Form CHAR500

This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)

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

2007

Open to Public Inspection

1. General Information				1 4 4 4 4 4
a. For the fiscal year beginning (min	n/dd/yyyy) 11/01 / 2007 and ending (m	nm/dd/yyyy) 10/3//2008		
b. Check if applicable for NYS: c. Address change Name change Initial filing Final filing Amended filing NY registration pending	Name of organization Nest Seneca Girls Association, Inc. Number and street (or P.O. box if mail not delive 7/ Pine Tree Lane City or town, state or country and zip + 4 West Seneca, Ny / 1	ered to street address) Room/suit	d. Fed. employer ID no. (16 - 1605 e. NY State registration of the control of	3 40 no. (#####) 3 9
2. Certification - Two Signatures				
	ce with the laws of the State of New York and Signature			1
3. Annual Report Exemption Info	ormation			
\$25,000 <u>and</u> contributions of the contributions of the contribution of the contributi	utions from NY State (including residents, f the organization did not use the services of during this fiscal year. ganization may also check the box to claim received an allocation from a federated func- ces did not exceed \$25,000 or 2) it received ich it submitted an annual financial report si	a professional fund raiser (PF this exemption if no PFR or FF d, United Way or incorporated of d all or substantially all of its co	R) or fund raising counsel RC was used <u>and</u> either: 1 community appeal <u>and</u> countributions from a single o	(F紀) to solicit) the ntributions from
Check ➡ ☐ if total gross r	n (EPTL registrants and dual registrants) receipts for this fiscal year did not exceed \$ receipts for this fiscal year.	25,000 and the assets (market	t value) of the organization	did not exceed
exemptions under both laws,	ning the annual report exemption under the one la simply complete part 1 (General Information), par submit a fee, <u>do not</u> complete the following sched	rt 2 (Certification) and part 3 (Аллиа	l Report Exemption Informatio	
4. Article 7-A Schedules				
a. Did the organization use a profe * If "Yes", complete Schedule	vernment contributions (grants)?	ommercial co-venturer for fund r		
5. Fee Submitted: See last page	for summary of fee requirements.			
b. EPTL filing fee	ubmitting along with this form:	\$ <u>50</u> total	nit only one check or mo fee, payable to "NYS Dep	

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

Sc	Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)					
If y fun	ou 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 d 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 through (mm/dd/yyyy) (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
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Tot	al Government 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		
Article 7-A		Calculate the Article 7-A filling fee using the table in part a below. The EPTL filling fee is \$0.		
•	EPTL	Calculate the EPTL filling fee using the table in part b below. The Article 7-A filling fee is \$0.		
•	Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing 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 filing 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

For Ali Filers		N. Carlotte
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	
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
Additional Article 7-A Document Attach	ment Requirement	
Independent Accountant's Report		
☐ Audit Report (total support & revenu	e more than \$250,000)	
Review Report (total support & rever	nue \$100,001 to \$250,000)	

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Α	For the	e 2007 ca	alendar	year, or tax year beginnir	ig November 1	, 2007, a	na enaing	OCTOBEL 21	r identification nu	ımhor
В	Check if a	applicable:	Please	C Name of organization				· , ·		
	Address		use IRS label or	West Seneca Girls Softba				16	1605340	J
_	Name ch		print or type.	Number and street (or P.O. I		street addr	ess) Room/suite	E Telephor		
	Initial ret	-	See	c/o Charles A. Krotje, 71				(716)		
	Terminat		Specific Instruc-	City or town, state or count					method:	Accrual
	Amende		tions.	West Seneca, NY 14224-4	1146				er (specify) ►	
		on pending	• Sec	tion 501(c)(3) organizations	and 4947(a)(1) nonexemp	t charitabl	le Hand I are no	ot applicable t	to section 527 orga for affiliates?	anizations. Ves IZ No
	пррпоси	on pontaning	trus	its must attach a completed	Schedule A (Form 990 or 1	990-EZ).			r of affiliates •	
G	Website	e: ► wsg	sa.com				H(c) Are all a			Yes No
			tabaati a	nly one) > 🔽 501(c) (3)	✓ (incert no.) ☐ 4947(a)(1) or 🗍 52	27 (If "No,"	attach a list.	See instructions.)	
							H(d) Is this as	separate return	filed by an	_
K	Check I	here ▶ 🔲	if the c	rganization is not a 509(a)(3) re than \$25,000. A return is no	supporting organization ar t required, but if the organiz	nd its gross ation choose	organizat	ion covered by	a group ruling?	JYes ☑ No
	to file a	return, be	sure to file	a complete return.	() Oquilou) —— · · · · · · · · · · · · · · · · · ·		I Group E	xemption Nur		
									ne organization is	
L	Gross i	receipts:	Add line:	s 6b, 8b, 9b, and 10b to lin	ne 12 ▶ 159 ,2				orm 990, 990-EZ,	or 990-PF).
P	art I	Rever	ue, Ex	penses, and Change	s in Net Assets or	Fund Ba	ilances (See t	he instruc	tions.)	
	1			gifts, grants, and similar						
				o donor advised funds		1a				
	b			apport (not included on	line 1a)	1b	21,	435		
		Indirect	public	support (not included or	n line 1a)	1c				
	d	Govern	nent co	ntributions (grants) (not	included on line 1a)	1d		t		
	e	Total (a	dd lines	1a through 1d) (cash \$	21,534 nonca	ısh \$		· i I		21,435
	2	Program	service	revenue including gover	nment fees and contra	cts (from	Part VII, line 93)	2		106,264
	3			ies and assessments.				. 3		
				ngs and temporary cas				. 4		40
	5	and the state of t						. 5		
	6a	Ga Gross rents								
	b			penses		6b				
	С	A Line and (Long) Subtract line 6h from line 6a					6c			
d)	7			nt income (describe 🕨) 7		
Revenue	8a	Gross a	mount	from sales of assets oth	ner (A) Securities	 _	(B) Other			
ev.		than inv				8a				
	ь	Less: co	st or oth	er basis and sales expens	es,	8b				
	C	Gain or	(loss) (a	attach schedule)		8c				
	d	Net gair	or (los	s). Combine line 8c, colur	mns (A) and (B)			. 8d		
	9	Special e	events ar	nd activities (attach schedul	e). If any amount is from	gaming,	check here 🕨 b			
	a	Gross r	evenue	(not including \$	-0- of		24	400		
		contribu	utions re	eported on line 1b)		9a		,499 ,108		
	b	Less: d	irect ex	penses other than fund	raising expenses .	9b		9c		22,391
	С	Net inc	ome or	(loss) from special even	its. Subtract line 9b fi	rom line 9	9a	. 90		22,001
	10a			inventory, less returns a		10a				
	b	Less: c	ost of g	joods sold		[10b]	-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	10c		
	С	Gross p	rofit or (le	oss) from sales of inventory	(attach schedule). Subt	ract line 10	0b from line 10a	•		**************************************
	11	Other r	evenue	(from Part VII, line 103)	0-7040-10-00			·		150,130
	12			Add lines 1e, 2, 3, 4, 5,						136,317
	13	Program	n servic	ces (from line 44, colum	n (B))					3,637
Fynonese	14			and general (from line 44				15		
9	15	Fundra	ising (fr	om line 44, column (D))				16		
ù	1	Payme	nts to a	ffiliates (attach schedule	e)			•		139,954
	17			s. Add lines 16 and 44,				40		10,176
-	18	Excess	or (def	cit) for the year. Subtra	ct line 17 from line 12	2				60,955
Not Accote	19	Net ass	sets or f	und balances at beginn	ing of year (from line	73, colui				-21440
ta	20	Other o	hanges	in net assets or fund b	alances (attach expla	ination). 10 and 1				71,131
2	21	Net ass	ets or fu	and balances at end of ye	ar. Combine lines 16,	10, dHU 2	<u> 20</u>	. [41		

	Do not include amounts reported on line		4947(a)(1) nonexempt ((B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I.		(M) TOTAL	services	and general	
0	rants paid from donor advised funds (attach schedule)					are to be the
(cash \$ noncash \$)	222			'	
	this amount includes foreign grants, check here $ ightharpoonup$	22a				
(Other grants and allocations (attach schedule)					
(cash \$ noncash \$)	22b				
	this amount includes foreign grants, check here	2-4-5-7				454556
9	Specific assistance to individuals (attach chedule)	23				
5	Benefits paid to or for members (attach chedule)	24				
ŀ	Compensation of current officers, directors, sey employees, etc. listed in Part V-A	25a				
) (Compensation of former officers, directors, sey employees, etc. listed in Part V-B	25b				
i	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
;	Salaries and wages of employees not included on lines 25a, b, and c	26				
	Pension plan contributions not included on ines 25a, b, and c	27			,	
	Employee benefits not included on lines					
	employee benefits not included on lines	28				
	Payroll taxes	29				
	Professional fundraising fees	30				
	Accounting fees	31	975	0	975	
	Legal fees	32				
	Supplies	33	798	204	594	
	Telephone	34	070	0	278	
	Postage and shipping	35	278	21,258		
	Occupancy	36	21,258	21,230	<u> </u>	1
	Equipment rental and maintenance	37	428	428	0	<u> </u>
	Printing and publications	38	420	720		1
	Travel	39	370	0	370	:
	Conferences, conventions, and meetings	40	370			
	Interest	42	8,180	8,180	C	
	Depreciation, depletion, etc. (attach schedule)	44				
	Other expenses not covered above (itemize):	43a	107,667	106,247	1,420	
а	Schedule 2	43t	<u> </u>			
		430				
		430				
		436				
		43f				
		430				
g	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44		136,31	3,63	7

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.

Wha	at is the organization's primary	exempt purpose? > amateur girls so	oftball program		Program Service
All of orga	organizations must describe their lients served, publications issue anizations and 4947(a)(1) nonexen	exempt purpose achievements in a cle I, etc. Discuss achievements that are I pt charitable trusts must also enter the a	not measurable. (Section 50' amount of grants and allocation	1(c)(3) and (4) ons to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts: but optional for others.)
а	Sponsored girls softball program game of softball and grow throug	enefiting 572 girls ages 5 through 18, p team sport activities	roviding them a setting to lea		
	(Grants and allocations \$) If this amou			136,317
b.					was Administrative
	(Grants and allocations \$) If this amo	unt includes foreign grants, che	eck here 🕨 🗌	
С					

			ount includes foreign grants, che		1
	(Grants and allocations \$				<u> </u>
d .			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	***************************************			*****	
	***************************************				Į Į
	(Grants and allocations \$) If this amo	ount includes foreign grants, che	eck here ► [Avverage and a second
	Other program services (attach	schedule)			
	(Grants and allocations \$) If this amo	ount includes foreign grants, che	eck here 🕨 🗌]
f	Total of Program Service Exp	enses (should equal line 44, column	ı (B), Program services)	<u>⊁</u>	136,317

Form 990 (2007)

Pa	rt IV	Balance Sheets (See the instructions.)			
N	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	8,665	45	9,801
	46	Savings and temporary cash investments	17,200	46	15,240
		1 1			
	47a	Accounts receivable		47c	
	b	Less: allowance for doubtful accounts . 47b		470	
		Pladaga raggiyabla			
		Pleages receivable		48c	
	· -	Less. allowance for doubter accounts.		49	
	49	Grants receivable			
	50a	key employees (attach schedule)		50a	
	h	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach			
ş		schedule)			
Assets	b	Less: allowance for doubtful accounts . 51b		51c	•
⋖	52	Inventories for sale or use		52 53	
	53	Prepaid expenses and deferred charges		54a	
	54a	Investments—publicly-traded securities D Cost FMV		54b	
	1	Investments—other securities (attach schedule) ► ☐ Cost ☐ FMV		0.0	
	55a	Investments—land, buildings, and			
	l .	equipment: basis			
	D	schedule)		55c	
	56	Investments—other (attach schedule)		56	
	1	Land, buildings, and equipment: basis . 57a 72,273			
	1	Less: accumulated depreciation (attach			** ***
		schedule)	35,090	57c	46,090
	58	Other assets, including program-related investments		58	
		(describe ►	60,955		71,131
	59			60	,
	60	Accounts payable and accrued expenses		61	**************************************
	61 62	Deferred revenue	1.000.000000000000000000000000000000000	62	
ø	63	Loans from officers, directors, trustees, and key employees (attach			
iities	63	schedule)		63	
Liabilii	64a	Tax-exempt bond liabilities (attach schedule)		64a	
ت		Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ▶)		65	
				000	
	66	Total liabilities. Add lines 60 through 65		66	
•	Orga	anizations that follow SFAS 117, check here ► and complete lines			
es		67 through 69 and lines 73 and 74.	60,95		71,131
J.	67	Unrestricted		68	
3ala	68 69	Permanently restricted		69	
Fund Balances		anizations that do not follow SFAS 117, check here ▶ ☐ and			
풀	Viga	complete lines 70 through 74.			
<u>2</u>	70	Capital stock, trust principal, or current funds		70	
Net Assets or	71	Paid-in or capital surplus, or land, building, and equipment fund .		71	
SSe	72	Retained earnings, endowment, accumulated income, or other funds		72	
ţ	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
S		70 through 72. (Column (A) must equal line 19 and column (B) must		73	
	74	equal line 21)	60,95		71,131
	74	total liabilities and thet assets/tand balances. And thies to and 75	50,33	~ 1 - T	21,10

Par	t IV-A Reconciliation of Revenue per Audito instructions.)	ed Financial Stateme	nts With Rever	nue per Return (Se	
3	Total revenue, gains, and other support per audited	financial statements .		a	n/a
# 노	Amounts included on line a but not on Part I, line 1				
	Net unrealized gains on investments		b1	12.00	
1	Donated services and use of facilities		b2		
2	Recoveries of prior year grants		b3		
3	Other (specify):				
4	Other (specify).		<u>b4</u>		
	Add lines b1 through b4			. b c	
С	Subtract line b from line a			. ,	
d	Amounts included on Part I, line 12, but not on line	e a: 	d1		
1	Investment expenses not included on Part I, line 6	0 –			•
2	Other (specify):		d2		
	Add lines d1 and d2			d	
е	Total revenue (Part I, line 12), Add lines c and d .		<u></u>	.▶ e	
Pa	t IV-B Reconciliation of Expenses per Audi	ited Financial Statem	ents With Exp	enses per Heturn	n/a
а	Total expenses and losses per audited financial sta	atements		<u>a</u>	ilia
b	Amounts included on line a but not on Part I, line		ايما		
1	Donated services and use of facilities		b1		
2	Prior year adjustments reported on Part I, line 20		b2 b3		
3	Losses reported on Part I, line 20		D3		
4	Other (specify):		b4		
	Add lines b1 through b4			b c	
С	Subtract line b from line a				
d	Amounts included on Part I, line 17, but not on lin	e a:	ald 1		
1	Investment expenses not included on Part I, line 6	6b	<u>d1</u>		
2	Other (specify):		d2		
				▶ d e	
e	Current Officers Directors Trustees	and Key Employees	(List each persor	who was an officer,	director, trustee,
	or key employee at any time during the year	r even if they were not o	compensated.) (Se	ee the instructions.)	
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Jol	ın P. Hess	President - 15		don pure to the control of the contr	
68	Crystal Lane, West Seneca, NY 14224		-0-	-0-	-0-
	aries A. Krotje	Treasurer - 10		_	
71	Pine Tree Lane, West Seneca, NY 14224		-0-	-0-	-0-
The	omas Martinez	Vice President - 10	_		
10	Rebecca Way, West Seneca, NY 14224		-0-	-0-	-0-
	rk Diebold	Vice President - 5	-0-	-O-	-0-
	E. Bihrwood, West Seneca, NY 14224				
Dw	ayne Dzaak	Secretary - 5	-0-	-0-	0-
	Lemans Drive, Depew, NY 14043				
Na	ncy Rusin	Director - 0	-0-	-0-	. -0-
	Carmelite Drive, West Seneca, NY 14224		-0-		<u> </u>
	hn Battaglia	Vice President (retired) - 5	-0-	.0.	0-
	Creekview Drive, West Seneca, NY 14224				
	chael G. DeMarzio	Director (retired) - 2	-0-	. -0-	0-
	7 Century Drive, West Seneca, NY 14224				
	hn Leininger	Director (retired) - 0	-0-	-0	-0-
25	7 Woodward, West Seneca, NY 14224				

Page	f
raue	٠,

Part	V-A Current Officers, Directors, Trustees,				Yes NO					
	Enter the total number of officers, directors, and tru meetings			-						
	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)									
	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 the organization? See the instructions for the definition of "related organization.".									
	Does the organization have a written conflict of in	terest policy?	· · · · · · · · · · · · · · · · · · ·	action or Other Bon	75d ✓					
Par	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee receptors below and enter the amount of comp	ceived compensation of	r other benefits (de	te column. See the in:	structions.)					
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances					
		1, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1								
					1					
	**									
Par	t VI Other Information (See the instruction	is.)			Yes No					
76	Did the organization make a change in its activitie				76 ✓ 77 ✓					
77	Were any changes made in the organizing or gov If "Yes," attach a conformed copy of the changes	S.			100					
	Did the organization have unrelated business grothis return? If "Yes," has it filed a tax return on Form 990-T f				78a ✓ 78b					
	Was there a liquidation, dissolution, termination, of	or substantial contrac	tion during the v	ear? If "Yes," attach						
79 ถกว	a statement		or nationwide c	rganization) through						
	common membership, governing bodies, truste organization?	ees, officers, etc., to	o any other exe	empt or nonexemp	t 80a ✓					
	If "Yes," enter the name of the organization ►	and check whether i	t is D exempt	or nonexempt)-					
81a b	Enter direct and indirect political expenditures. (S Did the organization file Form 1120-POL for this	year?			. 81b 🗸					

Par	Other Information (continued)	Y	es	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?	2a -	/	
	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?	3a 3b	/ /	***************************************
b	Did the organization comply with the disclosure requirements relating to quid pro quo community in the complex series and the complex with the disclosure requirements relating to quid pro quo community in the complex series and the complex series are considered as the constant series are considered as the complex series are considered as the constant series are constant seri	4a	•	√
84a	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	gifts were not tax deductible?	4b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	5a 5b		
b	Did the organization make only in-house lobbying experiments of \$2,000 of less:	130		
	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.			
С	Dues assessments and similar amounts from members			
d	Section 162(e) lobbying and political expenditures	'		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		*	
f	Taxable amount or lobbying and pointed experiences (into eee lees eee)	35g		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			-
h	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	35h	#.c	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.			
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members of shareholders	7		
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	301.7701-2 and 301.7701-3? If "Yes," complete Partix	88a		<u> </u>
	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		/
	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	89b		
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	transaction?	89e 89f		1
f	All organizations. Did the organization acquire a direct of indirect interest in any applicable in a part of the applicabl			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
90a	List the states with which a copy of this return is filed New York			
b	Number of employees employed in the pay period that includes March 12, 2007 (See			-0-
	The books are in care of ► Charles A. Krotje, Treasurer Located at ► 71 Pine Tree Lane, West Seneca, NY ZIP + 4 ► 14224		13-50)90
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Ye	s No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		/
	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.	and the second second		New Low August St. Co. Co.

rm 990 (2	2007)					Page 8
art VI	Other Information (continued)					Yes No
lf' So So	any time during the calendar year, did the "Yes," enter the name of the foreign country ection 4947(a)(1) nonexempt charitable trusts and enter the amount of tax-exempt interest in	s filing Form 990 received or accru	in lieu of Form ed during the t	1041—Check ax year	here	
Part V	Analysis of Income-Producing Ac	tivities (See the	instructions.,)	540 540 544	753
ote: Er	nter gross amounts unless otherwise	Unrelated be	usiness income	Excluded by secti	on 512, 513, or 514	(E) Related or
dicated		(A)	(B)	(C) Exclusion code	(D) Amount	exempt function
93 P	Program service revenue: Amateur girls softball	Business code	Amount	EXCIDINATION CODE	Amount	income 106,264
				_		
c _						
d _						
е						
	Medicare/Medicaid payments					
	ees and contracts from government agencie	s				
	Membership dues and assessments					***************************************
	nterest on savings and temporary cash investment	is		14	40	
	Dividends and interest from securities					
	Net rental income or (loss) from real estate:					
	debt-financed property					
	not debt-financed property					
	Vet rental income or (loss) from personal property	/				
	Other investment income		<u> </u>			
	Gain or (loss) from sales of assets other than inventor	гу			00 201	
	Net income or (loss) from special events .			01	22,391	
02	Gross profit or (loss) from sales of inventory					
	Other revenue: a					
b						
C .						
ď						
e _						400.00
04 5	Subtotal (add columns (B), (D), and (E)) .		24	0-	22,431	
05	Total (add line 104, columns (B), (D), and (E))			. >	128,69
iote: L	ine 105 plus line 1e, Part I, should equal th	e amount on line	12, Part I.		La implementions	i
Part V	Relationship of Activities to the Activities	ccomplishment	or Exempt Pu	rposes (See I)	ne instructions.)	
Line N ▼	of the organization's exempt purposes (0	ther than by provid	ding funds for su	ich purposes).		
93a	Practice, games, and competitve tourname	nts are necessary	to teach the gan	e of softball and	d are also effecti	ve ways to
	teach the importance of teaming and fair pl					
Part I	X Information Regarding Taxable Su	bsidiaries and D	isregarded Er	ntities (See the	instructions.)	7
	(A) Name address and EIN of corporation,	(B) Percentage of ownership interest		C) f activities	(D) Total income	End-of-year assets
	participant, or dioregations or any	%				<u></u>
		%				1

Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(0)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	∐ Yes	s 🗹 No
(a)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	T Ye	· V No
(b)	Did the organization, during the year, pay premiums, directly of a possessial benefit of the pos		, mail 140
	17 Mar 18 April 19 Form 9970 and Form 4720 (see instructions)		

Form 990 (ge 9	
Part XI	Information Regarding is a controlling organizati	Transfers To and Fron on as defined in section	n Controlled Entities. Comple n 512(b)(13).	te only if the org	aniza	ation	
106	Did the reporting organization mathe Code? If "Yes," complete the	ake any transfers to a con e schedule below for each	trolled entity as defined in section controlled entity.	n 512(b)(13) of	Yes	No ✓	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of t	ransf	er	
а							
ь							
С							
	Totals						
107	Did the reporting organization re 512(b)(13) of the Code? If "Yes,"	ceive any transfers from a complete the schedule be	a controlled entity as defined in s elow for each controlled entity.	ection	Yes	No ✓	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of	(D) Amount of transfer		
а							
b							
С		-					
	Totals						
108	rents, royalties, and annuities de	scribed in question 107 al			Yes	No ✓	
Please Sign Here	I Index panalties of parium. I declare that	I have examined this return, inclu	ding accompanying schedules and statemer than officer) is based on all information of large and the large and based on all information of large and large an	of which preparer has as	iy kno	wledge.	
Paid Preparer's Use Only	rain s hanne (or yours		Date Check if self- employed ▶ ☐	Preparer's SSN or PTIN (5	see Gen	, Inst. X)	
	if self-employed), address, and ZIP + 4		Phone no		00/	1/2007)	

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer identification number Name of the organization West Seneca Girls Softball Association, Inc. 16 1605340 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation mployee benefit plans & account and other per week devoted to position than \$50,000 deferred compensation allowances None Total number of other employees paid over \$50,000 . Part II-A 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.") (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation None Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None

Total number of other contractors receiving over \$50,000 for other services

Par	Statements About Activities (See page 2 of the instructions.)		Yes	No
2	During the year, has the organization attempted to influence national, state, or local legislation, including an attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses part or incurred in connection with the lobbying activities (Must equal amounts on line 3 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. Oth organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with a substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, with any taxable organization with which any such person is affiliated as an officer, director, trustee, major owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining transactions.)	er of ny or iity		
а	Sale, exchange, or leasing of property?	. 28		1
b	Lending of money or other extension of credit?	. <u>21</u>		/
c	Furnishing of goods, services, or facilities?	. 20	-	√
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	. 2	1 -	/
е	Transfer of any part of its income or assets?	. 2	•	<u> </u>
3а	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	ion 3	a	-
b	Did the organization have a section 403(b) annuity plan for its employees?	. 3	b	✓
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve o space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	pen . <u>3</u>	С	/
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	. 3	d	/
4a	lines 4f and 4g	lete . 4		√
	Did the organization make any taxable distributions under section 4966?		c	1
c	Did the organization make a distribution to a donor, donor advisor, or related person?	. =	<u> L</u>	-0-
d		-		
е				-0-
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor adversible funds included on line 4d) where donors have the right to provide advice on the distribution or investment	ised nt of		-0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	· -		-0

ertify t										
-		at the organization is not a private				icable box.)				
	P	A church, convention of churches,	or association of	churches. Section 170(b	o)(1)(A)(i).					
	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)									
	F	A hospital or a cooperative hospital	al service organiz	ation. Section 170(b)(1)(A	s)(iii).					
	1	A federal, state, or local governme	nt or government	tal unit. Section 170(b)(1)	(A)(v).					
	2	A medical research organization op and state >	perated in conjunc	ction with a hospital. Sec	tion 170(b)(1)(/	A)(iii). Enter the	hospital's name, cit			
	(An organization operated for the be (Also complete the Support Sched	nefit of a college outence of the college of the co	or university owned or op	erated by a gov	vernmental unit.	Section 170(b)(1)(A)(i			
a 🗸	,	An organization that normally receit 170(b)(1)(A)(vi). (Also complete the	ves a substantial (Support Schedu	part of its support from a tile in Part IV-A.)	governmental	unit or from the	general public. Section			
b 🗌	,	A community trust. Section 170(b)	(1)(A)(vi). (Also co	mplete the Support Sch	edule in Part	IV-A.)				
2 🗍	1	An organization that normally receive from activities related to its charitate from gross investment income an organization after June 30, 1975.	ble, etc., functior d unrelated busir See section 509(a)	ns—subject to certain ex ness taxable income (les n(2). (Also complete the S	ceptions, and (s section 511 upport Sched	tax) from businule in Part IV-A	an 33/3% of its suppo nesses acquired by t)			
₃ □] ,	An organization that is not control requirements of section 509(a)(3).	Check the box the	nat describes the type of	supporting or	rganization:				
		☐ Type I ☐ Type II	- '	II-Functionally Integrate		Type III-Othei				
	_	Provide the following infor	mation about th	e supported organizati			uctions.)			
Name	e(s	(a) s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	organization the sup organiz	d) upported upporting porting zation's documents?	(e) Amount of support			
					Yes	No				
			-							
otal .										

28

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. **(b)** 2005 (c) 2004 (d) 2003 (a) 2006 Calendar year (or fiscal year beginning in) Gifts, grants, and contributions received. (Do 18,885 19,757 21,112 80,566 not include unusual grants. See line 28.). 20,812 0 n 0 0 Membership fees received 16 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the 10,781 67.238 11,928 25,727 18,802 organization's charitable, etc., purpose Gross income from interest, dividends. 18 amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 62 304 88 73 organization after June 30, 1975 81 Net income from unrelated business 19 0 0 activities not included in line 18, 0 0 0 Tax revenues levied for the organization's 20 benefit and either paid to it or expended on 0 0 its behalf. 0 0 0 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 0 0 0 public without charge. Other income. Attach a schedule. Do not 0 0 0 0 include gain or (loss) from sale of capital assets 31,955 148,108 37,775 31,758 Total of lines 15 through 22 46,620 23 80,870 19,830 21,174 18,973 20,893 24 377.75 317.58 319.55 466.20 Enter 1% of line 23 25 1,617.40 26a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 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 2003 through 2006 exceeded the 5,690 26b amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts > 80,870 26c Total support for section 509(a)(1) test: Enter line 24, column (e) 304 19 _ Add: Amounts from column (e) for lines: 18 5.994 5,690 26d 0 26b 74,876 26e Public support (line 26c minus line 26d total) . . Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f 92.5881 % 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: 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 11b, 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: c Add: Amounts from column (e) for lines: 15 ______ 16 ____ 27c 21 _____ 27d and line 27b total Add: Line 27a total 27e Public support (line 27c total minus line 27d total). Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . 27f Public support percentage (line 27e (numerator) divided by line 27f (denominator)). . . 27g % Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006,

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.

Sched	ule A (Form 990 or 990-EZ) 2007		Pa	age 5
Par				
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	Yes	No
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?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:	00-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	······	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	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:			
а	Students' rights or privileges?	33a		<u> </u>
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		-
d	Scholarships or other financial assistance?	33d		<u> </u>
e	Educational policies?	33e		<u> </u>
f	Use of facilities?	33f		1
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	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.

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05

(The term "expenditures" means amounts paid or incurred.) (The term "expenditures" means amounts paid or incurred.) (The term "expenditures to influence public opinion (grassroots lobbying) (The term spenditures to influence a legislative body (direct lobbying) (The term spenditures to influence a legislative body (direct lobbying) (The term spenditures (and lines 36 and 37) (The exempt purpose expenditures (and lines 38 and 39) (The exempt purpose expenditures (and lines 38 and 39) (The term propose expenditures (and 39	Par	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an	ecting Public (eligible organi	Charities (See ization that filed	page 11 of t d Form 5768	ne instructions)	.)
Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 Total lobbying expenditures to influence a legislative body (direct lobbying) 39 Total lobbying expenditures (add lines 38 and 37) 39 Ubber exempt purpose expenditures 40 Total exempt purpose expenditures 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is— 15 the bodying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is— 16 the amount on line 40 is— 17 total lobbying ontaxable amount. Enter the amount from the following table— If the amount on line 40 is— 18 tot over \$500,000 19 Use \$1,500,000 10 Use \$1,500,000 10 Use \$1,500,000 10 Use \$1,500,000 10 Use \$1,500,000 11 Use \$1,500,000 12 Grassroots nontaxable amount (enter 25% of line 41). 13 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 36. 14 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. 14 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38. 14 Subtract line 41 from line 38. Enter -0- if line 45 is more than line 38. 15 Lobbying Expenditures During 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501 hip election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.) 16 Lobbying expenditures 17 Total lobbying expenditures 18 Lobbying expenditures 19 (a) (c) (d) (e) (d) (e) (d) (e) (d) (e) (d) (e) (d) (e) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Chec	k ▶ a ☐ if the organization belongs to an affilia	ited group. Che	ck ▶ b ☐ ify	ou checked "a"	and "limited control	" provisions apply.
Total lobbying expenditures to influence public opinion (grassroots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 36 and 37) Total lobbying expenditures (add lines 36 and 37) Total lobbying purpose expenditures Total certain purpose expenditures Total certain purpose expenditures (add lines 38 and 39) Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 on the order \$1,000.000 Over \$1,000,000 but not over \$1,000.000			- '			Affiliated group	To be completed for all electing
Total lobbying expenditures to influence a legislative body (direct lobbying). 37 Total lobbying expenditures to influence a legislative body (direct lobbying). 38 Total lobbying expenditures (add lines 36 and 37). 39 Other exempt purpose expenditures (add lines 36 and 39). 40 Total exempt purpose expenditures (add lines 38 and 39). 40 Total exempt purpose expenditures (add lines 38 and 39). 40 Total exempt purpose expenditures (add lines 38 and 39). 40 Total exempt purpose expenditures (add lines 38 and 39). 40 Total exempt purpose expenditures (add lines 38 and 39). 40 Total exempt purpose expenditures (add lines 38 and 39). 40 Total exempt purpose expenditures (add lines 38 and 39). 41 Lobbying nontaxable amount (inter 25% of the amount on line 40. 42 Carasroots nontaxable amount (enter 25% of line 41). 43 Subtract line 41 from line 38. Enter 0-if line 42 is more than line 38. 44 Subtract line 41 from line 38. Enter 0-if line 41 is more than line 38. 45 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 13 of the instructions.) 45 Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) \(\) 2007 2006 2006 2006 2004 Total 46 Lobbying ceilling amount (150% of line 48(e)) 47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots lobbying expenditures 49 Grassroots lobbying expenditures 50 Grassroots lobbying expenditures 50 Grassroots nontaxable amount 40 Grassroots lobbying expenditures 51 Lobbying factivity by Nonelecting Public Charities 62 Grassroots lobbying expenditures 53 Volunteers 54 Grassroots lobbying expenditures 55 Pait VI-B 56 Lobbying Activity by Nonelecting Public Charities 67 Grants to other organization attempt to influence national, state or local legislation,					36		3-1
Total lobbying expenditures (add lines 36 and 37). Total lobbying expenditures (add lines 36 and 37). Total verified purpose expenditures. Total exempt purpose expenditures (add lines 38 and 39). Total exempt purpose expenditures (add lines 38 and 39). Lobbying nontaxable amount. Enter the emount from the following table— If the amount on line 40 lis— Not over \$500,000 und to over \$1,000,000 S20% of the amount on line 40. Over \$1,000,000 but not over \$1,000,000 S20,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 S225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 set \$1,0	36					+	
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i Total lobbying expenditures (Add lines c through h.)							
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Par	t VI	Information Exempt Or	n Regarding T ganizations (Se	ransfers To and Transace e page 14 of the instruction	ctions and is.)	Relationships	With	Noncharitable
51	Did	the reporting organ	nization directly or	indirectly engage in any of the	following with	any other organiza	ation de	escribed in section
				1(c)(3) organizations) or in section		g to political organi	zations	Yes No
а				to a noncharitable exempt orga	mzanon oi.		•	51a(i) √
	٠.	Cash					•	a(ii) ✓
b		er transactions:						
J			es of assets with a	noncharitable exempt organizat	tion			b(i) √
				itable exempt organization				b(ii) √
				her assets				b(iii) ✓
	(iv)	Reimbursement a	rrangements .				•	b(iv) √ b(v) √
							•	
				ship or fundraising solicitations			•	b(vi) \checkmark
C	Sha	ring of facilities, eq	uipment, mailing li	sts, other assets, or paid emplo	yees , . Column (b) o	hould always show	tha fair	<u> </u>
d	രവ	ds other assets, o	r services aiven by	complete the following schedule the reporting organization. If the column (d) the value of the good	ne organizatio	n received less tha	n fair r	narket value in any
(a)	(b)	1	(c)		. (d)		
Line	e no.	Amount involved	Name of none	charitable exempt organization	Description of	of transfers, transaction	s, and si	haring arrangements
						1		······································
		<u> </u>						
···								
52a	ls t	he organization dir	ectly or indirectly	affiliated with, or related to, or other than section 501(c)(3)) or	ne or more to	ax-exempt organiza	itions	☐ Yes 🗸 No
b	oes If "'	Yes," complete the	following schedule	e:	1			total TT taken
		(a) Name of organiz	ration	(b) Type of organization		(c) Description of re	elationsh	ip
		Name of organiz	diani	, , , , , , , , , , , , , , , , , , ,				
			4-41/11/20/11/11		<u> </u>			

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

For the tax year beginning November 1, 2007 and ending October 31, 2008

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

		ncession Stand	F	Raffle	Spring Social	.,,,	All Other	 Total
Gross receipts Less: contributions	\$	11,129	\$	2,473	\$ 15,469 -	\$	2,428	\$ 31,499
Gross revenue	4	11,129		2,473	15,469		2,428	31,499
Less: direct expenses		3,687		68	5,353			 9,108
Net income (loss)	\$	7,442	\$	2,405	\$ 10,116	\$	2,428	\$ 22,391

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

For the tax year beginning November 1, 2007 and ending October 31, 2008

Schedule 2 - Part II, Line 43, Other expenses:

	(A) Total			(B) Program Services	(C	c) Management and general	(D) Fundraising		
Player uniforms	\$	33,457	\$	33,457	\$	-	\$		
Awards and banquet		11,101		11,101		-		-	
Umpires		22,799		22,799		**		-	
Tournaments & team registration		19,919		19,919		-		h 	
Insurance		2,958		2,958		-		-	
Website		300		-		300			
Non-umpire tournament costs		5,587		5,587		₩.		-	
Clinics and player conditioning		1,340		1,340				-	
Credit card fees		357		-		357		He	
Storage		155		155		-			
Sponsor banners and plaques		2,912		2,912				-	
Miscellaneous		6,782		6,019	_	763		-	
Total other expenses	\$	107,667	\$	106,247	\$	1,420	\$	-	

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

For the tax year beginning November 1, 2007 and ending October 31, 2008

Schedule 3 - Part IV, Line 57, Land, Buildings, and Equipment:

	Beginning of Year							End of Year						
	***************************************		Accumulated		١	Net Book	*****		Accumulated			Net Book		
	Cost		Depreciation		Value		Cost		Depreciation		Value			
Softball equipment	\$	17,257 35,836	\$	(11,441) (6,562)	\$	5,816 29,274	\$	22,023 50,250	\$	(14,947) (11,236)	\$	7,076 39,014		
Softball field improvements Total	\$	53,093	\$	(18,003)	\$	35,090	\$	72,273	\$	(26,183)	\$	46,090		

GOULD & SWANSON, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

West Seneca Girls Softball Association, Inc.

Financial Statements with Accountants' Review Report

October 31, 2008 and 2007

West Seneca Girls Softball Association, Inc.

Financial Statements

October 31, 2008 and 2007

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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 statements of assets, liabilities, and net assets – cash basis of West Seneca Girls Softball Association, Inc. (a nonprofit organization) as of October 31, 2008 and 2007, and the related statements of revenue collected and expenses paid, cash flows, and functional expenses – cash basis for the years 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. The prior year summarized comparative information has been derived from the Association's October 31, 2007 financial statements, and in our report dated January 24, 2008, based on our review, we were not aware of any material modifications that should have been made to the financial statements in order for them to be in conformity with the cash basis of accounting.

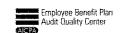
A review consists principally of inquiries of Association personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial 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.

January 31, 2009







Dould + Swanson, P. C.

West Seneca Girls Softball Association, Inc. Statements of Assets, Liabilities, and Net Assets – Cash Basis October 31, 2008 and 2007

	2008	2007
Assets:		
Cash	\$ 25,041	\$ 25,865
Softball field improvements and equipment:		
Softball field improvements, at cost	50,250	35,836
Equipment, at cost	22,023	17,257
Total	72,273	53,093
Accumulated depreciation	(26,183)	(18,003)
Net	46,090	35,090
Total assets	\$ 71,131	\$ 60,955
Net assets:		
Unrestricted	<u>\$ 71,131</u>	\$ 60,955

West Seneca Girls Softball Association, Inc. Statements of Revenue Collected and Expenses Paid – Cash Basis For the Years Ended October 31, 2008 and 2007

	2008	2007
Revenues collected:		
Contributions	\$ 21,435	\$ 20,812
Program service revenue	106,264	82,908
Special event revenue	31,499	25,727
Interest income	40	81
Total revenue	159,238	129,528
Expenses paid:		
Program services	136,317	109,514
Special events expenses	9,108	9,843
Management and general	3,637	2,350
Total expenses	149,062	121,707
Increase in net assets	10,176	7,821
Net assets at beginning of year	60,955	53,134
Net assets at end of year	<u>\$ 71,131</u>	\$ 60,955

West Seneca Girls Softball Association, Inc. Statements of Cash Flows – Cash Basis For the Years Ended October 31, 2008 and 2007

	2008	2007
Cash flows from operating activities:	-	
Increase in net assets	\$ 10,176	\$ 7,821
Depreciation	8,180	5,551
Cash flows provided by operating activities	18,356	13,372
Cash flows from investing activities:		
Purchases of equipment	<u>(19,180)</u>	(19,394)
Total cash used in investing activities	(19,180)	(19,394)
Decrease in cash	(824)	(6,022)
Cash at beginning of year	25,865	31,887
Cash at end of year	<u>\$ 25,041</u>	\$ 25,865

West Seneca Girls Softball Association, Inc.
Statements of Functional Expenses – Cash Basis
For the Year Ended October 31, 2008
(With Summarized Financial Information for the Year Ended October 31, 2007)

		2007									
		rogram ervices	gement <u>General</u>	Spec Ever		************	Total	-	Total		
Player uniforms	\$	33,457	\$ -	\$	-	\$	33,457	\$	29,632		
Occupancy		21,258	-		-		21,258		17,520		
Tournament fees											
and team registrations		19,919	•		-		-		16,200		
Umpires		22,799	-		-		22,799		16,606		
Awards and banquet		11,101	-				11,101		10,098		
Depreciation		8,180	**		-		8,180		5,551		
Insurance		2,958	-		=		2,958		2,938		
Non-umpire tournament costs		5,587	-		_		5,587		3,026		
Clinics and player conditioning		1,340	-		•		1,340		1,500		
Sponsor banners and plaques		2,912	-		-		2,912		1,494		
Storage		155	-		-		155		520		
Accounting fees		-	975				975		970		
Supplies		204	594		-		798		1,025		
Postage and shipping		-	278		-		278		39		
Printing and publications		428	•		-		428		454		
Credit card fees		-	357		-		357		284		
Meetings		***	370		-		370		265		
Website		-	300		**		300		120		
Special events		***	-	9,	,108		9,108		9,843		
Miscellaneous		6,019	 763		-		6,782		3,622		
	\$ 136,317		\$ 3,637	\$ 9	<u>\$ 9,108</u> <u>\$ 12</u>			<u>43</u> \$ 121,707			

West Seneca Girls Softball Association, Inc.
Notes to Financial Statements
October 31, 2008 and 2007

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 softball field improvements and 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 Association and/or the passage of time.

Permanently restricted net assets – Net assets subject to donor-imposed restrictions that they be maintained permanently by the Association. The Association held no permanently restricted net assets at October 31, 2008 and 2007.

West Seneca Girls Softball Association, Inc. Notes to Financial Statements October 31, 2008 and 2007

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, 2008 and 2007

3. Special Events

Special event activity is summarized as follows:

	Year ended October 31, 2008						Year ended October 31, 2007					
	Revenue		Expense			Net	<u>R</u>	<u>evenue</u>	E	xpense	_	Net
Concession stand	\$	11,129	\$	3,687	\$	7,442	\$	3,565	\$	3,165	\$	400
Raffle		2,473		68		2,405		10,335		4,181		6,154
Spring Social		15,469		5,353		10,116		9,663		2,497		7,166
Other special events		2,428		**	_	2,428	_	2,164	***		*****	2,164
Total	\$	31,499	\$_	9,108	\$	22,391	\$	25,727	\$	9,843	\$	15,884

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 raffles, 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.