

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

2009

**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning July 1, 2009, and ending June 30, 20 10

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization New York State OM Association, Inc		D Employer identification number 16-1321466
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number 585-377-8464
		18 Grand Erie Way		F Group Exemption Number ▶
		City or town, state or country, and ZIP + 4 Fairport, NY 14450		

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

G Accounting Method: Cash Accrual
Other (specify) ▶

I Website: ▶ **www.NYSOMA.org**

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

H Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ▶ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **125,665.47**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1			2,335.27
	2	Program service revenue including government fees and contracts	2			42,627.33
	3	Membership dues and assessments	3			37,235.00
	4	Investment income	4			117.50
	5a	Gross amount from sale of assets other than inventory	5a		0	
	b	Less: cost or other basis and sales expenses	5b		0	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>				
	a	Gross revenue (not including \$ <u>2,335.27</u> of contributions reported on line 1)	6a		0	
	b	Less: direct expenses other than fundraising expenses	6b		0	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c			0	
7a	Gross sales of inventory, less returns and allowances	7a		40,734.37		
b	Less: cost of goods sold	7b		25,221.37		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			15,513.00	
8	Other revenue (describe ▶ Tournament Silent Auction, Rebates, Bank fee recovery)	8			2,616.00	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9			100,444.10	
Expenses	10	Grants and similar amounts paid (attach schedule)	10			2,500.00
	11	Benefits paid to or for members	11			0
	12	Salaries, other compensation, and employee benefits	12			12,800.00
	13	Professional fees and other payments to independent contractors	13			0
	14	Occupancy, rent, utilities, and maintenance	14			23,093.48
	15	Printing, publications, postage, and shipping	15			3,597.16
	16	Other expenses (describe ▶ Bank Fees, travel, event costs, promotion items, insurance)	16			64,086.62
17	Total expenses. Add lines 10 through 16 ▶	17			106,077.26	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18			(5,633.16)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19			96,535.60
	20	Other changes in net assets or fund balances (attach explanation)	20			0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21			90,902.44

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	77,533.65	22 64,781.82
23	Land and buildings	0	23 0
24	Other assets (describe ▶ Inventory)	21,815.59	24 26,120.62
25	Total assets	99,349.24	25 90,902.44
26	Total liabilities (describe ▶ Account Payable from prior year)	2,813.64	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,535.60	27 90,902.44

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? Teach children creative problem solving & teamwork skills			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	Foster childrens divergent creative thinking skills by working cooperatively in teams to solve specifically designed long and short term problems. Approximately 6000 children on about 1000 teams		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	24,190.05
29	To provide the avenue by which children have the opportunity to become actively involved in such a program		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	24,190.05
30	To act as a liason with simular programs throughout the state and elsewhere to participate whenever possible in joint programs with other groups for educational and creative purposes		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	24,190.04
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses (add lines 28a through 31a)	32	72,570.14

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jackie Otte 1016 Peter Rd, Schenectady, NY 12303	State Director (35)	4000	0	0
Jane Hogan 18 Tuscarora Avenue, Geneseo, NY 14454	Asst SD, TD (15)	1500	0	0
Kim Lamparelli 14 Hillock. Ct., Scotia, NY 12302	Registrar (20)	1500	0	0
Donna Denny 284 Duaneburg Rd., Schenectady, NY 12306	Judges Coordinator (15)	1500	0	0
Jeff Carter 18 Grand Erie Way, Fairport, NY 14450	Treasurer (20)	2000	0	0
Sue Pircio 116 N. 9th Street, Olean, NY 14760	Recording Secretary (5)	500	0	0
Graham Brewer 206 25th Street, Troy, NY 12180	Webmaster (15)	1500	0	0
Paula Bianchi 856 Cleveland Avenue Schenectady, NY 12306	Director, Board Chair	0	0	0
Wayne Otte 1016 Peter Rd, Schenectady, NY 12303	Director	0	0	0
Amy Braun 25 Tuscarora Avenue Geneseo, NY 14454	Director	0	0	0
Leon Frost 611 West German Street Herkimer, NY 13350	Director	0	0	0
Jim Hoelscher 19 Brentfield Circle Rochester, NY 14617	Director	0	0	0
Matt Lopez 28 Midline Road Ballston Lake, NY 12019	Director	0	0	0
Jerry Mottern 140 S 11th Street Olean, NY 14760	Director	0	0	0
Sharon Porter P.O. Box 198 Aurora, NY 13026	Director	0	0	0
Rick Pray 96 Lock Street Port Crane, NY 13833	Director	0	0	0
Phil Ulrich 211 Rabbit Road Greenwich, NY 12834	Director	0	0	0
David Vincent 9210 Oakland Road Weedsport, NY 13166	Director	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
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, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		✓
38a	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 outstanding at the end of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
c	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 ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	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.		✓
41	List the states with which a copy of this return is filed. ▶ New York		
42a	The organization's books are in care of ▶ Jeff Carter, Treasurer Telephone no. ▶ 585-377-8464 Located at ▶ 18 Grand Erie Way, Fairport, NY ZIP + 4 ▶ 14450		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
42b			✓
	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 .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		✓
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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 received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____
Jeff C Carter, Treasurer
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's identifying number (See instructions) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 _____ EIN _____
 Phone no. _____

May the IRS discuss this return with the preparer shown above? See instructions **Yes** **No**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization New York State OM Association, Inc.	Employer identification number 16 : 1321466
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Part I 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)**.
- 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)(iii)**.
- 4 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:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33⅓ % 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 33⅓ % 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
 - e 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).
 - f 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
 - g 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 (iii) below, the governing body of the supported organization?
 - (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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
N/A									
Total									

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 box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	N/A					
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	69,354.00	76,140.00	74,422.30	63,635.41	63,627.27	347,178.98
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	55,033.54	56,688.27	49,660.87	59,165.02	61,418.29	281,965.99
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
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	124,387.54	132,828.27	124,083.17	122,800.43	125,045.56	629,144.97
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,030.00	1,901.00	1,600.00	1,600.00	1,600.00	8,731.00
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
c Add lines 7a and 7b	2,030.00	1,901.00	1,600.00	1,600.00	1,600.00	8,731.00
8 Public support (Subtract line 7c from line 6.)						620,413.97

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	124,387.54	132,828.27	124,083.17	122,800.43	125,045.56	629,144.97
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,064.28	1,974.55	3,234.20	1,150.35	117.50	7,540.88
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	1,064.28	1,974.55	3,234.20	1,150.35	117.50	7,540.88
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.)	125,451.82	134,802.82	127,317.37	123,950.78	125,163.06	636,685.85

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	97.4 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	97.3 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.2 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.3 %

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization New York State OM Association, Inc.	Employer identification number 16 : 1321466
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
New York State OM Association, Inc

Employer identification number
16 : 1321466

Part I Contributors (see instructions)

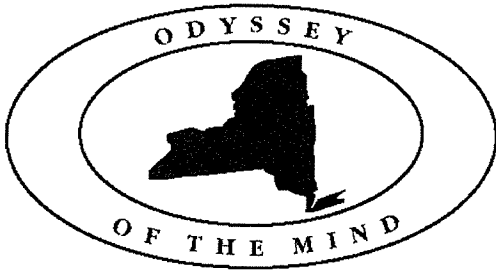
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Jeff & Harriet Carter 18 Grand Erie Way Fairport, NY 14450	\$ 250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Jim & Adel Hoelscher 19 Brentfield Circle Rochester, NY 14617	\$ 500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Jackie & Wayne Otte 1016 Peter Rd Schenectady, Ny 12303	\$ 250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Phil & Krintine Ulrich 211 Rabbit Road Greenwich, NY 12834	\$ 500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Louanne & Rick Pray 96 Lock Street Port Port Crane, NY 13833	\$ 100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	United Way of the Greater Capital Region One United Way Albany, NY 12205	\$ 389	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization
New York State OM Association, Inc.

Employer identification number
16 : 1321466

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	None ----- ----- -----	\$ -----	-----/-----/-----
-----	----- ----- -----	\$ -----	-----/-----/-----
-----	----- ----- -----	\$ -----	-----/-----/-----
-----	----- ----- -----	\$ -----	-----/-----/-----
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New York State OM Association, Inc.

New York State OM Association, Inc. Federal ID #: 16-1321466

Supplemental page for form 990ez for year 2009 - July 1, 2009 thru June 30, 2010

Part 1 - Expenses: Line 10: Grant and similar amounts paid:

Awarded Scholarships to 2 individuals @ \$500 each

Provided donation of \$1500 to related 501c(3) organization

COU – Creative Opportunities Unlimited, to provide support for their objectives for the Odyssey of the Mind program.

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09/18/10
Accrual Basis

NYSOMA
Balance Sheet
As of June 30, 2010

	<u>Jun 30, 10</u>
ASSETS	
Current Assets	
Checking/Savings	
Operating Account	
Scholarship fund	2,622.25
Operating Account - Other	<u>-2,307.89</u>
Total Operating Account	314.36
Savings Account - General	<u>64,467.46</u>
Total Checking/Savings	64,781.82
Other Current Assets	
Inventory	<u>26,120.62</u>
Total Other Current Assets	<u>26,120.62</u>
Total Current Assets	90,902.44
Fixed Assets	
Fixed Assets	
Accumulated Depreciation	-3,489.50
Fixed Assets - Other	<u>3,489.50</u>
Total Fixed Assets	<u>0.00</u>
Total Fixed Assets	<u>0.00</u>
TOTAL ASSETS	<u>90,902.44</u>
LIABILITIES & EQUITY	
Equity	
*Retained Earnings	63,639.33
Equity	32,896.27
Net Income	<u>-5,633.16</u>
Total Equity	<u>90,902.44</u>
TOTAL LIABILITIES & EQUITY	<u>90,902.44</u>

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09/18/10

Accrual Basis

NYSOMA
Profit & Loss Budget vs. Actual
 July 2009 through June 2010

	Jul '09 - Jun 10	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
Activities				
Creativity Fest	57.67	100.00	-42.33	57.7%
Silent Auction	1,082.00			
Total Activities	1,139.67	100.00	1,039.67	1,139.7%
Donations & Sponsorship				
Donated Expenses	299.10			
Donations	1,147.20	800.00	347.20	143.4%
United Way	388.97			
Total Donations & Sponsorship	1,835.27	800.00	1,035.27	229.4%
Interest Income	117.50	500.00	-382.50	23.5%
Membership Income				
Late Fee, Membership	150.00			
Membership Fees	37,140.00	36,000.00	1,140.00	103.2%
Refunds	-55.00			
Total Membership Income	37,235.00	36,000.00	1,235.00	103.4%
Rebate Income				
CCI Rebate	24,057.00	22,000.00	2,057.00	109.4%
Hotel Rebate	612.00	200.00	412.00	306.0%
Insurance rebate	502.41			
Tournament Pictures	0.00	165.00	-165.00	0.0%
Total Rebate Income	25,171.41	22,365.00	2,806.41	112.5%
Regional Pin Service Income	0.00	100.00	-100.00	0.0%
Returned Check Charges	15.00			
Sales				
Regional Sales	7,735.46	9,000.00	-1,264.54	85.9%
State Merchandise Sales				
CCI Consignment & Sales	4,222.33			
PC/HJ Training Event Sales	1,258.00	800.00	458.00	157.3%
Sales	8,895.00	9,500.00	-605.00	93.6%
WF Merchandise Sales	807.50			
Total State Merchandise Sales	15,182.83	10,300.00	4,882.83	147.4%
Worlds Pin Sales	14,686.08	21,000.00	-6,313.92	69.9%
Worlds T-Shirt sales	3,130.00	3,000.00	130.00	104.3%
Total Sales	40,734.37	43,300.00	-2,565.63	94.1%
Scholarship				
Donations for Scholarship	500.00			
Silent Auction	907.00	900.00	7.00	100.8%
Total Scholarship	1,407.00	900.00	507.00	156.3%
SF Registration Income				
Prior Year SF Reg Income	0.00			
SF Registration Income - Other	13,860.00	14,300.00	-440.00	96.9%
Total SF Registration Income	13,860.00	14,300.00	-440.00	96.9%
Workshops Programs	4,150.25	2,000.00	2,150.25	207.5%
Total Income	125,665.47	120,365.00	5,300.47	104.4%
Expense				
Bank Fees				
AMEX CC processing fees	60.46			
CC Processing Fees	315.54			
Bank Fees - Other	0.00	30.00	-30.00	0.0%
Total Bank Fees	376.00	30.00	346.00	1,253.3%
Board/Officer Expense				
Airfare/AD Mtg	460.00	300.00	160.00	153.3%
Food	2,566.48	2,000.00	566.48	128.3%
Honorariums	12,500.00	13,000.00	-500.00	96.2%
Lodging	5,788.00	2,700.00	3,088.00	214.4%
Mileage	5,495.69	4,000.00	1,495.69	137.4%
Photocopying	100.00	75.00	25.00	133.3%
Postage	75.84	300.00	-224.16	25.3%
Shirts	208.00	150.00	58.00	138.7%
Supplies	189.98	300.00	-110.02	63.3%
Total Board/Officer Expense	27,383.99	22,825.00	4,558.99	120.0%
Charitable Contributions				
Creative Opportunities Unlimate	1,500.00	500.00	1,000.00	300.0%
Total Charitable Contributions	1,500.00	500.00	1,000.00	300.0%
Coach's Training				
Food	0.00	110.00	-110.00	0.0%
Lodging	110.00	300.00	-190.00	36.7%
Mileage	144.47	330.00	-185.53	43.8%
Photocopy	0.00	25.00	-25.00	0.0%
Supplies	5.72	25.00	-19.28	22.9%
Total Coach's Training	260.19	790.00	-529.81	32.9%

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Accrual Basis

NYSOMA
Profit & Loss Budget vs. Actual
 July 2009 through June 2010

	Jul '09 - Jun 10	Budget	\$ Over Budget	% of Budget
Inventory Adjustment				
Inventory Lost & Broken	272.78	300.00	-27.22	90.9%
Purchases moved to Inventory	-4,305.03			
Total Inventory Adjustment	-4,032.25	300.00	-4,332.25	-1,344.1%
Legal				
Accounting	704.71	100.00	604.71	704.7%
Filing Fees	50.00	50.00	0.00	100.0%
Insurance	2,599.82	2,000.00	599.82	130.0%
Memberships	0.00	100.00	-100.00	0.0%
Total Legal	3,354.53	2,250.00	1,104.53	149.1%
Membership Expense				
Photocopy	134.24	50.00	84.24	268.5%
Postage	62.00	100.00	-38.00	62.0%
Supplies	0.00	75.00	-75.00	0.0%
Total Membership Expense	196.24	225.00	-28.76	87.2%
Officials Expense				
Banquet Facilities	445.00	300.00	145.00	148.3%
Food	1,872.70	2,000.00	-127.30	93.6%
Lodging	2,400.00	3,000.00	-600.00	80.0%
Mileage	752.35	1,000.00	-247.65	75.2%
Officials Shirts	2,277.35	2,400.00	-122.65	94.9%
Photocopying	0.00	100.00	-100.00	0.0%
Postage	4.48	100.00	-95.52	4.5%
Supplies	159.14	1,000.00	-840.86	15.9%
Total Officials Expense	7,911.02	9,900.00	-1,988.98	79.9%
Program Growth				
Air Fare	0.00	300.00	-300.00	0.0%
Facilities	125.00	150.00	-25.00	83.3%
Food	67.14	450.00	-382.86	14.9%
Giveaways	0.00	50.00	-50.00	0.0%
Lodging	269.97	1,000.00	-730.03	27.0%
Mileage	412.49	1,000.00	-587.51	41.2%
Photocopying	0.00	25.00	-25.00	0.0%
Postage	0.00	25.00	-25.00	0.0%
Supplies	0.00	25.00	-25.00	0.0%
Total Program Growth	874.60	3,025.00	-2,150.40	28.9%
Reconciliation Discrepancies	18.00			
Regional Director's Expense				
Food	248.75	600.00	-351.25	41.5%
Lodging	0.00	600.00	-600.00	0.0%
Mileage	275.45	900.00	-624.55	30.6%
Pins - Regional Service Awards	696.00			
Postage	0.00	25.00	-25.00	0.0%
Shirts	130.10	200.00	-69.90	65.1%
Total Regional Director's Expense	1,350.30	2,325.00	-974.70	58.1%
Sales Expense				
Mileage	0.00	100.00	-100.00	0.0%
pins	5,393.00	7,000.00	-1,607.00	77.0%
Postage	34.14	25.00	9.14	136.6%
Promotions	140.69	400.00	-259.31	35.2%
Purchases for resale	8,828.66	7,000.00	1,828.66	126.1%
Shirts	452.97	1,200.00	-747.03	37.7%
Stipends	300.00	300.00	0.00	100.0%
Supplies	90.85	300.00	-209.15	30.3%
Total Sales Expense	15,240.31	16,325.00	-1,084.69	93.4%
Scholarship Awards				
Awards	1,000.00	1,500.00	-500.00	66.7%
Postage	0.00	50.00	-50.00	0.0%
Silent Auction Prize Expense	0.00	250.00	-250.00	0.0%
Total Scholarship Awards	1,000.00	1,800.00	-800.00	55.6%
Sponsorship				
Document Production	0.00	100.00	-100.00	0.0%
Giveaways	0.00	50.00	-50.00	0.0%
Postage	0.00	50.00	-50.00	0.0%
Supplies	0.00	50.00	-50.00	0.0%
Total Sponsorship	0.00	250.00	-250.00	0.0%
Summer Program				
Food	1,126.33	500.00	626.33	225.3%
Lodging	1,340.00	800.00	540.00	167.5%
Mileage	1,072.20	500.00	572.20	214.4%
Photocopying	0.00	50.00	-50.00	0.0%
Postage	0.00	65.00	-65.00	0.0%
Supplies	190.08	75.00	115.08	253.4%
Total Summer Program	3,728.61	1,990.00	1,738.61	187.4%

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 09/18/10
 Accrual Basis

NYSOMA
Profit & Loss Budget vs. Actual
 July 2009 through June 2010

	Jul '09 - Jun 10	Budget	\$ Over Budget	% of Budget
Tournament Expense				
Awards	3,028.60	4,400.00	-1,371.40	68.8%
Event Center	2,500.00	2,500.00	0.00	100.0%
Food	11,657.26	10,670.00	987.26	109.3%
Lodging	12,110.14	12,000.00	110.14	100.9%
Mileage	0.00	240.00	-240.00	0.0%
Photocopying	13.50	50.00	-36.50	27.0%
Postage	0.00	25.00	-25.00	0.0%
Printing	951.28	2,400.00	-1,448.72	39.6%
Site Use Expense	20,023.48	22,000.00	-1,976.52	91.0%
Sound	375.00	400.00	-25.00	93.8%
Supplies	924.47	600.00	324.47	154.1%
Transportation	305.00	550.00	-245.00	55.5%
Total Tournament Expense	51,888.73	55,835.00	-3,946.27	92.9%
Website Expense	0.00	700.00	-700.00	0.0%
World Finals Expense				
Airfare	403.00	500.00	-97.00	80.6%
Creativity Fest	655.00	600.00	55.00	109.2%
Food	979.64	1,150.00	-170.36	85.2%
Giveaways	3,052.74	1,100.00	1,952.74	277.5%
Mileage	124.25	500.00	-375.75	24.9%
Pins	12,585.47	15,000.00	-2,414.53	83.9%
Postage/Shipping	175.52	500.00	-324.48	35.1%
Shirts				
Giveaways xfer	-2,353.39			
Purchases	4,619.69	4,130.00	489.69	111.9%
Total Shirts	2,266.30	4,130.00	-1,863.70	54.9%
Supplies	6.44	400.00	-393.56	1.6%
Total World Finals Expense	20,248.36	23,880.00	-3,631.64	84.8%
Total Expense	131,298.63	142,950.00	-11,651.37	91.8%
Net Ordinary Income	-5,633.16	-22,585.00	16,951.84	24.9%
Net Income	-5,633.16	-22,585.00	16,951.84	24.9%