantial part of its support from a governmental unit or from the get	spital's r	(b)(1)(/	A)(iv
5 6 7 8 9 0 1a 1b 2	A A A A A A A A A A A A A A A A A A A	church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). school. Section 170(b)(1)(A)(ii). (Also complete Part V.) hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hond state ▶ norganization operated for the benefit of a college or university owned or operated by a governmental unit. Selection operated the Support Schedule in Part IV-A.) norganization that normally receives a substantial part of its support from a governmental unit or from the general form of the Support Schedule in Part IV-A.) community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) norganization that normally receives: (1) more than 33½% of its support from contributions, membership fees an activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 3 may gross investment income and unrelated business taxable income (less section 511 tax) from business ganization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) norganization that is not controlled by any disqualified persons (other than foundation managers) and supporting income income income that the test of section box that describes the type of supporting organization: ▶ □ Type 1 □ Type 2	spital's rection 170 leral publication, and grows 31%% of less acquires organ 509(a). Type 3	(b)(1)(/ ic. Sec ss rece ts sup red by anizat 2). Cr	A)(iv ction eipts por the
5 7 8 9	A A A A A A A A A A A A A A A A A A A	church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). school. Section 170(b)(1)(A)(ii). (Also complete Part V.) hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(ii). Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(ii). medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hond state ▶ norganization operated for the benefit of a college or university owned or operated by a governmental unit. Selection complete the Support Schedule in Part IV-A.) norganization that normally receives a substantial part of its support from a governmental unit or from the get 70(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) norganization that normally receives: (1) more than 33½% of its support from contributions, membership fees on activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 3 companization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) norganization that is not controlled by any disqualified persons (other than foundation managers) and supporting in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of sective box that describes the type of supporting organization: ▶ ☐ Type 1 ☐ Type 2 Provide the following information about the supported organizations. (See page 6 of the instruction	spital's rection 170 leral publication, and grows 31%% of less acquires organ 509(a). Type 3	(b)(1)(/ ic. Sec ss rece ts sup red by tanizat 2). Cr	A)(iv)

P. Not	rt IV-A Support Schedule (Complete onle: You may use the worksheet in the instructions	y if you checked for converting fi	a box on line 10,	11, or 12.) Use the cash metho	cash method	l of :	accounting.
Cale	⇒ndar year (or fiscal year beginπing in) 🕒	(a) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
15	Gifts, grants, and contributions received. (Do						
	not include unusual grants. See line 28.) .	19,757	21,112	14,609	13.4	163	68.941
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	11,928	10,781	8,971	8.0	85	39,765
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	73					
19	Net income from unrelated business		02	96		19	450
***	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	
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	o		0	0
23	Total of lines 15 through 22	31,758	31,955	23,676	28,0	58	109,156
24	Line 23 minus line 17	19,830	21,174	14,705	13,6		69,391
25	Enter 1% of line 23	317.58	319.55	236.76	280.	~~~~~	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e) line 24	> 20	6а	1,387.82
b	Prepare a list for your records to show the nam governmental unit or publicly supported organiz	ne of and amouni ation) whose tota	t contributed by e	ach person (other	er than a eded the	~ı.	2,462
c	amount shown in line 26a. Do not file this list wi Total support for section 509(a)(1) test: Enter lir					6b 6c	69,391
d	Add: Amounts from column (e) for lines: 18		19		. , 🔊 🚾	JG	03,331
u	an and Ambulta from Column (e) for littles.	0	26b 2,4		. 2	5d	2,912
ė	Public support (line 26c minus line 26d total)	······································					66,479
ŕ	Public support percentage (line 26e (numera	ton divided by li	ine 26c Idenomic	,	1 1	6f	****
27 b	Organizations described on line 12: a Fo person," prepare a list for your records to show to Do not file this list with your return. Enter the (2004) (2003) For any amount included in line 17 that was receive show the name of, and amount received for each y (Include in the list organizations described in lines 5 the difference between the amount received and amounts) for each year: (2004) (2003)	r amounts include the name of, and a sum of such an red from each percear, that was more through 11b, as we the larger amount.	led in lines 15, 16 total amounts reconcurts for each year (2002). son (other than "die than the larger cyell as individuals.) described in (1) o	6, and 17 that we leived in each year: squalified persons of (1) the amount on the person on the this list (2), enter the sur	ere received to refrom, each "of (2001) "), prepare a list of the total with your return of these differences."	from disquart st for st for sturn. ferer	a "disqualified ualified person." r your records to ear or (2) \$5,000. After computing nces (the excess
C	Add: Amounts from column (e) for lines: 15 17 20				<u>~ 27</u>	'c l	
d						ď	
e	Public support (line 27c total minus line 27d tot	al).	•		27		
di.	Total support for section 509(a)(2) test: Enter an	nount from line 2	3. column (e)	≥ 27f			
9	Public support percentage (line 27e (numerat				» 27	g	%
h	Investment income percentage (line 18, colur	nn (e) (numerato	or) divided by line	e 271 (denomina	tor)). > 27		%
28	Unusual Grants: For an organization described prepare a list for your records to show, for eac description of the nature of the grant. Do not file	t in line 10, 11, o	or 12 that receive	d any unusual gi	rants during 2	001	through 2004

Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Pa 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its chrother governing instrument, or in a resolution of its governing body? 30 Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student programs, and scholarships? 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast the period of solicitation for students, or during the registration period if it has no solicitation prograthat 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 state) 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nond basis? c Copies of all catalogues, brochures, announcements, and other written communications to the province 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	nter, bylaws, nts in all its admissions,	29	Yes	No
 other governing instrument, or in a resolution of its governing body? 30 Does the organization include a statement of its racially nondiscriminatory policy toward stude brochures, catalogues, and other written communications with the public dealing with student programs, and scholarships? 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast the period of solicitation for students, or during the registration period if it has no solicitation prograthat 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 state) 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nond basis?, c Copies of all catalogues, brochures, announcements, and other written communications to the privite with student admissions, programs, and scholarships? 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 	nts in all its admissions,	~~~~ ~~~	Yes	No
 Does the organization include a statement of its racially nondiscriminatory policy toward stude brochures, catalogues, and other written communications with the public dealing with student programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast the period of solicitation for students, or during the registration period if it has no solicitation programs 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 states. Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? B Records documenting that scholarships and other financial assistance are awarded on a racially nond basis?. C Copies of all catalogues, brochures, announcements, and other written communications to the private student admissions, programs, and scholarships? C 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 	nts in all its admissions,			
 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast the period of solicitation for students, or during the registration period if it has no solicitation progressive 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 state) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nond basis? c Copies of all catalogues, brochures, announcements, and other written communications to the private student admissions, programs, and scholarships? 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 state) 		30		i de la constante de la consta
 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nond basis? c Copies of all catalogues, brochures, announcements, and other written communications to the private student admissions, programs, and scholarships? 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 	media during am, in a way ment.)	31		
 b Records documenting that scholarships and other financial assistance are awarded on a racially nond basis? c Copies of all catalogues, brochures, announcements, and other written communications to the provided by the student admissions, programs, and scholarships? 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 				
 basis?. Copies of all catalogues, brochures, announcements, and other written communications to the powith student admissions, programs, and scholarships? 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 		32a		
 c Copies of all catalogues, brochures, announcements, and other written communications to the provided with student admissions, programs, and scholarships? 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 	scriminatory :	32b	853	
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	ublic dealing	32c		
		32d		
	statement.)			
		100		
Does the organization discriminate by race in any way with respect to:		600.46		
a Students' rights or privileges?		33a		
b Admissions policies?		33b		·/··
c Employment of faculty or administrative staff? ,	. , , , 3	33c		
d Scholarships or other financial assistance?	* * ,	33d		
e Educational policies?		33e		
f Use of facilities? , , , ,		331		^· /
g Athletic programs?, , , , , , , ,		l3g		
h Other extracurricular activities?		3h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate				
A				
***************************************				0000
34a Does the organization receive any financial aid or assistance from a governmental agency?	34	4a		
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.	į.	Ì	1	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 th of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanat	3	4b		

Schedule	A	(E) as more	000	** **	one em	ODOE
Schedule.	A	ar-orm	555	or	220-521	2000

STATE OF THE PARTY	nt VI-A Lobbying Expenditures by	Clastina Dublia	Charleian (C.		· · · · · · · · · · · · · · · · · · ·	Page
	(To be completed ONLY by					
Che	ck $ ightharpoonup$ a if the organization belongs to an af	filiated group. Ch	eck 📂 🖰	if you checked "a"	and "limited control	provisions apply.
	Limits on Lobb (The term "expenditures" m				(a) Affiliated group totals	(b) To be completed for ALL electing
~~~						organizations
36	Total lobbying expenditures to influence pub					
37 38	Total lobbying expenditures to influence a le					-
აი 39	Total lobbying expenditures (add lines 36 an Other exempt purpose expenditures					
40	Total exempt purpose expenditures (add line				—ţ	
41	Lobbying nontaxable amount. Enter the amo					
* *		lobbying nontax				a special and
		% of the amount or		1	100000000	
		0,000 plus 15% of		t 1980/95		
	Over \$1,000,000 but not over \$1,500,000 . \$17					
	Over \$1,500,000 but not over \$17,000,000. \$22					
		000,000		E60000000		
42	Grassroots nontaxable amount (enter 25% o	f line 41)		. 42		
43	Subtract line 42 from line 36. Enter -0- if line	42 is more than li	ne 36, , , ,	43		
14	Subtract line 41 from line 38. Enter -0- if line	41 is more than li	ne 38	44		
	Caution: If there is an amount on either line	42 or line 44 vou	munt file Form A	79/3		
iinteriorisete						
	(Some organizations that made a section (Some organization) (Some	veraging Perio				
	See the instructions	for lines 45 throu	gh 50 on page 1	complete all of the instruction	ne tive columns be ons.)	elow.
		Lot	bying Expendit	tures During 4-Y	ear Averaging Pe	riod
	Calendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2004	(c) 2003	<b>(d)</b> 2002	(e) Total
45	Lobbying nontaxable amount	To a second seco		The state of the s		
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 ,					enne en
	t VI-B Lobbying Activity by Nonele (For reporting only by organize	ecting Public C		Part VI-A) (See	page 11 of the	instructions.)
Durit	ng the year, did the organization attempt to ining the influence public opinion on a legislative	fluence national, st	ate or local legis	slation, including	······································	Amount
	Volunteers		_	use or.		
b	Paid staff or management (Include compense			e through b	· ·	
c	Media advertisements,					
đ	Mailings to members, legislators, or the public	C		. ,		
е	Publications, or published or broadcast stater					
å.	Grants to other organizations for lobbying pur					
9	Direct contact with legislators, their staffs, go	vernment officials.	or a legislative t	oody,		
h	Railies, demonstrations, seminars, convention	is, speeches, lectu	res, or any other	r means		
Ė	Total lobbying expenditures (Add lines c through "Yes" to any of the above, also attach a sta	ugh <b>h.</b> )	atailed description	on of the Johnvino	activities	-0-

Schedule /	4	(Form-	990	or	990-	EZ)	2005

Page 6

Œ	rt VII	Information Exempt Or	n Regarding 1 ganizations (Se	Transfers To and Tree page 12 of the instr	ransactions and ructions.)	Relationships	With	Non	chari	table
51	Did-th 501(c	ne reporting orga ) of the Code (oth	nization directly or her than section 50	r indirectly engage in any 01(c)(3) organizations) or in	of the following with	any other organiza	ation de	escribe	d in s	ectio
a				to a noncharitable exemp		a co monsion or Barri	au a		Yes	No
1,2					•			51a(i)		1
		Other assets						a(ii)		1
k.		transactions:		* * * * * * * * *						
IJ			an of annata with a					k., /1\		✓
				noncharitable exempt or				<u>b(i)</u>		
				ritable exempt organizatio				<u>b(ii)</u>		\ <u></u>
				her assets				b(iii)	<del> </del>	V,
								b(iv)	ļ	<b>√</b>
			rrantees					b(v)	ļ	
				ship or fundraising solicita		A		b(vi)		✓
				ists, other assets, or paid				C	ļ	✓
d	goods	, other assets, o	r services given b	* complete the following so y the reporting organization or column (d) the value of the	<ul> <li>If the organization</li> </ul>	received less than	fair m	market iarket i	value value i	of the
	a)	(b) Amount involved	<b>*</b> 5	(c)	200	(d)				
	e no.	WHOUSE STOUVES	name or non	charitable exempt organization	Description o	f transfers, transactions	, and sha	aring arr	angeme	ants
					···········		~~~~~			
^^***				A						***************************************
									******************	
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			***************************************		*****					
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						· · · · · · · · · · · · · · · · · · ·	***************************************			
	descri	bed in section 50	ectly or indirectly 11(c) of the Code (following schedule	affiliated with, or related other than section 501(c)(3	to, one or more tax 3)) or in section 5271	-exempt organizatio	ons 🌬 🗆	Yes	Z	No
		(a) Name of organiza	ntino	(b) Type of organization	magnetic of the control of	(c)				
		"""		Type or arganization		Description of relai	ionsnip			
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### West Seneca Girls Softball Association, Inc. EIN 16-1605340 Form 990

For the tax year beginning November 1, 2005 and ending October 31, 2006

#### Schedule 1 - Part I, Line 9, Special Events and Activities:

	 ncession Stand	 Raffle	Spring Social	 All Other		Total
Gross receipts Less: contributions	\$ 3,056	\$ 6,090	\$ 6,611	\$ 2,025	\$	17,782
Gross revenue	3,056	 6,090	6,611	2,025	**********	17,782
Less: direct expenses	 2,954	 2,310	1,174	 855		7,293
Net income (loss)	\$ 102	\$ 3,780	\$ 5,437	\$ 1,170	\$	10,489





### West Seneca Girls Softball Association, Inc. EIN 16-1605340 Form 990

For the tax year beginning November 1, 2005 and ending October 31, 2006

### Schedule 2 - Part IV, Line 57, Land, Buildings, and Equipment

	Beginning of Year						***************************************	End of Year				
			Ac	cumulated		Net Book			Ac	cumulated		Net Book
	***************************************	Cost	<u>De</u>	preciation		Value		Cost	De	preciation		Value
Softball equipment	\$	18,054	\$	(11,503)	\$	6,551	\$	19,518	\$	(14,677)	\$	4,841
Softball field improvements		10,218		(2,203)		8,015	*********	20,026		(3,620)		16,406
Total	\$	28,272	\$	(13,706)	\$	14,566	\$	39,544	\$	(18,297)	\$	21,247

IRS USE ONLY

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For assistance, call: 1-877-829-5500

Notice Number: CP211A

Date: April 2, 2007

Taxpayer Identification Number:

16-1605340 Tax Form: 990

Tax Period: October 31, 2006

200712

Department of the Treasury

Internal Revenue Service OGDEN, UT 84201-0074

> WEST SENECA GIRLS SOFTBALL ASSOCIATION INC % CHARLES A KROTJE 71 PINE TREE LN WEST SENECA 14224-4146714

# APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to June 15, 2007.

Please attach a copy of this letter to your return when you file it. It is evidence that we granted an extension of time to file your return. A copy is provided for your records.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

For tax forms, instructions and information visit <u>www.irs.gov</u>. (Access to this site will not provide you with your specific taxpayer account information.)



939





# GOULD & SWANSON, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

# West Seneca Girls Softball Association, Inc.

Financial Statements with Accountant's Review Report

October 31, 2006

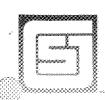
# West Seneca Girls Softball Association, Inc.

## Financial Statements

October 31, 2006

# **Table of Contents**

Accountant's Review Report	
Financial Statements	
Statement of Assets, Liabilities, and Net Assets – Cash Basis	2
Statement of Revenue Collected and Expenses Paid - Cash Basis	3
Statement of Cash Flows – Cash Basis	4
Statement of Functional Expenses - Cash Basis	5
Notes to Financial Statements	6-8



# GOULD & SWANSON, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

1800 Liberty Building 424 Main Street Buffalo, New York 14202-3686 (716) 854-3110 FAX (716) 854-1113 William J. Swierat, CPA Daniel E. Connell, CPA Joseph M. Becht, CPA

Robert K. Gould, CPA (1915 - 1994) Roger C. Swanson, CPA (1927-1997)

#### ACCOUNTANTS' REVIEW REPORT

The Board of Directors West Seneca Girls Softball Association, Inc.

We have reviewed the accompanying statement of assets, liabilities, and net assets—cash basis of West Seneca Girls Softball Association, Inc. (a nonprofit organization) as of October 31, 2006, and the related statement of revenue collected and expenses paid and cash flows—cash basis for the year then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of West Seneca Girls Softball Association, Inc.

A review consists principally of inquiries of Organization personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, we do not express such an opinion.

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with the cash basis of accounting, as described in Note 2.

June 4, 2007







Dould + Swanson, P. C.

# West Seneca Girls Softball Association, Inc. Statement of Assets, Liabilities, and Net Assets – Cash Basis October 31, 2006

Assets:	
Cash	\$ 31,887
Softball field improvements and equipment:	
Softball field improvements, at cost	20,026
Equipment, at cost	 19,518
Total	39,544
Accumulated depreciation	 (18,297)
Net	 21,247
Total assets	\$ 53,134
Net assets:	
Unrestricted	\$ 53,134

# West Seneca Girls Softball Association, Inc. Statement of Revenue Collected and Expenses Paid – Cash Basis Year Ended October 31, 2006

Revenues collected:		
Contributions	\$	18,885
Program service revenue		75,736
Special event revenue		17,782
Interest income		88
Total revenue		112,491
Expenses paid:		
Program services		99,309
Special events expenses		7,293
Management and general	***************************************	1,234
Total expenses	***************************************	107,836
Increase in net assets		4,655
Net assets at beginning of year	***************************************	48,479
Net assets at end of year	\$	53,134

# West Seneca Girls Softball Association, Inc. Statement of Cash Flows – Cash Basis Year Ended October 31, 2006

Cash flows from operating activities:		
Increase in net assets	\$	4,655
Depreciation		4,591
Cash flows provided by operating activities	*******************************	9,246
Cash flows from investing activities:		
Purchases of equipment	***************************************	11,272
Toal cash used in investing activities	anterorianismos	11,272
Decrease in cash		(2,026)
Cash at beginning of year		33,913
Cash at end of year	\$	31,887

# West Seneca Girls Softball Association, Inc. Statement of Functional Expenses – Cash Basis Year Ended October 31, 2006

	Program Services		Special Events		Management and General			Total
							_	
Player uniforms	\$	27,077	\$	**	\$	-	\$	27,077
Occupancy		16,194		-		_		16,194
Tournament fees and team registrations		14,393		-		-		14,393
Umpires		13,658		-		-		13,658
Awards and banquet		12,351		_		-		12,351
Depreciation		4,591		-		**		4,591
Insurance		2,938		-		+		2,938
Non-umpire tournament costs		2,268		-		-		2,268
Supplies		108		-		340		448
Postage and shipping		213		-		88		301
Printing and publications		283		-		-		283
Meetings				-		250		250
Special events		•		7,293		-		7,293
Miscellaneous		5,235		**		556		5,791
	\$	99,309	\$	7,293	\$	1,234	\$	107,836

# West Seneca Girls Softball Association, Inc. Notes to Financial Statements October 31, 2006

#### 1. Description of Association

The West Seneca Girls Softball Association, Inc. (the "Association") is a not-for-profit organization incorporated under the New York State Corporation Laws and organized to promote, develop, supervise, and voluntarily assist in a girls softball program, for the purpose of providing girls and young women through age 18 with an opportunity to learn and grow through team sports. The Association is dedicated to helping youths become good citizens and providing an outlet of healthful activity and training under good leadership in an atmosphere of wholesome community participation. The players are provided an opportunity to learn the game of softball while also learning about, and experimenting with, working as a member of a team. The Association is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the "Code") and is exempt from income taxes on related income under Section 501(a) of the Code.

The Association's primary sources of funding are program service revenue and contributions from local businesses.

The Association is affiliated with the Town of West Seneca, New York Recreation Department and uses softball diamonds owned by the Town of West Seneca.

# 2. Summary of Significant Accounting Policies

#### **Basis of Presentation**

The Association's financial statements are presented on the cash basis of accounting. Revenues are recorded when collected and expenses are recorded when paid. Expenditures for equipment are capitalized when paid.

The Association's net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of imposed restrictions. Accordingly, the net assets of the Association and changes therein are classified and reported as follows:

Unrestricted net assets - Net assets that are not subject to donor-imposed restrictions.

Temporarily restricted net assets – Net assets subject to donor-imposed restrictions that will be met either by actions of the Organization and/or the passage of time.

Permanently restricted net assets – Net assets subject to donor-imposed restrictions that they be maintained permanently by the Organization. The Association held no permanently restricted net assets at October 31, 2006.

# West Seneca Girls Softball Association, Inc. Notes to Financial Statements October 31, 2006

# 2. Summary of Significant Accounting Policies (Continued)

Expenses are reported as decreases in unrestricted net assets. Expirations of temporary restrictions on net assets (i.e. the stipulated purpose has been fulfilled and/or the stipulated time period has elapsed), except for those restrictions met in the same year as received, which are reported as revenues of the unrestricted net asset class, are reported as net assets released from restrictions.

#### Contributions and Donated Services

The Association receives a significant amount of donated services from unpaid volunteers who assist in special events. No amounts have been recognized in the statement of activities because the criteria for recognition under SFAS No. 116 have not been satisfied.

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

### Concentration of Credit Risk

Financial instruments which potentially expose the Association to concentrations of credit risk include cash. The Association's cash deposits are less than the federally insured limits.

# Softball Field Improvements and Equipment

Equipment is recorded at cost. Depreciation is provided for using declining balance methods over the estimated useful lives of the equipment as follows: softball equipment – 5 years, softball field improvements – 15 years.

# West Seneca Girls Softball Association, Inc. Notes to Financial Statements October 31, 2006

#### 3. Special Events

Special event activity for the year ended October 31, 2006 is summarized as follows:

	Revenue	Expense	Net	
Concession stand	\$ 3,056	\$ 2,954	\$ 102	
Raffle	6,090	2,310	3,780	
Spring Social	6,611	1,174	5,437	
Other special events	2,025	855	1,170	
Total	\$ 17,782	<b>\$</b> 7 <b>,</b> 293	\$ 10,489	

Concession stand – at certain times throughout the softball season, including during Association-sponsored tournaments, the Association offers a concession stand, providing limited food, drinks and other refreshments.

Raffle – the Association sponsors a raffle based on the New York State Lottery numbers, generally once or twice per year.

Spring Social – once per year, the Association sponsors a social gathering. The Association generally provides entertainment and limited beverages, and there are generally various items auctioned, which are provided by donors.