

# Short Form Return of Organization Exempt From Income Tax

2011

Open to Public  
Inspection

**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.*

Department of the Treasury  
Internal Revenue Service

**A For the 2011 calendar year, or tax year beginning** July 1, 2011, and ending June 30, 20 12

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C Name of organization**  
New York State OM Association, Inc.

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

City or town, state or country, and ZIP + 4  
Fairport, NY 14450

**D Employer identification number**  
16-1321466

**E Telephone number**  
585-377-8464

**F Group Exemption Number** ▶

**G Accounting Method:**  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I Website:** ▶ www.NYSOMA.org

**J Tax-exempt status** (check only one) –  501(c)(3)  501(c) ( ) ◀ (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 or a section 527 organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ 131,820

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

Check if the organization used Schedule O to respond to any question in this Part I

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	1,810
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	39,768
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	39,100
	<b>4</b> Investment income . . . . .	<b>4</b>	238
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	0
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	0
	<b>b</b> Gross income from fundraising events (not including \$ <u>0</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>	0
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>	0	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	48,840	
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>	28,600	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	20,240	
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	2,063	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	103,219	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	2,000
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	0
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	12,800
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	0
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	25,249
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	5,133
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	52,246
<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	97,428	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	5,791
	<b>19</b> 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) . . . . .	<b>19</b>	95,053
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	0
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	100,844

**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	72,951	<b>22</b> 81,612
<b>23</b> Land and buildings	0	<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O)	22,101	<b>24</b> 19,232
<b>25</b> <b>Total assets</b>	95,053	<b>25</b> 100,844
<b>26</b> <b>Total liabilities</b> (describe in Schedule O)	0	<b>26</b> 0
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	95,053	<b>27</b> 100,844

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Teach children creative problem solving & teamwork skill

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

<b>28</b> Foster children's divergent creative thinking skills by working cooperatively in teams to solve specifically designed long and short term problems. Approximately 6000 children on 1000 teams.  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	24,395
<b>29</b> 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"/>	<b>29a</b>	24,395
<b>30</b> To act as a liason with similar 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"/>	<b>30a</b>	24,394
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	0
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	73,184

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jackie Otte 1016 Peter Rd, Schenectady, NY 12303	State Director ( 35 )	4000	0	0
Jerry Mottern 140 S. 11th Street, Olean, NY 14760	Asst State Director ( 15 )	0	0	0
Kim Lamparelli 14 Hillock Ct, Scotia, NY 12302	Registrar ( 20 )	1500	0	0
Tim Hortman 145 Forest St, Hop Bottom, PA 18824	Judges Coordinator ( 15 )	1500	0	0
Jeff Carter 18 Grand Erie Way, Fairport, NY 14450	Treasurer ( 20 )	2000	0	0
Lynette Bryan 506 Tokos Grove Rd, Johnson City, NY 13790	Tournament Director ( 15 )	1500	0	0
Sue Pircio 116 N. 9th Street, Olean, NY 14760	Recording Secretary ( 5 )	500	0	0
Graham Brewer 206 25th St, Troy, NY 12180	Webmaster	1500	0	0
Rick Pray 96 Lock St, Port Crane, NY 13833	Director, Board Chair	0	0	0
Wayne Otte 1016 Peter Rd, Schenectady, NY 12303	Director	0	0	0
Leon Frost 611 West German St, Herkimer, NY 13350	Director	0	0	0
Jim Hoelscher 19 Brentfield Cr, Rochester, NY 14617	Director	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
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.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b 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 tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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:
40b 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?
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed.
42a The organization's books are in care of
42b 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...
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	✓

**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 47-49b 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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	✓
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	✓
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	✓
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	

**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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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 . . . . . **0**

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .  **Yes**  **No**

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.

<b>Sign Here</b>	Signature of officer	Date
	Jeff Carter, Treasurer Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no.	
	Firm's address				

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

New York State OM Association, Inc.

Employer identification number

16-1321466

Part I: Revenue: ( line 8: Other Revenue )

1) Silent Auction at Tournament ( Tee-shirts and pins from other member states auctioned off during tournament )

2) Rebates ( membership fee rebate from national organization, local hotel rebates, tournament photographer rebate )

Part I: Expenses: ( line 10: Grants )

1) Scholarships awarded to 3 individuals @ \$500 each

2) Provided donation of \$500 to related 501(c)(3) organization: COU ( Creative Opportunities Unlimited ) for their support of the Odyssey of the Mind Program.

Part I: Expenses ( line 16: Other Expenses )

1) combination of Bank Fees, travel cost, event housing costs, promotional items given away, insurance

Part II: Balance Sheets

Line 24: ( Other Assets ): Inventory for sale kept on hand

Line 26 ( Liabilities ): None

Part IV: List of Officers, Directors, Trustees, and Key Employees

Matt Lopez: 28 Midline Rd, Ballston Lake, NY 12019- Director - no Compensation

Sharon Porter: PO Box 198, Aurora, NY 13026 - Director - no compensation

David Vincent: 9210 Oakland Rd, Weedsport, NY 13166 - Director - no compensation

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

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 33 1/3% 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.)
- 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	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									



**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	N/A					
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	74,422	63,635	63,627	64,041	61,858	327,585
<b>2</b> 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 . . . .	49,661	59,165	61,418	68,290	70,529	309,064
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .	0	0	0	0	0	0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .	0	0	0	0	0	0
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .	1,901	1,600	1,600	1,650	1,000	7,450
<b>b</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
<b>c</b> Add lines 7a and 7b . . . .	1,901	1,600	1,600	1,600	1,000	7,450
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						629,199

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 . . . .	124,083	122,800	125,046	132,332	132,388	636,649
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	3,234	1,150	118	254	238	4,994
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b . . . .	3,234	1,150	118	254	238	4,994
<b>11</b> 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
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .	0	0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .	127,317	123,951	125,163	132,586	132,626	641,643
<b>14 First five years.</b> 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 <b>stop here</b> . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	98.1 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . .	<b>16</b>	97.6 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	0.8 %
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	1.0 %

- 19a 33 1/3% support tests—2011.** 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—2010.** 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 . . . .



**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).

None

A series of horizontal dashed lines for entering supplemental information.

**Schedule of Contributors**

**2011**

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

**Name of the organization**

New York State OM Association, Inc.

**Employer identification number**

16-1321466

**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 33<sup>1</sup>/<sub>3</sub> % 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, total 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 total 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 Part I, 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).

<b>Name of organization</b> New York State OM Association, Inc.	<b>Employer identification number</b> 16-1321466
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Jeff & Harriet Carter ----- 18 Grand Erie Way ----- Fairport, NY 14450 -----	\$ ----- 250	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Jim & Adele Hoelscher ----- 19 Brentfield Circle ----- Rochester, NY 14617 -----	\$ ----- 500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Wayne & Jackie Otte ----- 1016 Peter Rd ----- Schenectady, NY 12303 -----	\$ ----- 250	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	United Way of the Greater Capital Region ----- One United Way ----- Albany, NY 12205 -----	\$ ----- 460.21	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input checked="" type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**NYSOMA**  
**Balance Sheet**  
As of June 30, 2012

	<u>Jun 30, 12</u>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Checking/Savings</b>	
<b>Operating Account</b>	
Scholarship fund	2,622.25
Operating Account - Other	4,030.61
<b>Total Operating Account</b>	6,652.86
<b>Savings Account - General</b>	74,959.65
<b>Total Checking/Savings</b>	81,612.51
<b>Other Current Assets</b>	
Inventory	19,232.85
<b>Total Other Current Assets</b>	19,232.85
<b>Total Current Assets</b>	100,845.36
<b>Fixed Assets</b>	
<b>Fixed Assets</b>	
Accumulated Depreciation	-3,489.50
Fixed Assets - Other	3,489.50
<b>Total Fixed Assets</b>	0.00
<b>Total Fixed Assets</b>	0.00
<b>TOTAL ASSETS</b>	<b><u>100,845.36</u></b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Equity</b>	
*Retained Earnings	62,156.45
Equity	32,896.27
Net Income	5,792.64
<b>Total Equity</b>	100,845.36
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b><u>100,845.36</u></b>

**NYSOMA**  
**Profit & Loss Budget vs. Actual**  
 July 2011 through June 2012

	Jul '11 - Jun 12	Budget	\$ Over Budget	% of Budget
<b>Ordinary Income/Expense</b>				
<b>Income</b>				
<b>Activities</b>				
Creativity Fest	82.50	50.00	32.50	165.0%
Silent Auction	449.00	1,000.00	-551.00	44.9%
<b>Total Activities</b>	531.50	1,050.00	-518.50	50.6%
<b>Donations &amp; Sponsorship</b>				
Donations	1,000.00	1,000.00	0.00	100.0%
SF Program Advertising	350.00			
Sponsorship	0.00	1,000.00	-1,000.00	0.0%
United Way	460.21	780.00	-319.79	59.0%
<b>Total Donations &amp; Sponsorship</b>	1,810.21	2,780.00	-969.79	65.1%
<b>Interest Income</b>	238.40	200.00	38.40	119.2%
<b>Membership Income</b>				
Late Fee, Membership	100.00			
Membership Fees	38,790.00	41,580.00	-2,790.00	93.3%
Open Region Membership Fee	300.00			
Refunds	-90.00			
<b>Total Membership Income</b>	39,100.00	41,580.00	-2,480.00	94.0%
<b>Rebate Income</b>				
CCI Rebate	20,948.00	23,500.00	-2,552.00	89.1%
Hotel Rebate	648.00	200.00	448.00	324.0%
Insurance rebate	502.41	500.00	2.41	100.5%
Tournament Pictures	187.00	165.00	22.00	113.3%
<b>Total Rebate Income</b>	22,285.41	24,365.00	-2,079.59	91.5%
<b>Regional Pin Service Income</b>	209.00	100.00	109.00	209.0%
<b>Returned Check Charges</b>	15.19			
<b>Sales</b>				
Regional Sales	7,461.75	10,000.00	-2,538.25	74.6%
<b>State Merchandise Sales</b>				
CCI Consignment & Sales	3,701.00	5,000.00	-1,299.00	74.0%
PC/HJ Training Event Sales	638.50	750.00	-111.50	85.1%
Sales	10,297.00	10,000.00	297.00	103.0%
WF Merchandise Sales	1,120.00	1,000.00	120.00	112.0%
<b>Total State Merchandise Sales</b>	15,756.50	16,750.00	-993.50	94.1%
Worlds Pin Sales	20,831.00	18,000.00	2,831.00	115.7%
Worlds T-Shirt sales	4,582.00	3,000.00	1,582.00	152.7%
<b>Total Sales</b>	48,631.25	47,750.00	881.25	101.8%
<b>Scholarship</b>				
Donations for Scholarship	0.00	500.00	-500.00	0.0%
Silent Auction	764.00	900.00	-136.00	84.9%
<b>Total Scholarship</b>	764.00	1,400.00	-636.00	54.6%
<b>SF Registration Income</b>				
Prior Year SF Reg Income	60.00			
Refunds	-70.00			
SF Registration Income - Other	16,220.00	16,100.00	120.00	100.7%
<b>Total SF Registration Income</b>	16,210.00	16,100.00	110.00	100.7%
<b>Workshops Programs</b>				
Refunds	-25.00			
Workshops Programs - Other	2,050.00	2,000.00	50.00	102.5%
<b>Total Workshops Programs</b>	2,025.00	2,000.00	25.00	101.3%
<b>Total Income</b>	131,819.96	137,325.00	-5,505.04	96.0%
<b>Expense</b>				
<b>Bank Fees</b>				
AMEX CC processing fees	7.18			
CC Processing Fees	278.59			
PayPal CC Processing Fees	117.68			
Bank Fees - Other	45.00	300.00	-255.00	15.0%
<b>Total Bank Fees</b>	448.45	300.00	148.45	149.5%
<b>Board/Officer Expense</b>				
Airfare/AD Mtg	717.00	500.00	217.00	143.4%
Food	716.29	1,800.00	-1,083.71	39.8%
Honorariums	12,500.00	12,500.00	0.00	100.0%
Lodging	3,819.00	5,000.00	-1,181.00	76.4%
Mileage	2,694.58	4,500.00	-1,805.42	59.9%
Photocopying	0.00	75.00	-75.00	0.0%
Postage	53.06	100.00	-46.94	53.1%
Shirts	56.00	60.00	-4.00	93.3%
Supplies	451.38	100.00	351.38	451.4%
<b>Total Board/Officer Expense</b>	21,007.31	24,635.00	-3,627.69	85.3%
<b>Charitable Contributions</b>				
Creative Opportunities Unlimite	500.00	500.00	0.00	100.0%
<b>Total Charitable Contributions</b>	500.00	500.00	0.00	100.0%

**NYSOMA**  
**Profit & Loss Budget vs. Actual**  
 July 2011 through June 2012

	Jul '11 - Jun 12	Budget	\$ Over Budget	% of Budget
<b>Coach's Training</b>				
Food	0.00	100.00	-100.00	0.0%
Lodging	0.00	200.00	-200.00	0.0%
Mileage	0.00	200.00	-200.00	0.0%
Photocopy	0.00	25.00	-25.00	0.0%
Supplies	0.00	25.00	-25.00	0.0%
<b>Total Coach's Training</b>	0.00	550.00	-550.00	0.0%
<b>Independent Region Support</b>	0.00	1,000.00	-1,000.00	0.0%
<b>Inventory Adjustment</b>				
Inventory Lost & Broken	863.27			
Purchases moved to Inventory	2,868.51			
Inventory Adjustment - Other	0.00	300.00	-300.00	0.0%
<b>Total Inventory Adjustment</b>	3,731.78	300.00	3,431.78	1,243.9%
<b>Legal</b>				
Accounting	0.00	100.00	-100.00	0.0%
Filing Fees	50.00	50.00	0.00	100.0%
Insurance	1,746.41	2,100.00	-353.59	83.2%
<b>Total Legal</b>	1,796.41	2,250.00	-453.59	79.8%
<b>Membership Expense</b>				
Photocopy	0.00	100.00	-100.00	0.0%
Postage	0.00	75.00	-75.00	0.0%
Supplies	0.00	75.00	-75.00	0.0%
<b>Total Membership Expense</b>	0.00	250.00	-250.00	0.0%
<b>Officials Expense</b>				
Banquet Facilities	0.00	500.00	-500.00	0.0%
Food	1,979.33	2,000.00	-20.67	99.0%
Lodging	2,437.50	2,500.00	-62.50	97.5%
Mileage	919.50	750.00	169.50	122.6%
Officials Shirts	1,175.00	1,500.00	-325.00	78.3%
Photocopying	48.61	250.00	-201.39	19.4%
Postage	0.00	25.00	-25.00	0.0%
Supplies	0.00	200.00	-200.00	0.0%
<b>Total Officials Expense</b>	6,559.94	7,725.00	-1,165.06	84.9%
<b>Program Growth</b>				
Food	135.68	150.00	-14.32	90.5%
Giveaways	0.00	50.00	-50.00	0.0%
Lodging	122.55	900.00	-777.45	13.6%
Mileage	182.25	700.00	-517.75	26.0%
Photocopying	0.00	25.00	-25.00	0.0%
Postage	0.00	25.00	-25.00	0.0%
Supplies	51.00	100.00	-49.00	51.0%
<b>Total Program Growth</b>	491.48	1,950.00	-1,458.52	25.2%
<b>Regional Director's Expense</b>				
Food	282.03	500.00	-217.97	56.4%
Lodging	481.50	600.00	-118.50	80.3%
Mileage	56.50	600.00	-543.50	9.4%
Shirts	152.00	120.00	32.00	126.7%
<b>Total Regional Director's Expense</b>	972.03	1,820.00	-847.97	53.4%
<b>Sales Expense</b>				
pins	4,508.61	6,000.00	-1,491.39	75.1%
Postage	0.00	50.00	-50.00	0.0%
Promotions	272.84	150.00	122.84	181.9%
Purchases for resale	6,947.89	8,000.00	-1,052.11	86.8%
Shirts	1,623.20	2,500.00	-876.80	64.9%
Stipends	300.00	300.00	0.00	100.0%
Supplies	96.17	150.00	-53.83	64.1%
<b>Total Sales Expense</b>	13,748.71	17,150.00	-3,401.29	80.2%
<b>Scholarship Awards</b>				
Awards	1,500.00	1,000.00	500.00	150.0%
Postage	0.00	50.00	-50.00	0.0%
<b>Total Scholarship Awards</b>	1,500.00	1,050.00	450.00	142.9%
<b>Sponsorship</b>				
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%
<b>Total Sponsorship</b>	0.00	250.00	-250.00	0.0%
<b>Summer Program</b>				
Books & Giveaways	0.00	500.00	-500.00	0.0%
Facilities	0.00	350.00	-350.00	0.0%
Food	854.35	750.00	104.35	113.9%
Lodging	356.00	500.00	-144.00	71.2%
Mileage	120.00	350.00	-230.00	34.3%
Photocopying	105.40	50.00	55.40	210.8%
Supplies	24.00	200.00	-176.00	12.0%
<b>Total Summer Program</b>	1,459.75	2,700.00	-1,240.25	54.1%



**NYSOMA**  
**Profit & Loss Budget vs. Actual**  
 July 2011 through June 2012

	Jul '11 - Jun 12	Budget	\$ Over Budget	% of Budget
<b>Tournament Expense</b>				
Awards	1,501.75	2,500.00	-998.25	60.1%
Event Center	2,500.00	2,500.00	0.00	100.0%
Food	13,329.49	12,500.00	829.49	106.6%
Lodging	10,917.00	13,500.00	-2,583.00	80.9%
Mileage	0.00	100.00	-100.00	0.0%
Photocopying	629.05	50.00	579.05	1,258.1%
Postage	13.11	25.00	-11.89	52.4%
Printing	1,820.11	2,400.00	-579.89	75.8%
Site Use Expense	22,748.66	22,000.00	748.66	103.4%
Sound	425.00	450.00	-25.00	94.4%
Supplies	1,678.74	1,100.00	578.74	152.6%
Transportation	493.27	350.00	143.27	140.9%
<b>Total Tournament Expense</b>	<b>56,056.18</b>	<b>57,475.00</b>	<b>-1,418.82</b>	<b>97.5%</b>
<b>Website Expense</b>	<b>95.40</b>	<b>500.00</b>	<b>-404.60</b>	<b>19.1%</b>
<b>World Finals Expense</b>				
Airfare	576.20	400.00	176.20	144.1%
Creativity Fest	655.00	700.00	-45.00	93.6%
Food	680.45	1,000.00	-319.55	68.0%
Giveaways	2,691.89	3,300.00	-608.11	81.6%
Mileage	239.55	500.00	-260.45	47.9%
Pins	10,375.88	12,000.00	-1,624.12	86.5%
Postage/Shipping	153.69	250.00	-96.31	61.5%
Shirts				
Giveaways xfer	-1,914.61			
Purchases	4,190.47	2,800.00	1,390.47	149.7%
<b>Total Shirts</b>	<b>2,275.86</b>	<b>2,800.00</b>	<b>-524.14</b>	<b>81.3%</b>
Supplies	11.36	400.00	-388.64	2.8%
<b>Total World Finals Expense</b>	<b>17,659.88</b>	<b>21,350.00</b>	<b>-3,690.12</b>	<b>82.7%</b>
<b>Total Expense</b>	<b>126,027.32</b>	<b>141,755.00</b>	<b>-15,727.68</b>	<b>88.9%</b>
<b>Net Ordinary Income</b>	<b>5,792.64</b>	<b>-4,430.00</b>	<b>10,222.64</b>	<b>-130.8%</b>
<b>Net Income</b>	<b>5,792.64</b>	<b>-4,430.00</b>	<b>10,222.64</b>	<b>-130.8%</b>