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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form *AMENDED*
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)

OMB No 1545-1150

2007

Open to Public Inspection

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$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.*

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization
THE HINGHAM GALS, INC.
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 22
 City or town, state or country, and ZIP + 4
HINGHAM, MA 02043

D Employer identification number
20-2968817

E Telephone number
617-572-4625

F Group Exemption Number ▶

G Accounting method Cash Accrual
 Other (specify) ▶

H Website: ▶ **WWW.HINGHAMGALSBASKETBALL.COM**

J Organization type (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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 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 \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **29,872.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21						
Revenue	1	Contributions, gifts, grants, and similar amounts received														10,000.																		
	2	Program service revenue including government fees and contracts														19,872.																		
	3	Membership dues and assessments																																
	4	Investment income																																
	5a	Gross amount from sale of assets other than inventory																																
	b	Less cost or other basis and sales expenses																																
	c	Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule)																																
	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>																																
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)																																
b	Less direct expenses other than fundraising expenses																																	
c	Net income or (loss) from special events and activities Subtract line 6b from line 6a																																	
7a	Gross sales of inventory, less returns and allowances																																	
b	Less cost of goods sold																																	
c	Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a																																	
8	Other revenue (describe ▶ _____)																																	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																																	
Expenses	10	Grants and similar amounts paid														4,000.																		
	11	Benefits paid to or for members																																
	12	Salaries, other compensation, and employee benefits																																
	13	Professional fees and other payments to independent contractors														850.																		
	14	Occupancy, rent, utilities, and maintenance																																
	15	Printing, publications, postage, and shipping																																
	16	Other expenses (describe ▶ _____)														35,402.																		
17	Total expenses. Add lines 10 through 16														40,252.																			
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 9														<10,380.>																		
	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)														37,681.																		
	20	Other changes in net assets or fund balances (attach explanation)																																
	21	Net assets or fund balances at end of year Combine lines 18 through 20														27,301.																		

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

(See page 60 of the instructions)

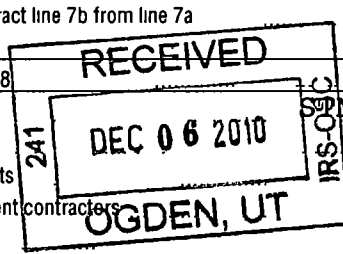
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	37,681.	27,301.
23	Land and buildings		
24	Other assets (describe ▶ _____)		
25	Total assets	37,681.	27,301.
26	Total liabilities (describe ▶ _____)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,681.	27,301.

723421
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2007)

SCANNED DEC 28 2010



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Part III Statement of Program Service Accomplishments (See page 60 of the instructions)		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? SEE STATEMENT 4		
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	OPERATION OF YOUTH BASKETBALL LEAGUES FOR GIRLS IN GRADES 1 THROUGH 8	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 36,682.
29		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule)	
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses. Add lines 28a through 31a	32 36,682.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions)				
(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
NANCY HICKEY 7 HICKEY ROAD, HINGHAM, MA 02043	PRESIDENT/DIRECTOR 5.00	0.	0.	0.
JIM MCCORMACK 149 FREE STREET, HINGHAM, MA 02043	TREASURER/DIRECTOR 5.00	0.	0.	0.
TED BURNS 462 MAIN STREET, HINGHAM, MA 02043	VP/CLERK/DIRECTOR 5.00	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		X
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	34		X
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.			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	36		X
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?	37b		X
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?	38a		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	N/A	
39 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

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

Table with columns Yes, No and rows 40b, 40e. 40b: Yes, No (X). 40e: Yes, No (X).

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.

d 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?

41 List the states with which a copy of this return is filed MA

42a The books are in care of JIM MCCORMACK Telephone no 781-749-9236 Located at 149 FREE STREET, HINGHAM, MA ZIP + 02043

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)?

Table with columns Yes, No and rows 42b, 42c. 42b: Yes, No (X). 42c: Yes, No (X).

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the US?

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 and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

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. Signature of officer: Joseph P. Welch - Treasurer Date: 11/30/10

Paid Preparer's Use Only Preparer's signature: Mark D. Alpert Date: 11/24/10 Check if self-employed: X Preparer's SSN or PTIN: Firm's name (or yours if self-employed): MARK D. ALPERT, CPA address, and ZIP + 4: 1399 WASHINGTON STREET HANOVER, MA 02339 Phone no: 781 829-8868

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2007

Name of the organization **THE HINGHAM GALS, INC.** Employer identification number **20 2968817**

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 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(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 ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III **Statements About Activities** (See page 2 of the instructions)

	Yes	No
<p>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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>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</p>		X
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing of property?</p> <p>b Lending of money or other extension of credit?</p> <p>c Furnishing of goods, services, or facilities?</p> <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p>e Transfer of any part of its income or assets?</p>	<p>2a</p> <p>2b</p> <p>2c</p> <p>2d</p> <p>2e</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p>
<p>3 a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p> <p>b Did the organization have a section 403(b) annuity plan for its employees?</p> <p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p> <p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<p>3a</p> <p>3b</p> <p>3c</p> <p>3d</p>	<p>X</p> <p>X</p> <p>X</p> <p>X</p>
<p>4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p> <p>b Did the organization make any taxable distributions under section 4966?</p> <p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p> <p>d Enter the total number of donor advised funds owned at the end of the tax year</p> <p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</p> <p>f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts</p> <p>g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year</p>	<p>4a</p> <p>4b</p> <p>4c</p> <p>4d</p> <p>4e</p> <p>4f</p> <p>4g</p>	<p>X</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p> <p>0.</p> <p>0.</p>

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that 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.)
- 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)(vi) (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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	380.	626.	0.	0.	1,006.
16 Membership fees received	25,970.	29,804.	26,120.	60,633.	142,527.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the 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	26,350.	30,430.	26,120.	60,633.	143,533.
24 Line 23 minus line 17	26,350.	30,430.	26,120.	60,633.	143,533.
25 Enter 1% of line 23	264.	304.	261.	606.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test Enter line 24, column (e)	26c	N/A
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year (2006) 0. (2005) 0. (2004) 0. (2003) 0.		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) 0. (2005) 0. (2004) 0. (2003) 0.		
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	143,533.
d Add Line 27a total 0. and line 27b total 0.	27d	0.
e Public support (line 27c total minus line 27d total)	27e	143,533.
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)	27f	143,533.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	100.0000%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	.0000%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

Part V Private School Questionnaire (See page 9 of the instructions)

N/A

(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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
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	35	

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
CONTRIBUTIONS		7,300.	
EQUIPMENT		5,040.	
FILING FEES		168.	
INSURANCE		400.	
MISCELLANEOUS		2,552.	
POSTAGE		83.	
REFEREE		8,205.	
GYM RENTAL		7,597.	
SUPPLIES AND MATERIALS		9.	
TROPHIES		3,109.	
WEBSITE		89.	
BANQUET		850.	
TOTAL TO FORM 990-EZ, LINE 16		35,402.	

FOOTNOTES

STATEMENT 2

REASON FOR AMENDING FORM 990EZ

IN 2010 THE ORGANIZATION ENGAGED A NEW CPA TO ASSIST IN THE PREPARATION OF THE ORGANIZATIONS 2008 AND 2009 FEDERAL FORM 990EZ. THE NEW CPA FOUND THE ORIGINAL 2007 RETURN WAS NOT COMPLETE AND ACCURATE. THIS WAS A RESULT OF CERTAIN UNINTENTIONAL OMISSIONS WHICH HAVE BEEN CORRECTED ON THIS AMENDED TAX RETURN. THERE WAS REASONABLE CAUSE FOR THE OVERSIGHT AND THE ORGANIZATION ACTED PROMPTLY AND IN GOOD FAITH TO AMEND THE RETURN WHEN THE ERRORS WERE BROUGHT TO THEIR ATTENTION. THIS IS A SMALL NON-PROFIT ORGANIZATION WHOSE RECORDS ARE KEPT BY VOLUNTEERS.

FORM 990EZ SCHEDULE A PART III 3A

THE BOARD OF DIRECTORS GRANTS SCHOLARSHIPS BASED ON INDIVIDUAL GIRLS PERFORMANCE AND EACH GIRLS ACHIEVEMENT OF INDIVIDUAL SKILLS, FITNESS, SENSE OF TEAMWORK AND SENSE OF FAIR PLAY.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP ABBY HARRIS 172 EAST STREET HINGHAM, MA 02043	NONE	1,500.
SCHOLARSHIP JACKIE BURKE 210 LEAVITT STREET HINGHAM, MA 02043	NONE	1,500.
SCHOLARSHIP JEN KING P.O. BOX 22 HINGHAM, MA 02043	NONE	1,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		4,000.

FORM 990-EZ PART III - STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4

EXPLANATION

HINGHAM GIRLS BASKETBALL IS A NON-PROFIT AND VOLUNTEER ORGANIZATION IN THE TOWN OF HINGHAM, MASSACHUSETTS. THE PURPOSE OF GALS IS TO DEVELOP AND AND PROMOTE GIRLS BASKETBALL WITHIN THE TOWN OF HINGHAM. GALS STRIVES TO PROVIDE GIRLS WITH THE OPPORTUNITY TO LEARN, TRAIN AND PLAY WITH THEIR PEERS WITH THE HOPE THAT EACH GIRL WILL DEVELOP INDIVIDUAL SKILLS, FITNESS, A SENSE OF TEAMWORK AND A SENSE OF FAIR PLAY.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO