

California Exempt Organization Annual Information Return

2006

199

For calendar or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

IMPORTANT: Your number is required.

California corporation number 2852831	Federal employer identification number (FEIN) 87 - 0746661
Corporation/Organization name West Coast Fantasy Baseball Association	
c/o Doug Rusch, 44550 Montclair Ct. Address including Suite, Room, or PMB no.	
Fremont	CA 94539
City	State ZIP Code

A Final return? Check applicable box. Yes No
 Dissolved Withdrawn Merged/Reorganized (attach explanation)
 If a box is checked, enter date _____

B Check forms filed this year: State: 109 100 100S 100W
 Federal: 990 990EZ 990T 990PF 1041 1120H 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. **See General Instruction F. No filing fee is required.**

D Is this a group filing? See General Instruction N Yes No

E Accounting method used **Cash Basis**

F Type of organization Exempt under Section 23701 (insert letter)
 IRC Section 4947(a)(1) trust

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	80,206	00
	2 Gross dues and assessments from members and affiliates	2	4,408	00
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions	3	0	
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction C	4	84,614	00
	5 Cost of goods sold	5	0	
	6 Cost or other basis, and sales expenses of assets sold	6	0	
	7 Total costs. Add line 5 and line 6	7	0	
	8 Total gross income. Subtract line 7 from line 4	8	84,614	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	81,062	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	3,552	00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	10	00
	12 Penalty for failure to file on time. See General Instruction L	12	0	
	13 Use tax. See "General Instruction M"	13	0	00
	14 Balance due. Add line 11, line 12, and line 13	14	10	00

- 15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. Yes No
- 16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
- 17 Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter amount of gross receipts from nonmember sources \$ 0.00
- 18 Did the organization file Form 100, Form 100S, Form 100W, or Form 109 to report taxable income? Yes No
 If "Yes," enter amount of total income reported \$ 0.00

19 The financial records are in care of Douglas Rusch, Treasurer Daytime telephone (510)612-0687
 located at 44550 Montclair Ct., Fremont, Ca 94539

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 taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here	<i>Douglas J. Rusch, Treasurer</i>	5/7/07	Treasurer	(510)612-0687
	Signature of officer	Date	Title	Daytime telephone
Paid Preparer's Use Only			Check if self-employed <input type="checkbox"/>	Paid preparer's SSN or PTIN
	Firm's name (or yours, if self-employed) and address			FEIN
				Daytime telephone ()

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	80,201	00
	2	Interest	2	5	00
	3	Dividends	3	0	
	4	Gross rents	4	0	
	5	Gross royalties	5	0	
	6	Gross amount received from sale of assets	6	0	
	7	Other income. Attach schedule	7	0	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	80,206	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	0	
	10	Disbursements to or for members	10	0	
	11	Compensation of officers, directors, and trustees. Attach schedule	11	0	
	12	Other salaries and wages	12	0	
	13	Interest	13	0	
	14	Taxes	14	0	
	15	Rents	15	0	
	16	Depreciation and depletion	16	0	
	17	Other. Attach schedule	17	81,062	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	81,062	00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		0		3552
2	Net accounts receivable		0		0
3	Net notes receivable. Attach schedule		0		0
4	Inventories		0		0
5	Federal and state government obligations		0		0
6	Investments in other bonds. Attach schedule		0		0
7	Investments in stock. Attach schedule		0		0
8	Mortgage loans (number of loans <u>0</u>)		0		0
9	Other investments. Attach schedule		0		0
10 a	Depreciable assets	0		0	
b	Less accumulated depreciation	(0)	0	(0)	0
11	Land		0		0
12	Other assets. Attach schedule		0		0
13	Total assets		0		3552
Liabilities and net worth					
14	Accounts payable		0		0
15	Contributions, gifts, or grants payable		0		0
16	Bonds and notes payable. Attach schedule		0		0
17	Mortgages payable		0		0
18	Other liabilities. Attach schedule		0		0
19	Capital stock or principle fund		0		0
20	Paid-in or capital surplus. Attach reconciliation		0		0
21	Retained earnings or income fund		0		3552
22	Total liabilities and net worth		0		3552

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000				
1	Net income per books		7	Income recorded on books this year not included in this return. Attach schedule
2	Federal income tax		8	Deductions in this return not charged against book income this year. Attach schedule
3	Excess of capital losses over capital gains		9	Total. Add line 7 and line 8
4	Income not recorded on books this year. Attach schedule		10	Net income per return. Subtract line 9 from line 6
5	Expenses recorded on books this year not deducted in this return. Attach schedule			
6	Total. Add line 1 through line 5			

From 199 - Item II-1 & II - 17:

2006 WCFBA Special Events & Program Service Accomplishments						
	Sacramento	Mesa	League	Other Tournaments	WCFBA Creation	Total
Participant Fees	23,142.00	17,615.00	16,440.00	23,004.00		80,201.00
Costs:						
Fields	14,700.00	2,880.00	6,556.00	5,570.00		29,706.00
Banquet	3,136.00	7,517.00	750.00	7,778.00		19,181.00
Mementos	2,118.00	4,618.00	1,328.00	2,738.00		10,802.00
Umpires	1,698.00	2,940.00	5,340.00	2,690.00		12,668.00
Supplies	305.00	382.00	824.00	869.00		2,380.00
Insurance	300.00	300.00	1,209.00	600.00		2,409.00
Other	472.00	0.00	107.00	2,662.00	675.00	3,916.00
	22,729.00	18,637.00	16,114.00	22,907.00	675.00	81,062.00
	\$ 413.00	\$ (1,022.00)	\$ 326.00	\$ 97.00	\$ (675.00)	\$ (861.00)

Form 199 - Item II-11:

Officers & Directors						
Name/Address	Title & Hours /wk	Compensation	Benefits	Expense Account		
Rob Weber 4954 Alan Ave. San Jose, CA 95124	Chairperson 5hr	\$ -	\$ -	\$ -		
Doug Rusch 44550 Montclair Ct Fremont, CA 94539	Treasurer 2hr	\$ -	\$ -	\$ -		
Michael Simon 66 Fulton Redwood City, CA 94062	Secretary 2hr	\$ -	\$ -	\$ -		
Mike Weir	Director 0.5hr	\$ -	\$ -	\$ -		