Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2010

Open to Public Inspection

. ~	roi tile	e 2010 Calendar year, or tax year beginning , 2010, and end	ing			, 20			
В	Check if a	applicable: C Name of organization		D Emp	loyer id	entification number			
	Address		6-1605340						
	Name ch	hange Number and street (or P.O. box, if mail is not delivered to street address) Room/su	phone n						
Н	Initial retu	IC/O DWayne Dzaak, 276 Hammocks Drive	716-796-1203						
H	Terminate								
H	Application	orchard Park, NY 14127	up Exe nber 1	mption					
G		nting Method: ✓ Cash	Т	<u> </u>	-				
	Websi		н			f the organization is not			
			_			ach Schedule B			
	Check I					0-EZ, or 990-PF).			
		- Samuel of the a coolon coolano supporting organization and its gross receipts	are i	normally	not m	ore than \$50,000. A			
	to file a	990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see in a return, be sure to file a complete return.	nstru	ctions). I	But if th	ne organization chooses			
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total		(D . II					
line	25 co	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	asset	s (Part II,					
	art I	Povenue Expenses and Observation Note and Observati			\$				
	alli		the	instru	ctions	for Part I.)			
-	1	Check if the organization used Schedule O to respond to any question in this P	art I						
	1	Contributions, gifts, grants, and similar amounts received			1	21,197			
	2	Program service revenue including government fees and contracts			2	119,780			
	3	Membership dues and assessments			3				
	4	Investment income			4	19			
	5a	Gross amount from sale of assets other than inventory 5a							
	b	Substitution and calco expenses							
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c				
	6	Gaming and fundraising events							
-	а	Gross income from gaming (attach Schedule G if greater than			and the same				
Revenue		\$15,000)		0					
Ver	b	2.0	ution						
Re		from fundraising events reported on line 1) (attach Schedule G if the	ation	3					
		sum of such gross income and contributions exceeds \$15,000) 6b		48,911	4.3				
	С	Less: direct expenses from gaming and fundraising events 6c		18,531					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and	d eut	otract					
		line 6c)	ı Suk	Juaci	0.1				
	7a	Gross sales of inventory, less returns and allowances 7a			6d	30,380			
	b	Loop post of social sold	-						
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							
	8	Other revenue (describe in Schodule O)			7c				
	9	Other revenue (describe in Schedule O)	. ,		8				
-	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	• •	. ▶	9	171,376			
	11	Grants and similar amounts paid (list in Schedule O)			10				
S	12	Benefits paid to or for members			11				
se	13	Salaries, other compensation, and employee benefits			12				
Ser	14	Professional fees and other payments to independent contractors			13	1040			
Expenses	15	Occupancy, rent, utilities, and maintenance			14	22,911			
-		Printing, publications, postage, and shipping			15	615			
	16	Other expenses (describe in Schedule O)			16	142,563			
	17	Total expenses. Add lines 10 through 16		. ▶	17	167,129			
sts	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		1	18	4,247			
SSe	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must a	gree	with	See 18				
Ł A	0.5	end-or-year figure reported on prior year's return)			19	106,340			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			20				
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20		. ▶	21	110,587			

Pa	art II Balance Sheets. (see the instructions	for Part II.)				rage a
	Check if the organization used Schedule	e O to respond to any que	stion in this	s Part II		
				(A) Beginning of year	T	(B) End of year
22	Cash, savings, and investments			44,638	22	48,853
23	Land and buildings			61,702	23	61,734
24	Other assets (describe in Schedule O)				24	
25	Total assets			106,340	25	110,587
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	n (B) must agree with line 2	1)	106,340	27	110,587
Par	Statement of Program Service Accom	nplishments (see the instr	uctions for	Part III.)		Expenses
\ \ / lb =	Check if the organization used Schedule			Part III	(Rec	quired for section
VVna	at is the organization's primary exempt purpose?	Amateur Girls Softball Prog	jram		501(c)(3) and 501(c)(4) inizations and section
the s	cribe what was achieved in carrying out the organization services provided, the number of persons benefited, and	other relevant information for	ar and concis	se manner, describe	494	7(a)(1) trusts; optional
28	Spansored with a figure of persons benefited, and	other relevant information for	eacn prograr	n title.	for c	thers.)
20	Sponsored girls sofball program benefiting 624 girls	s aging from 5-18, providing	them a settir	ng to learn the		
	game of softball and grow through team sport activi	ities				
	(Grants \$) If this amount	time to the state of the state				
29	, mandamount	t includes foreign grants, ch			28a	156,494
	(Grants \$) If this amount	includes foreign grants, ch	ack hara		00-	
30					29a	
	(Grants \$) If this amount	includes foreign grants, ch	eck here .	▶ □	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign grants ch	ock horo		31a	
32	Total program service expenses (add lines 28a	through 31a)			32	
Par	List of Officers, Directors, Trustees, and Key	v Employees. List each one e	ven if not cor	mnensated (see the in	nstruc	ctions for Part IV.)
	Check if the organization used Schedule	O to respond to any ques	stion in this	Part IV		
	(a) Name and address	(b) Title and average hours per week	(c) Compen			(e) Expense
		devoted to position	(If not pa enter -0			account and other allowances
	1 Hess	President - 15 Hours				
	rystal Lane, West Seneca, NY 14224 nas Martinez	To Hours				
	ebecca Way, West Seneca, NY 14224	Vice-President - 15 Hours				
	Diebold					
	Bihrwood, West Seneca, NY 14224	Vice President - 10 Hours				
	yne Dzaak					
	Hammocks Drive, Orchard Park, NY 14127	Secr./ Treas. 15 Hours				
	stopher Hughes					
	Center Road, West Seneca, NY 14224	Website Director - 12 Hours				
	onter rodd, west serieca, ivi 14224					

			P	age
Pai	Other Information (Note the statement requirements in the instructions for Part V.)			-3-
	Check if the organization used Schedule O to respond to any question in this Part V.			
33	Did the organization and the state of the st		Yes	No
	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	34		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		√
36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? . Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	35b		√
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		√
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter:	Joa		
a	30a		(12) - 12 (12) - 12 (12) - 12 (13) - 12 (14) -	
b	and the state of t			
40a	section 4911 \(\rightarrow\); section 4912 \(\rightarrow\); section 4955 \(\rightarrow\)			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	401		1
С		40b		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	***	40-		
41	List the states with which a copy of this return is filed. New York	40e		✓
42a	The organization's books are in care of ▶ Dwayne Dzaak Secretary/Treasurer Telephone no. ▶ 7	716-79	5-1203	
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	141	Yes	No
	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.	42b		√
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		. ▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes I	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		√
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44b 44c		√ √
	explanation in Schedule O	44d		

				Yes	Ma
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)	(10)0	45	162	+
а	Did the organization receive any payment from or engage in any transaction of the organization receive any payment from or engage in any transaction of the organization receives any payment from or engage in any transaction of the organization of the organization receives any payment from or engage in any transaction of the organization receives any payment from or engage in any transaction of the organization receives any payment from or engage in any transaction of the organization of the organizati	(13)?	45		✓
-	Did the organization receive any payment from or engage in any transaction with a controlled entity w	ithin the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed in: Form 990-EZ (see instructions)	stead of			les s
40	Did the grant in t		45a		
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in op	position			
	to candidates for public office? If "Yes," complete Schedule C, Part I		46		1
Part	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trust 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI	s only. Aler question	l sec ns 47	tion 7–491	ь . г
				Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		47		1
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule F		48		1
49a	Did the organization make any transfers to an exempt non-charitable related organization?		49a		1
b	If "Yes," was the related organization a section 527 organization?		10h		V /
50	Complete this table for the organization's five highest compensated employees (other than officers of	directore to	ruoto.	20. 20	d ko
	employees) who each received more than \$100,000 of compensation from the organization. If there is	none ent	or "N	one "	u ke
	(a) Name and address of each employee paid mass (b) Title and average (c) Compensation (d) Control	ributions to		Expen	
	than \$100,000 hours per week employee b	enefit plans & ompensation	acc	ount a	ind
NONE	defended to position defended to	Impensation	other	allowa	nces
f	Total number of other employees paid over \$100,000 ▶ -0-				
51	Complete this table for the organization's five highest compensated independent contractors who	each recei	ived i	moro	thar
	interest of compensation from the organization. If there is none, enter "None."	Jacii iecei	veu i	nore	liiai
	(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service	2 (6	c) Com	pensa	tion
NONE			-,		
ď	Total number of other independent contractors each receiving over \$100,000 ▶	-0-			
52	Did the organization complete Schedule A? Note : All section 501(c)(3) organizations and 4947(a)(1)				-
1	nonexempt charitable trusts must attach a completed Schedule A		Yes	\square N	10
Under per	enalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of rect, and complete. Declaration of preparer (other than officer) is based on all information of which propage has a substantial best of r	nu knowlede.	103		
true, corre	rect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ny knowleage	e and	belief, i	it is
Sign					
Here	Signature of officer Date				
nere	Dwayne M Dzaak, Treasurer/Secretary				
	Type or print name and title				
Daid	Print/Tupe events December				
Paid	Check		IN		
Prepa		mployed			
Use O					
May tho	Firm's address ▶ Phone no.				
viay tile	e IRS discuss this return with the preparer shown above? See instructions	. • •	/es	N	0

	books are in the care of ► DWAYNE DZAAK			
reie	phone No. ► 716-796-1203 FAX No. ►			
• If the	e organization does not have an office or place of business in the United States, check this box			
• IT th	is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		If +F	nie ie
for the	whole group, check this box		70000	113 13 Haab -
list wi	th the names and EINs of all members the extension is for.			пасп а
4	I request an additional 3-month extension of time until SEPTEMBER 15 , 20 1:	2		
5	For calendar year , or other tax year beginning NOVEMBER 1 , 20 10 , and ending O	CTOR	RED 31	20 11
6	If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Fina	Lrotu		, 20 11 .
	Change in accounting period	iretu	[[]	
7	State in detail why you need the extension ADDITIONAL TIME IS NEED TO PREPARE AN ACCURATE B	RETUR	N. WE A	RF
	WORKING WITH THE PRIOR ACCOUNTANT TO OBTAIN INFORMATION FOR THE TAX YEAR ABOVE. WITH	THOL	THE ADD	DITIONAL
	TIME WE FEEL THE RETURN WILL NOT BE ACCURATE AND THEREFORE REQUEST ADDITIONAL 3 MONT	HS TO	20050	ZITIOIVAL
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	T	T	
	nonrefundable credits. See instructions.	8a	4	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	ga	Φ	0.00
	estimated tay payments made legisle and series are series and series are series and series and series and series are series and series and series and series are series and series are series and series and series are series are series and series are series are series and series are series are series are series and series are seri	2. 数		
	estimated tax payments made. Include any prior year overpayment allowed as a credit and any	Section .		
	amount paid previously with Form 8868.	8b	\$	0.00
С	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS			0.00
	(Electronic Federal Tax Payment System). See instructions.	8c	\$	0.00
				0.00

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, knowledge and belief, it is true, correct, and complete, and that I amount a size of the correct and complete, and that I amount a size of the correct and complete and that I amount a size of the correct and complete and that I amount a size of the correct and complete and that I amount a size of the correct and complete and that I amount a size of the correct and complete and that I amount a size of the correct and complete and that I amount a size of the correct and complete and that I amount a size of the correct and complete and that I amount a size of the correct and complete and that I amount a size of the correct and complete and that I amount a size of the correct and complete and that I amount a size of the correct and complete and that I amount a size of the correct and complete and that I amount a size of the correct and complete and that I amount a size of the correct and complete and the correct and correct and complete and that I amount a size of the correct and correct a				
knowledge and bolief it is true as a statements,	and	to the	best	of my
knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form				Oy

Signature ▶	Dwar	m	M	. T	12	aul
•				(,

Title ► TREASURER/SECRETARY

Date > 6/15/2012

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2010

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection Employer identification number

Part I Reason for Public Charity Status (All organizations must complete this part.) The organization is not a private foundation because it is: (For lines 1 through 11, check only one boundation of church, convention of churches, or association of churches described in section 170(b) A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)	ox.) (1)(A)(i).)(iii). on 170(b)(1)(A)(
1 A church, convention of churches, or association of churches described in section 170(b) 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(A)	ox.) (1)(A)(i).)(iii). on 170(b)(1)(A)(
4 A medical research organization operated in conjunction with a hospital described in section hospital's name city, and state:	a governments	iii). Enter the
5 An organization operated for the benefit of a college or university owned or operated by section 170(b)(1)(A)(iv). (Complete Part II.)	a governmente	ıl unit described in
6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(7 ☐ An organization that normally receives a substantial part of its support from a governmen described in section 170(b)(1)(A)(vi). (Complete Part II.)	A)(v). tal unit or from	the general public
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% of its support from contributi receipts from activities related to its exempt functions—subject to certain exceptions, and support from gross investment income and unrelated business taxable income (less sacquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III	d (2) no more section 511 tax	than 22 1/0/ - 5 1
10 An organization organized and operated exclusively to test for public safety. See section 5 11 An organization organized and operated exclusively for the benefit of, to perform the purposes of one or more publicly supported organizations described in section 509(a)(1) 509(a)(3). Check the box that describes the type of supporting organization and complete limits of the complete of the complete organization and complete organization.	functions of, or	(a)(2) C4
a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by other than foundation managers and other than one or more publicly supported organization or section 509(a)(2).	ons described in	squalified persons section 509(a)(1)
 f If the organization received a written determination from the IRS that it is a Type I, T organization, check this box g Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons? 		III supporting
(i) A person who directly or indirectly controls, either alone or together with persons desc (iii) below, the governing body of the supported organization?		Yes No
 (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). 		11g(ii) 11g(iii)
above or IRC section (see instructions)) governing document? col. (i) of your support?	(vi) Is the ganization in col. organized in the U.S.?	(vii) Amount of support
(A) Yes No Yes No Yes	Yes No	
(B)		
(C)		
(D)		
(E)		
Total For Paperwork Reduction Act Notice, see the Instructions for		0.00

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	organization	failed to qua	lify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, pl	ease complet	te Part III.)	
	on A. Public Support		_	_			
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.			1000		A Transport of the second	
	on B. Total Support						
7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
8							
0	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
11 12	Total support . Add lines 7 through 10 Gross receipts from related activities, etc.	(see instructio	ns)			12	
13	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth,	or fifth tax year	ar as a section	501(c)(3)
<u> </u>	organization, check this box and stop nei	re					🕨 🗆
<u>Secti</u>	on C. Computation of Public Suppor	t Percentage	9				
15 16a	Public support percentage for 2010 (line 6 Public support percentage from 2009 School 331/3% support test—2010. If the organization qual	edule A, Part II zation did not d	l, line 14 .	on line 13, and		14 15 3% or more, ch	% neck this
b	331/3% support test—2009. If the organicheck this box and stop here. The organic	nization did no	t check a box	on line 13 or	16a and line	15 is 33 ¹ / ₃ % (or more,
17a	10%-facts-and-circumstances test—20° 10% or more, and if the organization meets Part IV how the organization meets the "fa organization	10. If the orga ets the "facts-a acts-and-circun	nization did no nd-circumstan nstances" test.	ot check a box ces" test, chec The organizat	on line 13, 16a k this box and tion qualifies as	ston here F	valain in
b	10%-facts-and-circumstances test—200 15 is 10% or more, and if the organization Explain in Part IV how the organization me supported organization	19. If the orgation meets the eets the "facts-	nization did no "facts-and-ciro and-circumsta	ot check a box cumstances" te ances" test. The	on line 13, 16a est, check this e organization	hay and ata	n have
18	Private foundation. If the organization dicinstructions	not check a b	ox on line 13.	16a 16b 17a	or 17h check	this box and se	ee

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support					,	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,812	21,435	29,092	20,094	21,382	112,815
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	82,908	106,264	126,257	115,863	122,437	553,729
3	Gross receipts from activities that are not an unrelated trade or business under section 513	25,727	31,499	43,034	47,114	41,025	188,399
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	129,447	159,198	198,383	183,071	184,844	854,943
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						854,943
Secti	on B. Total Support						L
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	129,447	159,198	198,383	183,071	184,844	854,943
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	81	40	19	20	19	179
b	section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
	Add lines 10a and 10b	81	40	19	20	19	179
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	129,528	159,238	198,402	183,091	184,863	855,122
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization e	's first, second	, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
Secti	on C. Computation of Public Suppor			• • • • •		· · · · ·	▶
15	Public support percentage for 2010 (line 8	, column (f) div	ided by line 13	column (f))		15	99.98 %
16	Public support percentage from 2009 Sche	edule A. Part II	Lline 15	· · · · ·		15	99.98 %
Section	on D. Computation of Investment Inc	ome Percen	tage			10	99.91 %
17	Investment income percentage for 2010 (I	ine 10c. colum	n (f) divided by	line 13. colum	nn (f))	17 0.	02 %
18	investment income percentage from 2009	Schedule A	Part III line 17			10	- 70
19a	370 Support lesis—2010. If the organi	zation did not	chack the how	on line 11	-1 1' 4 5 '		,,,
b	33 ¹ / ₃ % support tests—2009. If the organiz	ation did not ch	The organization	n qualifies as a	publicly suppo	rted organizatio	on . ▶ 🛛
20	line 18 is not more than 331/3%, check this be Private foundation . If the organization did	JA anu Stop ne	ere. The organiz	ation dualifies	ac a nublishe au	nnamed	
	g	STICON a D	ox on line 14,	isa, or 19b, ch	eck this box ar	na see instruct	ions 🕨 🗌

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	Page 4
NONE		
	/	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047 2010

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Wes	Seneca Girls Softball Association					Employer identifi				
Pai	Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.									
	Tom 990-E2 lifers are not required to complete this part									
1	Indicate whether the organization raised funds through any of the following activities. Check all that apply.									
а	a Mail solicitations e Solicitation of non-government grants									
b	☐ Internet and email solicitation	ns	f [Solicitat	ion of government	grants				
С	Phone solicitations		g [Special	fundraising events	grants				
d	☐ In-person solicitations		•							
2a	Did the organization have a writ	ten or oral agre	ement with	any indivi	dual (including off	iooro dinastana				
	and a superior of the superior	330, Fait VIII 0	r entity in c	onnection i	with protectional f	undraining assissed				
b	ii res, list the ten nignest paid	individuals or	entities (fun	draisers) n	ureuant to agreem	andraising services	Yes No			
	b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.									
	(i) Name and address (i.e., i.e.,		GID DIAL		T	(v) Amount id t				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to			
			contrib	outions?	from activity	fundraiser listed in col. (i)	(or retained by) organization			
			Yes	No		(//				
1 N	ONE				1					
2										
3										
4										
5										
6										
•										
7										
8										
9										
10										
Γotal	<u> </u>									
3	List all states in which the organ registration or licensing.	ization is regist	ered or lice	ensed to so	-0-	or has been notifie	-1 is :-			
	registration or licensing.	Ü			more dornaributions	or has been notine	d it is exempt from			
N/A										
					,					

Part II

E	art II	Fundraising Events, Co	mplete if the organization	tion one		Page
		Fundraising Events. Co than \$15,000 of fundrais gross receipts greater th		s and gross income on	Form 990, Part IV, lin Form 990-EZ, lines 1	e 18, or reported more and 6b. List events with
			(a) Event #1 Spring Social	(b) Event #2 Concessions	(c) Other events	(d) Total events (add col. (a) through
ne			(event type)	(event type)	(total number)	col. (c))
Revenue	1 2	Gross receipts	24,643	13,173	. (37,816
	3	contributions		0		0
		line 2)	24,643	13,173	0	37,816
	4	Cash prizes	0	0	0	
	5	Noncash prizes	0	0	0	0
Direct Expenses	6	Rent/facility costs	0	0	0	
ct Exp	7	Food and beverages	6,868	10,538	0	17,406
Dire	8	Entertainment	450	0	0	
	9	Other direct expenses .	475	515	0	990
	10 11	Direct expense summary. Ac Net income summary. Comb	dd lines 4 through 9 in c	olumn (d)		(18,846)
Pa	rt III	darning. Complete if the	organization answer	red "Yes" to Form 99	▶ 0. Part IV line 19 or	18,970
		than \$15,000 on Form 9	90-EZ, line 6a.		, , , , , , , , , , , , , , , , , , , ,	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u> </u>	1	Gross revenue				-0-
nses	2	Cash prizes				-()-
ect Expenses	3	Noncash prizes				-0-
Direct	4	Rent/facility costs				-0-
	5	Other direct expenses .				
	6 '	Volunteer labor	☐ Yes % % Mo	☐ Yes % No	☐ Yes % No	-0-
	7 [Direct expense summary. Add	d lines 2 through 5 in co	olumn (d)		(0)
	8	Net gaming income summary	. Combine line 1, colum	n d, and line 7		-0-
9	Ente	er the state(s) in which the ore	unization			-0-
a	i is th	er the state(s) in which the org e organization licensed to op lo," explain:	erate gaming activities i	n each of these states?		Yes 🗸 No
l0a b	Were	e any of the organization's ga	ming licenses revoked,	suspended or terminate	ed during the tax year?	. Yes 🗸 No

Schedu	ule G (Form 990 or 990-EZ) 2010		
11	Does the organization operate gaming activities with nonmembers?	7.4	Page 3
12	formed to administer charitable gaming?	Yes	✓ No
13	indicate the percentage of gaming activity operated in:	Yes	✓ No
a	The organization's facility		%
b 14	7 th outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name Dwayne Dzaak, Treasure/Secretary		
	Address ▶ 276 Hammocks Drive, Orchard Park, NY 14127		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		
b	it les, either the amount of gaming revenue received by the organization	Yes	✓ No
	amount of gaming revenue received by the organization \$\) amount of gaming revenue retained by the third party \$\) If "Yes," enter name and address of the third party:		
	Name ►		
	Address►		
16	Gaming manager information:		
	Name ► John P. Hess		
	Gaming manager compensation ▶ \$ -0-		
	Description of services provided ► General Supervision of Volunteers		
	✓ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the continuous		
	are state garring licerise:	Yes [7
b	Enter the amount of distributions required under state law to be distributed to other assessment as	res L	∐No
Part I	and digarization 3 Own exempt activities diffind the tay year		
	columns (iii) and (v), and Part III lines 9, 9h, 10h, 15h, 15a, 16, and 17h	2b,	
NIA	part to provide any additional information (see instructions).	ete triis	i
N/A			

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway

2010

Article 7-A. EPTL and dual filers (replaces forms CHAR 497, CHAR 006) New York, NY 10271 http://www.charitiesnys.com Open to Public Inspection									
1. General Information									
a. For the fiscal year beginning	(mm/dd/yyyy) Nov 1 / 2 0 1 0 and ending ((mm/dd/www) October 3	1, 2011						
b. Check if applicable for NYS:	c. Name of organization			d. Fed. employer II) no. (EIN) (##-######)				
Address change				16-1605340	10. (LIN) (111-1111111111111)				
□ Name change e. NY State registration very Series of the Series of t									
☐ Initial filing ☐ Final filing	Number and street (or P.O. box if mail not delive		D/	07-09-39					
☐ Final filing ☐ Amended filing	276 Hammocks Drive	rollo to street address)	Room/suite	f. Telephone numb					
☐ NY registration pending	City or town, state or country and zip + 4			(71) 796-1203					
J same pending	Orhcard Park, NY 14127			g. Email					
				<u> </u>					
2. Certification - Two Signature	es Required								
correct and complete in accordar	jury that we reviewed this report, including a noe with the laws of the State of New York a	all attachments, and to	the best of	our knowledge and	belief, they are true,				
	17/10	John P. Hess		President	0/40/00				
a. President or Authorized Offi	icer sygnature	Printed Name		Title	9/16/2012 Date				
b. Chief Financial Officer or Treas. Dwayne M. Dzaak Trea									
	Signature	Printed Name		Title	Date				
3. Annual Report Exemption Int	formation								
	emption (Article 7-A registrants and dual regi								
Check (\$\frac{\text{C}}{\text{C}}\) if total contrib \$25,000 and contributions <u>NOTE:</u> An organization m United Way or incorporate	butions from NY State (including residents, for the organization did not engage a profession during this fiscal year. In any claim this exemption if no PFR or FRC we are community appeal and contributions from tributions from one government agency to we	oundations, corporational fund raiser (PFR) was used <u>and</u> either: 1	or fund raisir) it received	an allocation from a	solicit a federated fund,				
b. EPTL annual report exemption	n (EPTL registrants and dual registrants)	THO I REGISTRICE AT A	inual report	similar to that requi	red by Article 7-A.				
Check ➪ if gross receip	ots did not exceed \$25,000 and assets (mar	ket value) did not exce	eed \$25,000	at any time during	this fiscal year				
exemptions under both laws,	ming the annual report exemption under the one law simply complete part 1 (General Information), part submit a fee, do not complete the following schedu	w under which they are re 2 (Certification) and part	gistered and fo	or dual registrants claim					
4. Article 7-A Schedules									
If "Yes", complete Schedule	rernment contributions (grants)?	mmercial co-venturer fo	r fund raising		1				
5. Fee Submitted: See last page f	or summary of fee requirements.								
ndicate the filing fee(s) you are sul									
a. Article 7-A filing fee		\$ 50.00	Submit on total fee n	ly one check or mo ayable to "NYS De	oney order for the				
c. Total fee		\$60.00	- στα, του, ρ	ajable to NTS De	parunent of Law"				

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

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2010

Open to Public Inspection

A	For the	2010 calenda	ar year, or tax year beginning , 2010,	and ending		, 20		
В	Check if ap	pplicable:	able: C Name of organization D Em		D Employer i	dentification number		
	Address of	change	West Seneca Girls Softball Association			16-1605340		
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone number			
	Initial retu	ım	C/O Dwayne Dzaak, 276 Hammocks Drive			716-796-1203		
H	Terminate		City or town, state or country, and ZIP + 4	L	F Group Ex			
H	Amended	return on pending	Orchard Park, NY 14127		Number			
G		ting Method:						
	Websit	•	☐ Cash ☐ Accrual Other (specify) ☐	— Н		if the organization is not		
			eck only one) — ✓ 501(c)(3)			tach Schedule B		
	Check D	Company of the Compan		527		90-EZ, or 990-PF).		
r		90-EZ or Form	e organization is not a section 509(a)(3) supporting organization and its gros: n 990 return is not required though Form 990-N (e-postcard) may be requir	s receipts are r	normally not n	nore than \$50,000. A		
	to file a	return, be sur	e to file a complete return.	ea (see instruc	ctions). But if	the organization chooses		
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	or if total accet	/Port II			
) are \$500,000 or more, file Form 990 instead of Form 990-EZ					
	Part I					\$		
	alti	Check if	e, Expenses, and Changes in Net Assets or Fund Balanc	es (see the	instruction	s for Part I.)		
-	1		the organization used Schedule O to respond to any question					
	1					21,197		
	2	Program se	ervice revenue including government fees and contracts			119,780		
	3	iviembersni	ip dues and assessments		3			
	4	Investment			4	19		
	5a		unt from sale of assets other than inventory 5a					
	b		or other basis and sales expenses					
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from li	ne 5a)	5c			
	6		d fundraising events					
ne	а	Gross inco \$15,000) .	ome from gaming (attach Schedule G if greater than		0			
Revenue	b	Gross inco		contribution				
Re		from fundra	aising events reported on line 1) (attach Schedule G if the	CONTINUENT				
		sum of suc	h gross income and contributions exceeds \$15,000) 6b		48,911			
	С		t expenses from gaming and fundraising events 6c		18,531			
	d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and	6b and sub	otract			
		line 6c) .		. oo ana oa	· · 6d	20,200		
	7a	Gross sales	s of inventory, less returns and allowances		· · · Ou	30,380		
	b		of goods sold					
	С		t or (loss) from sales of inventory (Subtract line 7b from line 7a)		70			
	8	Other rever	nue (describe in Schedule O)		7c			
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			474.070		
-	10	Grants and	similar amounts paid (list in Schedule O)			171,376		
	11		did to or for members		10			
S		Salaries, of	her compensation, and employee benefits		11			
JSe	13	Professiona	al fees and other payments to independent contractors		12	4040		
Expenses	. 14	Occupancy	r, rent, utilities, and maintenance		13	1040		
Ĕ	15	Printing nu	ablications, postage, and shipping		14	22,911		
	16	Other eyes	nses (describe in Schedulo O)		15	615		
	17	Total expe	nses (describe in Schedule O)		16	142,563		
	40	Excess or /	nses. Add lines 10 through 16	· · · ·	. ▶ 17	167,129		
Net Assets	19	Net assets	deficit) for the year (Subtract line 17 from line 9)		18	4,247		
88		end-of-vea	or fund balances at beginning of year (from line 27, column (A)) r figure reported on prior year's return)	(must agree	with			
t A	20				· · 19	106,340		
Ne	21		ges in net assets or fund balances (explain in Schedule O) or fund balances at end of year. Combine lines 18 through 20		20			
	6	INCL dSSEIS	UCTURED DATABLES AT AND OF VACE COmbine lines 19 through 00		D 04			

Pa	rt II Balance Sheets. (see the instruction	ns for Part II.)				r age 1
	Check if the organization used Schedu	ile O to respond to any que	stion in this	s Part II		
				(A) Beginning of year	I	(B) End of year
22	Cash, savings, and investments			44,638	22	48,853
23	Land and buildings			61,702	23	61,734
24	Other assets (describe in Schedule O)				24	
25	Total assets			106,340	25	110,587
26	Total liabilities (describe in Schedule O) .				26	
27	Net assets or fund balances (line 27 of colun	nn (B) must agree with line 2	1)	106,340	27	110,587
Par	Statement of Program Service Acco	mplishments (see the instr	uctions for	Part III.)		Expenses
	Check if the organization used Schedu			s Part III \square		uired for section
Wha	t is the organization's primary exempt purpose?	Amateur Girls Softball Prog	ram			c)(3) and 501(c)(4) nizations and section
the se	ribe what was achieved in carrying out the organization	on's exempt purposes. In a clea	ar and concis	se manner, describe		(a)(1) trusts; optional
	ervices provided, the number of persons benefited, an				for o	thers.)
28	Sponsored girls sofball program benefiting 624 gir	rls aging from 5-18, providing t	hem a settii	ng to learn the		
	game of softball and grow through team sport acti	vities				
	10					
	(Grants \$) If this amou	nt includes foreign grants, ch	eck here .	▶ 🗌	28a	156,494
29						
	10					
	(Grants \$) If this amount	nt includes foreign grants, ch	eck here .	▶ 🗌	29a	
30						
	/O					
24	(Grants \$) If this amoun	nt includes foreign grants, ch			30a	
31	Other program services (describe in Schedule O					
20	(Grants \$) If this amoun	nt includes foreign grants, ch	eck here .	▶	31a	
Par	Total program service expenses (add lines 28a	a through 31a)		🕨	32	
Lei		ey Employees. List each one e	ven if not co	mpensated. (see the in	nstruc	ctions for Part IV.)
	Check if the organization used Schedu					🗆
	(a) Name and address	(b) Title and average hours per week	(c) Comper (If not p			(e) Expense account and
lohn	Hann	devoted to position	enter -0			other allowances
	n Hess rystal Lane, West Seneca, NY 14224	President - 15 Hours				
	mas Martinez					
	ebecca Way, West Seneca, NY 14224	Vice-President - 15 Hours				
	Diebold					
	Bihrwood, West Seneca, NY 14224	Vice President - 10 Hours				
	yne Dzaak					
	Hammocks Drive, Orchard Park, NY 14127	Secr./ Treas. 15 Hours				
	stopher Hughes					
	Center Road, West Seneca, NY 14224	Website Director - 12 Hours				
	Conton Roda, West Serieca, WT 14224					
			-			

Par	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
00			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	13756	757	
b 38a	Did the organization file Form 1120-POL for this year? . Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outsteeding at the and of the control of the	37b		✓
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		✓
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9		THE A	lad.
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ► New York	406		V
42a	Located at ► 276 Hammocks Drive, Orchard Park, NY	716-79		
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		Yes	No
	account)?	42b		1
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			• 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	e l'algeria		√
C	Did the organization receive any payments for indoor tanning services during the year?	44b 44c	-	√
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

Form	990-EZ	(2010)	

P	a	0	P	4

	LE (2010)							F	Page 4
								Yes	No
45	s any related organization a controlled e	ntity of the org	anization within the	e meanir	ng of sectio	n 512(b)(13)?	45		1
a l	Did the organization receive any paymen	t from or engag	ge in any transactio	on with a	a controlled	entity within the	*		
1	meaning of section 512(b)(13)? If "Yes,"	' Form 990 an	d Schedule R may	need t	o be comp	eleted instead of	F PROPERTY		la la la
	Form 990-EZ (see instructions)						45a		
46 l	Did the organization engage, directly or it candidates for public office? If "Yes,"	ndirectly, in po	litical campaign ac edule C. Part I	tivities o	on behalf of	or in opposition	46		
Part V	Section 501(c)(3) organization	s and section	4947(a)(1) none	exemni	charitah	le truste only	All soc	tion	✓
	501(c)(3) organizations and sect and 52, and complete the tables	ion 4947(a)(1) s for lines 50 a	nonexempt char	ritable t	rusts mus	t answer quest	ions 47	7–49	b
	Check if the organization used So			estion in	this Part \	/1			
	3		opona to any quo	7511011111	tillo i ait i				- L
47 [Did the organization engage in lobbying	activities? If "V	es " complete Scho	odulo C	Dort II		47	Yes	-
48	s the organization a school as described	n section 170/h	N(1)(A)(ii)? If "Vee"	complete	Schodulo		47		1
49a [Did the organization make any transfers	to an exempt n	on-charitable relate	ed organ	nization?	L	48 49a		1
b i	f "Yes," was the related organization a s	ection 527 oras	anization?	o organ	nzation: .		49b		4
50 (Complete this table for the organization's	s five highest c	ompensated emplo	ovees (o	ther than o	fficers directors	truste	es an	d ke
	employees) who each received more that	n \$100,000 of d	compensation from	the org	anization. I	f there is none, e	enter "N	one."	,
	(a) Name and address of each employee paid more	/1.	Title and average hours per week	(c) Co	mpensation	(d) Contributions to	(e)	Exper	nse
	than \$100,000		evoted to position			employee benefit plans deferred compensation		count a	
NONE									
f T	otal number of other employees paid ov	er \$100,000	>	-0-					
51 (Complete this table for the organization 1100,000 of compensation from the orga	's five highest	compensated inde	penden	t contracto	ors who each re	ceived	more	thar
	(a) Name and address of each independent of	entractor poid more	then \$100,000	lone."	# N. T.				
NONE	(, , and and an end of end of the end of th	ontractor paid more			(b) Typ	e of service	(c) Con	npensa	ation
d T	otal number of other independent contra	actors each rec	eiving over \$100 00	20	•	-0-			
52 D	hid the organization complete Schedule	A? Note: All se	ction 501(c)(3) orga	nization	s and 1917	(a)(1)			
n	onexempt charitable trusts must attach	a completed So	chedule A		3 and 4347	(a)(1)	Yes		No
Under pena	alties of perjury I declare that I have examined this	otum including as		and statem	nents and to t	ho host of my knowle	162	bati-f	
true, correc	ct, and complete. Declaration of preparer (other than	officer) is based o	n all information of which	n preparer	has any know	ledge.	age and	bellet,	IT IS
Sign					1				
Here	Signature of officer				D	ate			
	Dwayne M Dzaak, Treasurer/Secre	tary							
	Type or print name and title								
Paid	Print/Type preparer's name	Preparer's signa	ture	D	ate	Chook [] :	PTIN		
Prepar	er					Check if self-employed			
Use Or					Fi	rm's EIN ▶			
	Firm's address ▶					none no.			
May the	IRS discuss this return with the preparer	shown above?	See instructions				Vac		

	8 (Rev. 1-2012)						Page 2
Note C	are filing for an Additional (Not Automatic) 3	-Month Exter	nsion, complete only Part I	and check the	nis box	Κ	▶ 🗌
• If you	only complete Part II if you have already been gare filing for an Automatic 3-Month Extensi c	granted an aut on, complete	tomatic 3-month extension c only Part I (on page 1).	on a previous!	y filed	Form 8	868.
Part I				ginal (no con	ies ne	eded)	
				iler's identifyir			instructions
Type or	Name of exempt organization or other filer, so	ee instructions.		Employer ident			
print	. WEST SENIOR CIDI COSTONII					05340	,,
File by the	Number, street, and room or suite no. If a P.C	D. box, see instr	uctions.	Social security	numbe	r (SSN)	
due date f				,		1	
filing your return. See	City, town or post office, state, and ZIP code	. For a foreign a	ddress, see instructions.				
instruction							
Enter th	e Return code for the return that this applicati	on is for (file a	separate application for each	ch return) .			. 0 1
Applic	ation	Return	Application				Return
Is For		Code	Is For				Code
Form 9	90	01	REAL MORNING WITH SIX SIX HERE I.A.	HAT WELLEN	M. Ma.	-d.240(213	4 (58) -5- K
Form 9	90-BL	02	Form 1041-A				08
Form 9	90-EZ	01	Form 4720				09
Form 9	90-PF	04	Form 5227				10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 9	90-T (trust other than above)	06	Form 8870			-	12
STOP! D	o not complete Part II if you were not already	aranted an a	utomatic 3 month extension				
4	the names and EINs of all members the exten	me until	SEPTEMBER 15	, 20 12	······································	-	
3 F	or calendar year , or other tax year begin	nning NOV	EMBER 1 . 20 10 and	ending 0	CTORE	ER 31	20 11
0 11	the tax year entered in line 5 is for less than 1	12 months, ch	eck reason: Initial retur	n Fina	l return	 า	. ,
	Change in accounting period						
7 S	tate in detail why you need the extension A	DDITIONAL TIN	ME IS NEED TO PREPARE AN	ACCURATE R	ETUR	N, WE AF	RE
	NORKING WITH THE PRIOR ACCOUNTANT TO C	OBTAIN INFOR	MATION FOR THE TAX YEAR	ABOVE. WITH	OUT T	HE ADD	ITIONAL
	TIME WE FEEL THE RETURN WILL NOT BE ACC	URATE AND TH	HEREFORE REQUEST ADDITION	ONAL 3 MONT	HS TO	DO SO.	
8a If	this application is for Form 990-BL, 990-PF,	990-T 4720	or 6069, enter the tentative	toy loss say			
n	onrefundable credits. See instructions.	000 1, 4720, 1	or 0009, enter the tentative i	lax, less any		^	
-	this application is for Form 990-PF, 990-7	T 4720 or 6	000			\$	0.00
e	stimated tax payments made. Include any p	1, 4/20, 01 b	uos, enter any refundable	credits and	州等。		
а	mount paid previously with Form 8868.	Jiloi year ove	rpayment allowed as a cre	dit and any	garage,		
	alance due. Subtract line 8b from line 8a. Include	0 VOUR DOVEMENT	which this fame if		8b	\$	0.00
(E	Electronic Federal Tax Payment System). See inst	e your payment ructions.	with this form, if required, by	using EFTPS		•	
			be completed for Part I	ll only	8c	>	0.00
Under pe	nalties of perjury, I declare that I have examined	this form incl	uding accompanying schodule	_	nts, an	d to the	best of my
wieug	e and belief, it is true, correct, and complete, and th	nat I am authoriz	ed to prepare this form.				2//
Signature •	Dwaym M. Dzaal	Title N	TDEACHOEDICE			. 1	/
	, saut VI. Deant	- ride	TREASURER/SECRETARY	Da	te ►	6/15/	2012
			•		For	m 8868	(Rev. 1-2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2010

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number West Seneca Girls Softball Association, Inc. 16-1605340 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 🗵 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III-Functionally integrated e \square By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization in col. (i) listed in your (described on lines 1-9 the organization in organization in col. support col. (i) of your above or IRC section governing document? (i) organized in the support? (see instructions)) Yes No Yes Yes No (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

0.00

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checked the						lify under
Secti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests its	sted below, pi	ease comple	te Part III.)	
	idar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2000	(2) 2001	(0) 2000	(4) 2000	(6) 2010	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.					A STATE OF STATE	
	on B. Total Support		_				
Caler 7	ndar year (or fiscal year beginning in) ► Amounts from line 4	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).	-					
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for thorganization, check this box and stop he	e organization	n's first, secon		or fifth tax ye	12 ar as a section	
Secti	on C. Computation of Public Suppor		e				[
14	Public support percentage for 2010 (line 6	6, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2009 Sch	edule A, Part	II, line 14 .			15	0/
16a	331/3% support test—2010. If the organi	zation did not	check the box	on line 13, and	d line 14 is 331	13% or more, c	heck this
b	box and stop here . The organization qua 33 ¹ / ₃ % support test—2009 . If the organ check this box and stop here . The organ	nization did no	ot check a box	on line 13 or	16a, and line	15 is 33 ¹ / ₃ %	or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization med Part IV how the organization meets the "factorization".	10. If the organic the facts-acts-and-circu	anization did no and-circumstar mstances" test	ot check a box ices" test, chec . The organiza	on line 13, 16ack this box and tion qualifies a	a, or 16b, and l stop here. E s a publicly su	ine 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	09. If the orgain ion meets the eets the "facts"	anization did no e "facts-and-cir s-and-circumsta	ot check a box cumstances" to ances" test. Th	on line 13, 16, est, check this e organization	a, 16b, or 17a, box and ste	and line op here. publicly
18	Private foundation. If the organization die	d not check a	box on line 13,	16a, 16b, 17a	or 17b. check	this box and s	ee
	instructions						. ▶ [

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,812	21,435	29,092	20,094	21,382	112,815
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	82,908	106,264	126,257	115,863	122,437	553,729
3	Gross receipts from activities that are not an unrelated trade or business under section 513	25,727	31,499	43,034	47,114	41,025	188,399
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	129,447	159,198	198,383	183,071	184,844	854,943
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)	建筑	建 网络纳格				854,943
Secti	on B. Total Support			250	2.52		
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	129,447	159,198	198,383	183,071	184,844	854,943
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	81	40	19	20	19	179
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	81	40	19	20	19	179
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or		· ·	0	0	0	0
	loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	129,528	159,238	198,402	183,091	184,863	855,122
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Secti	on C. Computation of Public Suppor		Δ	· · · · ·	· · · · ·		
15	Public support percentage for 2010 (line 8	column (f) div	vided by line 1'	3 column (f))		15	99.98 %
16	Public support percentage from 2009 Sch	edule A. Part I	Il line 15	o, column (1))		16	99.98 %
Secti	on D. Computation of Investment Inc	come Percer	ntage	<u> </u>	· · · · · ·	10	33.31 %
17	Investment income percentage for 2010 (line 10c colum	n (f) divided by	v line 13 colur	nn (f))	17 0	.02 %
18	Investment income percentage from 2009	Schedule A	Part III line 17	y inte 15, colui	···· (1 <i>))</i> · · ·		
19a	331/3% support tests—2010. If the organi	ization did not	check the box	on line 14 ar	nd line 15 is m	ore than 331/20	.03 %
b	17 is not more than 33 1/3%, check this box a	ind stop here.	The organization	on qualifies as a	a publicly suppo	orted organization	on N
	331 _{/3} % support tests—2009. If the organize line 18 is not more than 331 _{/3} %, check this b	ox and stop h	ere . The organi	zation qualifies	as a publicly si	innorted organi	zation 🕨 🗆
	Private foundation. If the organization did	not check a b	oox on line 14,	19a, or 19b, ch	neck this box a	nd see instruct	tions

Part IV	Supplemental Information . Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	r age 4
NONE		
• • • • • • • • • • • • • • • • • •		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

West	Seneca Girls Softball Association					16	-1605340
Part	Fundraising Activities. Form 990-EZ filers are n	Complete if the	he organiz	ation ansv	vered "Yes" to F	orm 990, Part IV,	line 17.
1	Indicate whether the organization					N 1 - 11 11 - 1 - 1	
' a	Mail solicitations	ii raiseu iurius					
b	Internet and email solicitation				ion of non-govern		
		ns	f		ion of governmen	0	
c .	Phone solicitations		g		fundraising events	3	
d	In-person solicitations						
2a	Did the organization have a writ	ten or oral agre	eement with	any indivi	dual (including off	ficers, directors, trus	tees
	or key employees listed in Form	990, Part VII) o	or entity in c	onnection v	with professional	fundraising services	? Tyes The
b	If "Yes," list the ten highest paid compensated at least \$5,000 by	individuals or the organization	entities (fun on.	draisers) p	ursuant to agreen	nents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
-			Yes	No		COI. (I)	
1 N	ONE						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3	List all states in which the organ registration or licensing.	nization is regis	stered or lic	ensed to s	olicit contribution	s or has been notific	ed it is exempt from
N/A							

P	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions	ion answered "Yes" to and gross income on	Form 990, Part IV, line Form 990-EZ, lines 1	e 18, or reported more and 6b. List events with
			(a) Event #1 Spring Social (event type)	(b) Event #2 Concessions (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1 2	Gross receipts	24,643	13,173.	0	37,816.
Œ		contributions	0	0	0	0
-	3	Gross income (line 1 minus line 2)	24,643	13,173	0	37,816
	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
enses	6	Rent/facility costs	0	0	0	0
Direct Expenses	7	Food and beverages	6,868	10,538	0	17,406
Direc	8	Entertainment	450	0	0	450
	9	Other direct expenses .	475	515	0	990
Pa	10 11 rt III	Direct expense summary. Act income summary. Comb Gaming. Complete if the	ine line 3, column (d), a e organization answei	nd line 10	0, Part IV, line 19, or	(18,846) 18,970 reported more
Revenue		than \$15,000 on Form 9	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				-0-
ses	2	Cash prizes				-0-
ect Expenses	3	Noncash prizes				-0-
Direct	4	Rent/facility costs				-0-
	5	Other direct expenses .	☐ Yes %			-0-
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
		Direct expense summary. Ad				(0)
		Net gaming income summary				-0-
	a Ist	ter the state(s) in which the organization licensed to op No," explain:	perate gaming activities	ning activities: N/A in each of these states		· · Yes 🗹 No
10	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . Yes No b If "Yes," explain:					

Schedu	ule G (Form 990 or 990-EZ) 2010		Page 3
11 12	Does the organization operate gaming activities with nonmembers?	Yes	✓ No
13 a b 14	Indicate the percentage of gaming activity operated in: The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	Yes	✓ No%%
	Name ► Dwayne Dzaak, Treasure/Secretary		
	Address > 276 Hammocks Drive, Orchard Park, NY 14127		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		
b c		∐ Yes	☑ No
	Name ►		
	Address►		
16	Gaming manager information:		
	Name ► John P. Hess		
	Gaming manager compensation ▶ \$		
	Description of services provided General Supervision of Volunteers		
	✓ Director/officer		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	П.,	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$	Yes	✓ No
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, li columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also con part to provide any additional information (see instructions).	ne 2b, nplete th	is
V/A			

Form CHAR500

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General)
Charities Bureau - Registration Section

2010

This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	New York, NY 10271 http://www.charitiesnys.com 120 Broadway Open to Public Inspection				
1. General Information					
a. For the fiscal year beginning (mm/dd/yyyy) Nov 1 / 2 0 1 0 and ending (mi	m/dd/yyyy) October 31	1, 2011		
b. Check if applicable for NYS: Address change	c. Name of organization			d. Fed. employer ID 16-1605340	no. (EIN) (##-######)
Name change Initial filing	West Seneca Girls Softball Association	, Inc.		e. NY State registrati 07-09-39	on no. (##-##-##)
☐ Final filing ☐ Amended filing	Number and street (or P.O. box if mail not delive 276 Hammocks Drive	ered to street address)	Room/suite	f. Telephone numbe (71) 796-1203	г
☐ NY registration pending	City or town, state or country and zip + 4 Orhcard Park, NY 14127			g. Email	
2. Certification - Two Signature	es Required				
We certify under penalties of percorrect and complete in accordar	jury that we reviewed this report, including all noe with the laws of the State of New York ap	plicable to this repor	the best of t.	our knowledge and b	pelief, they are true,
a. President or Authorized Off	icer Syghature	John P. Hess		President	9/16/2012
b. Chief Financial Officer or Tr	200	Dwayne M. Dza	ak	Treasurer/Secretary	Date 9/16/2012
b. Officer financial Officer of 11		Printed Name		Title	Date
3. Annual Report Exemption In		44->	***************************************		
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC).to solicit contributions during this fiscal year. NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.					
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.					
For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <u>Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.</u>					
4. Article 7-A Schedules					
If you did not check the Article 7-A a a. Did the organization use a profe * If "Yes", complete Schedule	vernment contributions (grants)?	nmercial co-venturer f	or fund raisin		
5. Fee Submitted: See last page for summary of fee requirements.					
b. EPTL filing fee	ubmitting along with this form:	\$ 50.00		nly one check or mo payable to "NYS De	

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

Sc	hedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)
If y	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
8.	If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ 173-a. 3 of the

)

Executive Law?

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 Govern	nment Contributions (Grants) \$ 0.00

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 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.		
•	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.

,	3						
For All Filers	For All Filers						
Filing Fee	Filing Fee						
Single check or money order payable to "NY	S Department of Law"						
Copies of Internal Revenue Service Forms							
☐ IRS Form 990	☑ IRS Form 990-EZ	☐ IRS Form 990-PF					
☐ All required schedules (including Schedule B)	All required schedules (including Schedule B)	All required schedules (including Schedule B)					
☐ IRS Form 990-T	☐ IRS Form 990-T	☐ IRS Form 990-T					
Additional Article 7-A Document Attachment R	equirement						
Independent Accountant's Report							
☐ Audit Report (total support & revenue more than \$250,000)							
Review Report (total support & revenue \$10							
☐ No Accountant's Report Required (total supp	port & revenue not more than \$100,000)						
		,					