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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
22 Cash, savings, and investments	780.05	3686.15
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	780.05	3686.15
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	780.05	3686.15

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? Youth baseball and softball

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.)

28 <u>Lakeshore provides a fun learning environment of instructional baseball and softball for the youth of our community. On average there are 300 kids between the ages of 4 and 12 that participate in the program.</u> <u>This is made up of voluntary helpers</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	28575.95
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 (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) _____	32	28757.95

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 title	(b) 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
President				
<u>Stepahnie Marren</u>	5	0	0	0
Vice President				
<u>Jim Reed</u>	5	0	0	0
Treasurer				
<u>Guy Ruffo</u>	5	0	0	0
Secretary				
<u>Theresa Reed</u>	5	0	0	0
Director				
<u>Rob Pickup</u>	5	0	0	0
Director				
<u>Kevin Daley</u>	5	0	0	0
Director				
<u>Tony DiRubbo</u>	5	0	0	0
Director				
<u>Gigi Michel</u>	5	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

		Yes	No
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. Otherwise explain the change on Schedule O (see instructions)		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a among others)?		✓
35b	If Yes to line 35a, has the organization filed a Form 990-T for the year? If No provide an explanation in Schedule O		
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? If Yes complete Schedule C Part III		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="0"/>		
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	a. Initiation fees and capital contributions included on line 9		
39b	b. Gross receipts included on line 9 for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> section 4912 <input type="text" value="0"/> section 4955 <input type="text" value="0"/>		
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? If Yes complete Schedule L Part I		✓
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 <input type="text" value="0"/>		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0"/>		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes complete Form 8886-T		✓
41	List the states with which a copy of this return is filed <input type="text" value="New York"/>		
42a	The organization's books are in care of <input type="text" value="Guy Ruffo"/> Telephone no. <input type="text" value="315 546 4786"/> Located at <input type="text" value="PO Box 16 Skaneateles Falls NY"/> ZIP + 4 <input type="text" value="13153"/>		
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 (such as a bank account, securities account, or other financial account)? If Yes, enter the name of the foreign country <input type="text"/>		✓
42c	See the instructions for exceptions and filing requirements for Form TD F 9022.1 Report of Foreign Bank and Financial Accounts		✓
43	At any time during the calendar year, did the organization maintain an office outside the U.S.? If Yes, enter the name of the foreign country <input type="text"/>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44a	Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ		✓
44b	Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ		✓
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? If No, provide an explanation in Schedule O		
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)? If Yes, Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		✓

46 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		Yes	No
	46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

47 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		Yes	No
	47		<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes complete Schedule E			<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		<input checked="" type="checkbox"/>
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 title of each employee	(b) 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

f Total number of other employees paid over \$100,000 ▶ NONE

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 business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ NONE

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.

Sign Here	▶ Signature of officer	Date
	▶ Guy Ruffo Treasurer	
	▶ Type or print name and title	

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

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

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

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

**Open to Public
Inspection**

Name of the organization

Lakeshore baseball and softball association, INC

Employer identification number

16 1612617

PART I Line 16 (Other Expenses) \$25166 02

Post Office box for mail	\$96 00
Trophies for teams	\$1884 40
Bank Fees	\$73 80
Background Checks on Coaches	\$518 70
Equipment for Season	\$3570 68
Uniforms for teams	\$9182 61
Umpire Fees for Games	\$6565 00
Registration fees for Leagues	\$3274 83