

Short Form

1999

Form 990-EZ

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust
For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 1999 calendar year, OR tax year beginning July 1, 1999, and ending June 30, 2000

- B Check if: Change of address, Initial return, Final return, Amended return (required also for state reporting)

C Name of organization: New York State OM Association, Inc.
Number and street: 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: 716-377-8464
F Check if exemption application is pending
H Enter four-digit group exemption number (GEN)

G Accounting method: [X] Cash [] Accrual [] Other (specify)

I Type of organization: [X] Exempt under section 501(c)() (Insert number) OR [] section 4947(a)(1) nonexempt charitable trust
Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

J Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, the organization should file a return without financial data. Some states require a complete return.

K Enter the organization's 1999 gross receipts (add back lines 5b, 6b, and 7b, to line 9) \$
If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 32.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue includes contributions, program service, membership dues, investment income, and sales of assets. Expenses include grants, salaries, and other costs. Net Assets shows the change from beginning to end of year.

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

Table with 7 rows for Balance Sheets. Columns (A) Beginning of year and (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 36.)

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

What is the organization's primary exempt purpose? Education

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, or other relevant information for each program title.

28	Foster children's divergent creative thinking skills by working cooperatively in teams to solve specifically predesigned long and short term problems. Approx. 2900 children on 487 teams (Grants \$ 0)	28a	21,860.61
29	To provide the avenue by which children have the opportunity to become actively involved in such a creative program. (Grants \$ 0)	29a	21,860.61
30	To act as a liason with similar groups throughout the state and elsewhere to participate whenever possible in joint programs with other groups for educational and creative purposes. (Grants \$ 0)	30a	21,860.61
31	Other program services (attach schedule) (Grants \$ 0)	31a	0
32	Total program service expenses (add lines 28a through 31a)	32	65,581.83

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 36.)

(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
Jan. Resch 10 Sheldon Dr Spencerport NY 14559	State Director 30 hrs/wk	\$5,000.00	0	0
Mary Waskie 29 Clearview Pl Binghamton NY 13901	Tournament Dir. 20 hrs/wk	\$3,500.00	0	0
Jackie Otte 1016 Peter Rd Schenectady NY 12303	Judges Coordinator 20 hrs/wk	\$3,000.00	0	0
Frank Brosnihan 323 Moonlight Dr Ballston Spa NY 12020	Registrar 20 hrs/wk	\$3,500.00	0	0

Part V Other Information (See Specific Instructions on page 37.)

	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		XX
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		XX
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		XX
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		XX
b If "Yes," has it filed a tax return on Form 990-T for this year?		XX
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		XX
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		XX
b Did the organization file Form 1120-POL for this year?		XX
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 unpaid at the start of the period covered by this return?		XX
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved.	38b -	
39 501(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 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 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		XX
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ 0		
d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ 0		
41 List the states with which a copy of this return is filed. ▶ New York		
42 The books are in care of ▶ Jeff G Carter Telephone no. ▶ (716) 377-8464 Located at ▶ 18 Grand Erie Way Fairport NY ZIP + 4 ▶ 14450		
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 ▶ 43		

Please Sign Here 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. (Important: See General Instruction A, page 4.)

Signature of officer: [Signature] Date: 10/22/2000 Type or print name and title: Jeff G Carter, Treasurer

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed) and address	EIN	ZIP + 4	



New York State OM Association, Inc.

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

Supplemental page for form 990-EZ for year 1999 - July 1, 1999 thru June 30, 2000

Part 1 - Revenue - Item 8 - Other Revenue (describe):

Rebates	\$	21,501.00
State Final registrations	\$	6,300.00
Totals - Revenue	\$	27,801.00

Part 1 - Expenses - Item 16: Other Expenses (describe):

Bank Charges	\$	131.24
Air travel	\$	234.00
Hotel/Motel	\$	17,488.32
Trophies/Medals	\$	1,951.75
Mileage	\$	2,166.05
Promotional Expenses	\$	1,909.12
Supplies	\$	3,693.92
Telephone	\$	118.40
Food, Meals	\$	5,321.74
Transportation	\$	800.00
Donations	\$	500.00
Web Site	\$	370.00
Total - Expenses	\$	34,684.54

Part IV - Key Employees

Add: David Stahlecker	Treasurer	\$1500.00	0	0
38 Indian Trail Ave	6 hrs/wk			
PO Box 90874				
Rochester NY 14609				

**SCHEDULE A
(Form 990)**

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

1999

Department of the Treasury
Internal Revenue Service

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

Name of the organization:

New York State OM Association, Inc.

Employer identification number

16 | 1321466

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		XX
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?		XX
b Lending of money or other extension of credit?		XX
c Furnishing of goods, services, or facilities?		XX
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		XX
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.		XX
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		XX
4a Do you have a section 403(b) annuity plan for your employees?		XX
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 4 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vii). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 4 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . ▶	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received	38,425.00	37,235.15	40,280.00	38,120.00	154,060.15
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	25,867.70	25,636.48	26,284.15	31,543.5	109,331.83
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf,					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22.	64,292.70	62,871.63	66,564.15	69,663.5	263,391.98
24 Line 23 minus line 17.	38,425.00	37,235.15	40,280.00	38,120.00	154,060.15
25 Enter 1% of line 23	642.93	628.72	665.64	696.64	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. ▶					26a 3,081.20
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. ▶					26b 0
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 154,060.15
d Add: Amounts from column (e) for lines: 18 <u>0</u> 19 <u>0</u> 22 <u>0</u> 26b <u>0</u> ▶					26d 0
e Public support (line 26c minus line 26d total) ▶					26e 154,060.15
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 100 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1998) (1997) (1996) (1995) b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1998) (1997) (1996) (1995) c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c _____
d Add: Line 27a total _____ and line 27b total _____ ▶					27d _____
e Public support (line 27c total minus line 27d total), ▶					27e _____
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). ▶					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)). ▶					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 4 of the instructions.)					

Part V Private School Questionnaire (See page 4 of the instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

NA

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 6 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here **a** if the organization belongs to an affiliated group.
Check here **b** if you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—	The lobbying nontaxable amount is—	
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50 on page 7 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 8 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

10/28/00

NYSOMA
Balance Sheet Budget vs. Actual
As of June 30, 2000

	Jun 30, '00	Budget	\$ Over Budget	% of Budget
ASSETS				
Current Assets				
Checking/Savings				
Operating Account	12,999.76			
Savings Account	10,332.66			
Total Checking/Savings	23,332.42			
Accounts Receivable				
Accounts Receivable	4,620.00			
Total Accounts Receivable	4,620.00			
Other Current Assets				
Inventory	3,812.29			
Undeposited Funds	-3,675.00			
Total Other Current Assets	137.29			
Total Current Assets	28,089.71			
Fixed Assets				
Fixed Assets	3,489.50			
Total Fixed Assets	3,489.50			
TOTAL ASSETS	31,579.21	0.00	31,579.21	100.0%
LIABILITIES & EQUITY				
Equity				
Equity	32,896.27			
Net income	-1,317.06	0.00	-1,317.06	100.0%
Total Equity	31,579.21	0.00	31,579.21	100.0%
TOTAL LIABILITIES & EQUITY	31,579.21	0.00	31,579.21	100.0%

10/28/00

NYSOMA
Profit & Loss Budget vs. Actual
 July 1999 through June 2000

	Jul '99 - Jun '00	Budget	\$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
Donations	771.65	1,500.00	-728.35	51.4%
Interest Income	332.66			
Membership Income				
NSF/Returned Check	-60.00			
Membership Income - Other	28,965.00	32,750.00	-3,785.00	88.4%
Total Membership Income	28,905.00	32,750.00	-3,845.00	88.3%
Rebate Income	21,501.00	14,500.00	7,001.00	148.3%
Sales	31,329.59	27,500.00	3,829.59	113.9%
SF Registration Income	6,300.00	9,150.00	-2,850.00	68.9%
Total Income	89,139.90	85,400.00	3,739.90	104.4%
Expense				
Bank Fees	131.24			
Board/Officer Expense				
Food	481.13	2,700.00	-2,218.87	17.8%
Honorariums	18,000.00	18,000.00	0.00	100.0%
Lodging	1,154.64	6,000.00	-4,845.36	19.2%
Mileage	1,348.85			
Shirts	354.60			
Stipends	500.00	1,800.00	-1,300.00	27.8%
Supplies	958.21	1,000.00	-41.79	95.8%
Telephone	118.40	500.00	-381.60	23.7%
Total Board/Officer Expense	22,915.83	30,000.00	-7,084.17	76.4%
Creative Opportunities Unlimite	500.00			
Membership Expense				
Postage	165.00	250.00	-85.00	66.0%
Total Membership Expense	165.00	250.00	-85.00	66.0%
Miscellaneous	0.00	300.00	-300.00	0.0%
Officials Expense				
Food	232.00	1,000.00	-768.00	23.2%
Lodging	5,063.67	2,000.00	3,063.67	253.2%
Mileage	817.20	4,500.00	-3,682.80	18.2%
Officials Shirts	1,554.52	1,200.00	354.52	129.5%
Photocopying	50.94	200.00	-149.06	25.5%
Postage	135.20	250.00	-114.80	54.1%
Supplies	954.75			
Total Officials Expense	8,808.28	9,150.00	-341.72	96.3%
Regional Director's Expense				
Food	1,093.10			
Postage	0.00	250.00	-250.00	0.0%
Total Regional Director's Expense	1,093.10	250.00	843.10	437.2%
Sales Expense				
Consignments	1,000.00	1,000.00	0.00	100.0%
pins	10,214.00	9,000.00	1,214.00	113.5%
Promotions	469.23			
Purchases for resale	6,492.90	1,000.00	5,492.90	649.3%
Shirts	4,751.00	4,800.00	-49.00	99.0%
Supplies	1,948.00			
Total Sales Expense	24,875.13	15,800.00	9,075.13	157.4%

10/28/00

NYSOMA
Profit & Loss Budget vs. Actual
 July 1999 through June 2000

	Jul '99 - Jun '00	Budget	\$ Over Budget	% of Budget
Tournament Expense				
Awards	1,951.75	2,000.00	-48.25	97.6%
Food	2,930.51	4,300.00	-1,369.49	68.2%
Insurance	0.00	100.00	-100.00	0.0%
Lodging	11,270.01	9,000.00	2,270.01	125.2%
Photocopying	0.00	300.00	-300.00	0.0%
Postage	0.00	250.00	-250.00	0.0%
Printing	652.10	900.00	-247.90	72.5%
Site Use Expense	10,294.05	12,000.00	-1,705.95	85.8%
Stipends	1,100.00			
Supplies	1,234.67			
Transportation	800.00	800.00	0.00	100.0%
Total Tournament Expense	30,233.09	29,650.00	583.09	102.0%
Website Expense	370.00			
World Finals Expense				
Airfare	234.00			
Food	585.00			
Supplies	546.29			
Total World Finals Expense	1,365.29			
Total Expense	90,456.96	85,400.00	5,056.96	105.9%
Net Ordinary Income	-1,317.06	0.00	-1,317.06	100.0%
Net Income	-1,317.06	0.00	-1,317.06	100.0%