

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)

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning _____ **and ending** _____

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

C Name of organization
 UNITED STATES SPECIALTY SPORTS ASSOC INC
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 611 LINE DRIVE
 City or town, state or country, and ZIP + 4
 KISSIMMEE, FL 34744

D Employer identification number
 54-0979285

E Telephone number
 800-741-3014

F Accounting method: Cash Accrual
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Website ▶ WWW.USSSA.COM

J Organization type (check only one) ▶ 501(c) (04) ◀ (insert no) 4947(a)(1) or 527

K Check here ▶ 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 6,032,526.

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ N/A
H(c) Are all affiliates included? N/A Yes No (if "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ N/A
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	301,164.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	90,000.	
	d Total (add lines 1a through 1c) (cash \$ 391,164. noncash \$)	1d		391,164.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		3,682,713.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		11,393.
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
	b Less rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
	7 Other investment income (describe)	7		
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
	8d			
	9 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 1a)	9a		
	b Less direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a Gross sales of inventory, less returns and allowances	10a	729,655.		
b Less cost of goods sold	10b	666,232.		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 1	63,423.	
11 Other revenue (from Part VII, line 103)	11		1,217,601.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		5,366,294.	
13 Program services (from line 44, column (B))	13		3,238,895.	
14 Management and general (from line 44, column (C))	14		1,069,252.	
15 Fundraising (from line 44, column (D))	15			
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17		4,308,147.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		1,058,147.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		5,227,255.	
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20		627,467.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		6,912,869.	

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc. **	766,600.	346,010.	420,590.	0.
26 Other salaries and wages	583,701.	430,083.	153,618.	
27 Pension plan contributions	67,866.	34,407.	33,459.	
28 Other employee benefits	105,776.	105,776.		
29 Payroll taxes	59,379.	34,326.	25,053.	
30 Professional fundraising fees				
31 Accounting fees	9,771.		9,771.	
32 Legal fees	123,443.		123,443.	
33 Supplies	10,614.	10,614.		
34 Telephone	59,106.	59,106.		
35 Postage and shipping	14,135.	14,135.		
36 Occupancy				
37 Equipment rental and maintenance	70,971.	70,971.		
38 Printing and publications	62,552.	62,552.		
39 Travel	404,299.	335,052.	69,247.	
40 Conferences, conventions, and meetings	289,136.	289,136.		
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	108,171.	70,311.	37,860.	
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g SEE STATEMENT 3	1,572,627.	1,376,416.	196,211.	
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	4,308,147.	3,238,895.	1,069,252.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 4

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	
a THE ASSOCIATION PROMOTES THE GAMES OF SOFTBALL, BASEBALL FLAG FOOTBALL, SOCCER, GOLF, VOLLEYBALL & BASKETBALL BY REGISTERING PLAYERS & UMPIRES, ORGANIZING TOURNAMENTS PROVIDING RULEBOOKS & UMPIRE APPAREL.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,238,895.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	3,238,895.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	3,209,176.	45	5,533,459.
	46 Savings and temporary cash investments	1,410,931.	46	458,540.
	47 a Accounts receivable	47a 667,852.		
	b Less: allowance for doubtful accounts	47b	47c	667,852.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	34,418.	53	44,319.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 1,023,347.			
b Less: accumulated depreciation STMT 6	57b 362,107.	57c	661,240.	
58 Other assets (describe <input type="checkbox"/>)		58		
59 Total assets (must equal line 74) Add lines 45 through 58	5,640,130.	59	7,365,410.	
Liabilities	60 Accounts payable and accrued expenses	16,884.	60	19,820.
	61 Grants payable		61	
	62 Deferred revenue	248,542.	62	372,721.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 7	115,000.	64b	60,000.
	65 Other liabilities (describe <input type="checkbox"/> USSSA HALL OF FAME)	32,449.	65	0.
66 Total liabilities. Add lines 60 through 65)	412,875.	66	452,541.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	5,227,255.	67	6,912,869.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	5,227,255.	73	6,912,869.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	5,640,130.	74	7,365,410.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2) for reconciling revenue. Row 'a' contains 'Total revenue, gains, and other support per audited financial statements' with value 'N/A'. Row 'e' is 'Total revenue (Part I, line 12). Add lines c and d'.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows (b1-b4, d1-d2) for reconciling expenses. Row 'a' contains 'Total expenses and losses per audited financial statements' with value 'N/A'. Row 'e' is 'Total expenses (Part I, line 17). Add lines c and d'.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

Table with 5 columns: (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 plans, (E) Expense account and other allowances. Row 1 contains 'SEE STATEMENT 8', '766,600.', '21,744.', and '0.'.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

- 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 0
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?
Note. Related organizations include section 509(a)(3) supporting organizations.
If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization
d Does the organization have a written conflict of interest policy?

Table with 2 columns: Question ID (75b, 75c, 75d) and Answer (Yes/No). 75b: No (X), 75c: No (X), 75d: No (X)

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: NONE

Part VI Other Information (See the instructions.)

Yes No

- 76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If 'Yes,' has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
b If 'Yes,' enter the name of the organization SEE STATEMENT 9 and check whether it is exempt or nonexempt
81 a Enter direct or indirect political expenditures. (See line 81 instructions) 81a 0
b Did the organization file Form 1120-POL for this year?

Table with 2 columns: Question ID (76-81b) and Answer (Yes/No). 76: No (X), 77: No (X), 78a: Yes (X), 78b: Yes (X), 79: No (X), 80a: Yes (X), 81b: No (X)

Part VI Other Information (continued)

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82 b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations Enter: a Gross income from members or shareholders
87 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955
89 b 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 become aware of an excess benefit transaction from a prior year?
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2005
91 a The books are in care of DONALD DEDONATIS Telephone no 321-939-7640 Located at 215 CELEBRATION PL SUITE 180, CELEBRATION, FL ZIP + 4 34747
91 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)?
91 c At any time during the calendar year, did the organization maintain an office outside of the United States?
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Table with 2 columns: Yes, No. Rows 91b, 91c.

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a REGISTRATION FEES			07	65,596.	3,617,117.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14		11,393.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory	453000				63,423.
103 Other revenue:					
a EXPENSE REIMBURSEMENT			41	209,372.	
b ROYALTIES			15	868,284.	
c INSURANCE ADMIN	524292	109,945.			
d ADVERTISING	516110	30,000.			
e					
104 Subtotal (add columns (B), (D), and (E))		139,945.		1,143,252.	3,691,933.
105 Total (add line 104, columns (B), (D), and (E))					4,975,130.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

SEE STATEMENT 10

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with

(a) Did the organization, during the year, receive any funds, directly or indirectly,

(b) Did the organization, during the year, pay premiums, directly or indirectly, on

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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 provided to the preparer.

Signature of officer: *[Signature]* Date: 8/1

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4: GOODMAN & COMPANY, L.L.C. 131 TEMPLE LAKE DRIVE S COLONIAL HEIGHTS, VA 23061

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	COMPUTER/PRINTER	050101	200DB	5.00	17	2,328.			2,328.	1,891.		291.
2	COMP SOFTWARE	050101	200DB	5.00	17	8,038.			8,038.	6,528.		1,007.
3	COMP SOFTWARE	060199	200DB	5.00	17	5,458.			5,458.	5,458.		0.
4	COMP SOFTWARE	060198	200DB	5.00	17	14,738.			14,738.	14,738.		0.
5	COMP SYSTEM	060198	200DB	5.00	17	23,568.			23,568.	23,568.		0.
6	SLIMNOTE LAPTOP	113097	200DB	5.00	17	3,152.			3,152.	3,152.		0.
7	HP DESKJET 340	091797	200DB	5.00	17	333.			333.	333.		0.
8	2 ACER PENT COM	072997	200DB	5.00	17	2,740.			2,740.	2,740.		0.
9	COMPUTER-MAIN	070997	200DB	5.00	17	1,357.			1,357.	1,357.		0.
10	COMPUTER RAM	070997	200DB	5.00	17	1,546.			1,546.	1,546.		0.
11	COMPUTER PRINTER	041197	200DB	5.00	17	448.			448.	448.		0.
12	TELEPHONE	101098	200DB	5.00	17	157.			157.	157.		0.
13	PHONES/ANS MACH	100198	200DB	5.00	17	266.			266.	266.		0.
14	COMPUTER	091098	200DB	5.00	17	3,006.			3,006.	3,006.		0.
15	CARPETING	111396	200DB	7.00	17	370.			370.	370.		0.
16	4 STENO CHARIS	100796	200DB	7.00	17	334.			334.	334.		0.
17	COMPUTER MODEM	093096	200DB	5.00	17	167.			167.	167.		0.
18	TASK CHAIR	080796	200DB	5.00	17	73.			73.	61.		0.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	EXEC CHAIR	070196	200DB	5.00	17	402.			402.	368.		0.
20	ACERVIEW MONITOR	013196	200DB	5.00	17	271.			271.	271.		0.
21	PENTIUM MINITOW	010996	200DB	5.00	17	2,374.			2,374.	2,374.		0.
22	OKIDATA PRINTER	010996	200DB	5.00	17	459.			459.	459.		0.
23	PENTIUM MINITOW	010996	200DB	5.00	17	2,875.			2,875.	2,875.		0.
24	SOFTWARE	033102	150DB	15.00	17	535,446.			535,446.	126,854.		40,859.
25	DELL COMPUTERS	020702	200DB	5.00	17	2,306.			2,306.	1,664.		257.
26	DELL COMPUTERS	020702	200DB	5.00	17	2,306.			2,306.	1,664.		257.
27	DELL COMPUTERS	020702	200DB	5.00	17	2,306.			2,306.	1,664.		257.
28	DELL COMPUTERS	020702	200DB	5.00	17	2,306.			2,306.	1,664.		257.
29	DELL COMPUTERS	020702	200DB	5.00	17	2,306.			2,306.	1,664.		257.
30	DELL COMPUTERS	020702	200DB	5.00	17	2,306.			2,306.	1,664.		257.
31	DELL COMPUTERS	020702	200DB	5.00	17	2,306.			2,306.	1,664.		257.
32	DELL COMPUTERS	020702	200DB	5.00	17	2,306.			2,306.	1,664.		257.
33	COMPUTER EQUIPMENT	091102	200DB	5.00	17	935.			935.	675.		104.
34	COMPUTER EQUIPMENT	091102	200DB	5.00	17	5,011.			5,011.	3,616.		558.
35	DELL FLAT MONITORS (3)	080103	200DB	5.00	17	1,172.			1,172.	609.		225.
36	DEL COMPUTER	072403	200DB	5.00	17	742.			742.	386.		142.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
37	DELL COMPUTERS	040303	200DB	5.00	17	768.			768.	400.		147.
38	DELL COMPUTERS	040303	200DB	5.00	17	768.			768.	400.		147.
39	SUNTRACKER PC32	050903	200DB	5.00	17	45,122.			45,122.	23,463.		8,664.
40	COPIER	082903	200DB	5.00	17	3,065.			3,065.	1,594.		588.
41	COMPUTER SERVER	061603	200DB	5.00	17	4,441.			4,441.	2,309.		853.
42	COMPUTER & MONITOR	120703	200DB	5.00	17	3,083.			3,083.	1,603.		592.
43	COMPUTER	071404	200DB	5.00	17	2,695.			2,695.	539.		862.
44	OFFICE FURNITURE	081005	200DB	7.00	19C	107,194.			107,194.			15,313.
45	DELL COMPUTERS	081005	200DB	5.00	19B	61,910.			61,910.			12,382.
46	SIGNAGE	072805	200DB	7.00	19C	4,015.			4,015.			574.
47	ENGRAVING MACHINE	100305	200DB	7.00	19C	12,995.			12,995.			1,856.
48	MANNEQUINS	030405	200DB	7.00	19C	13,505.			13,505.			1,929.
49	DISPLAYS	061505	200DB	7.00	19C	74,185.			74,185.			10,598.
50	TELEPHONE SYSTEM	031605	200DB	7.00	19C	3,461.			3,461.			494.
51	LEASEHOLD IMPROVEMENTS	101905	SL	39.00	19I	5,436.			5,436.			29.
52	2005 GMC YUKON	081005	200DB	5.00	19B	38,025.			38,025.			7,605.
53	DISPLAYS	022897	200DB	7.00	17	2,298.			2,298.	2,214.		0.
54	DISPLAYS	050198	200DB	7.00	17	2,482.			2,482.	2,336.		146.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
55	DISPLAYS	050101	200DB	7.00	17	1,685.			1,685.	1,159.		150.
	* TOTAL 990 PAGE 2					1,023,347.		0.	1,023,347.	253,936.	0.	108,171.
	DEPR											

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

1. GROSS RECEIPTS	729,655	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		729,655
4. COST OF GOODS SOLD (LINE 13)	666,232	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		63,423

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	0	
7. MERCHANDISE PURCHASED	666,232	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		666,232
12. INVENTORY AT END OF YEAR	0	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		666,232

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
DISSOLUTION OF HOF	627,467.
TOTAL TO FORM 990, PART I, LINE 20	627,467.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK FEES	75,093.		75,093.	
TAXES & LICENSES	740.		740.	
TEAM/LEAGUE PROMOTION & SPONSORSHIP EXPENSE	713,151.	713,151.		
RELOCATION	52,944.		52,944.	
OFFICE EXPENSE	55,685.		55,685.	
DIRECTOR/UMPIRE FEES	205,284.	205,284.		
INSURANCE	88,605.	76,856.	11,749.	
BAT TESTING FEES	85,653.	85,653.		
WEB SERVICE	28,905.	28,905.		
BAD DEBT	266,567.	266,567.		
TOTAL TO FM 990, LN 43	1,572,627.	1,376,416.	196,211.	

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 4
 PART II, LINE 25

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DONALD DEDONATIS	401,600.			401,600.
A. PROGRAM SERVICES	140,560.			140,560.
B. MANAGEMENT AND GENERAL	261,040.			261,040.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JIM SWINT	46,000.			46,000.
A. PROGRAM SERVICES	16,100.			16,100.
B. MANAGEMENT AND GENERAL	29,900.			29,900.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DAN BROWN	60,000.			60,000.
A. PROGRAM SERVICES	21,000.			21,000.
B. MANAGEMENT AND GENERAL	39,000.			39,000.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ROBERT BOUDREAU	40,000.			40,000.
A. PROGRAM SERVICES	26,000.			26,000.
B. MANAGEMENT AND GENERAL	14,000.			14,000.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RICK FORTUNA	40,000.			40,000.
A. PROGRAM SERVICES	26,000.			26,000.
B. MANAGEMENT AND GENERAL	14,000.			14,000.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MARK LINNEMAN	30,000.			30,000.
A. PROGRAM SERVICES	19,500.			19,500.
B. MANAGEMENT AND GENERAL	10,500.			10,500.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JIM MCCARRON	27,000.			27,000.
A. PROGRAM SERVICES	17,550.			17,550.
B. MANAGEMENT AND GENERAL	9,450.			9,450.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RON NEELY	32,000.			32,000.
A. PROGRAM SERVICES	20,800.			20,800.
B. MANAGEMENT AND GENERAL	11,200.			11,200.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KEVIN NAEGELE	13,000.			13,000.
A. PROGRAM SERVICES	8,450.			8,450.
B. MANAGEMENT AND GENERAL	4,550.			4,550.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOEY ODOM	17,000.			17,000.
A. PROGRAM SERVICES	11,050.			11,050.
B. MANAGEMENT AND GENERAL	5,950.			5,950.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
TOM TURLEY	30,000.			30,000.
A. PROGRAM SERVICES	19,500.			19,500.
B. MANAGEMENT AND GENERAL	10,500.			10,500.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GARY WALLICK	15,000.			15,000.
A. PROGRAM SERVICES	9,750.			9,750.
B. MANAGEMENT AND GENERAL	5,250.			5,250.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JERRY STOUT	15,000.			15,000.
A. PROGRAM SERVICES	9,750.			9,750.
B. MANAGEMENT AND GENERAL	5,250.			5,250.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				346,010.
TOTAL MANAGEMENT AND GENERAL				420,590.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>766,600.</u>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

THE REGISTRATION FEES ALLOW PARTICIPANTS, LEAGUES & TEAMS TO PARTICIPATE IN THE VARIOUS SPORTING EVENT TOURNAMENTS AND COMPETITIONS FOR ALL AGES.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER/PRINTER	2,328.	2,182.	146.
COMP SOFTWARE	8,038.	7,535.	503.
COMP SOFTWARE	5,458.	5,458.	0.
COMP SOFTWARE	14,738.	14,738.	0.
COMP SYSTEM	23,568.	23,568.	0.
SLIMNOTE LAPTOP	3,152.	3,152.	0.
HP DESKJET 340	333.	333.	0.
2 ACER PENT COM	2,740.	2,740.	0.
COMPUTER-MAIN	1,357.	1,357.	0.
COMPUTER RAM	1,546.	1,546.	0.
COMPUTER PRINTER	448.	448.	0.
TELEPHONE	157.	157.	0.
PHONES/ANS MACH	266.	266.	0.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 4

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DONALD DEDONATIS	401,600.			401,600.
A. PROGRAM SERVICES	140,560.			140,560.
B. MANAGEMENT AND GENERAL	261,040.			261,040.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JIM SWINT	46,000.			46,000.
A. PROGRAM SERVICES	16,100.			16,100.
B. MANAGEMENT AND GENERAL	29,900.			29,900.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DAN BROWN	60,000.			60,000.
A. PROGRAM SERVICES	21,000.			21,000.
B. MANAGEMENT AND GENERAL	39,000.			39,000.
C. FUNDRAISING				

COMPUTER	3,006.	3,006.	0.
CARPETING	370.	370.	0.
4 STENO CHARIS	334.	334.	0.
COMPUTER MODEM	167.	167.	0.
TASK CHAIR	73.	61.	12.
EXEC CHAIR	402.	368.	34.
ACERVIEW MONITOR	271.	271.	0.
PENTIUM MINITOW	2,374.	2,374.	0.
OKIDATA PRINTER	459.	459.	0.
PENTIUM MINITOW	2,875.	2,875.	0.
SOFTWARE	535,446.	167,713.	367,733.
DELL COMPUTERS	2,306.	1,921.	385.
DELL COMPUTERS	2,306.	1,921.	385.
DELL COMPUTERS	2,306.	1,921.	385.
DELL COMPUTERS	2,306.	1,921.	385.
DELL COMPUTERS	2,306.	1,921.	385.
DELL COMPUTERS	2,306.	1,921.	385.
DELL COMPUTERS	2,306.	1,921.	385.
DELL COMPUTERS	2,306.	1,921.	385.
COMPUTER EQUIMENT	935.	779.	156.
COMPUTER EQUIMENT	5,011.	4,174.	837.
DELL FLAT MONITORS (3)	1,172.	834.	338.
DEL COMPUTER	742.	528.	214.
DELL COMPUTERS	768.	547.	221.
DELL COMPUTERS	768.	547.	221.
SUNTRACKER PC32	45,122.	32,127.	12,995.
COPIER	3,065.	2,182.	883.
COMPUTER SERVER	4,441.	3,162.	1,279.
COMPUTER & MONITOR	3,083.	2,195.	888.
COMPUTER	2,695.	1,401.	1,294.
OFFICE FURNITURE	107,194.	15,313.	91,881.
DELL COMPUTERS	61,910.	12,382.	49,528.
SIGNAGE	4,015.	574.	3,441.
ENGRAVING MACHINE	12,995.	1,856.	11,139.
MANNEQUINS	13,505.	1,929.	11,576.
DISPLAYS	74,185.	10,598.	63,587.
TELEPHONE SYSTEM	3,461.	494.	2,967.
LEASEHOLD IMPROVEMENTS	5,436.	29.	5,407.
2005 GMC YUKON	38,025.	7,605.	30,420.
DISPLAYS	2,298.	2,214.	84.
DISPLAYS	2,482.	2,482.	0.
DISPLAYS	1,685.	1,309.	376.
TOTAL TO FORM 990, PART IV, LN 57	1,023,347.	362,107.	661,240.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 7

LENDER'S NAME TERMS OF REPAYMENT

GEORGE JOCHUM MONTHLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
03/31/02	11/30/06	280,000.	.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
	SOFTWARE/WEBSERVICE

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	60,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	60,000.
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FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DONALD DEDONATIS 611 LINE DR KISSIMMEE, FL 34744	EXECUTIVE DIRECTOR/CEO 50.00	401,600.	21,744.	0.
JIM SWINT 6319 NW 82ND CT KANSAS CITY, MO 64151	ASSIST. EXECUTIVE DIRECTOR 20.00	46,000.	0.	0.
DAN BROWN 3861 BURRWOOD COURT CONCONR, CA 94521	NATL PRES & ASST EXEC DIR 20.00	60,000.	0.	0.
ROBERT BOUDREAU 108 INNISBROOK DR BROUSSARD, LA 70518	EXECUTIVE VICE PRESIDENT 20.00	40,000.	0.	0.
RICK FORTUNA 6324 N. CHATHAM AVE #136 KANSAS CITY MO 64151	EXECUTIVE VICE PRESIDENT 20.00	40,000.	0.	0.
MARK LINNEMANN PO BOX 75091 CINNCINNATI, OH 45275	EXECUTIVE VICE PRESIDENT 20.00	30,000.	0.	0.
JIM MCCARRON 4827 CONDUIT ROAD COLONIAL HEIGHTS, VA 23834	EXECUTIVE VICE PRESIDENT 20.00	27,000.	0.	0.
RON NEELY 504 GILTIN DR ARLINGTON, TX 76006	EXECUTIVE VICE PRESIDENT 20.00	32,000.	0.	0.
KEVIN NAEGELE PO BOX 621 HOBBS, NM 88240	EXECUTIVE VICE PRESIDENT 20.00	13,000.	0.	0.
JOEY ODOM 614 S LAKE CT DRIVE LAKE CHARLES, LA 70605	EXECUTIVE VICE PRESIDENT 20.00	17,000.	0.	0.
TOM TURLEY 20000 JOHNSON DR SHAWNEE, KS 66218	EXECUTIVE VICE PRESIDENT 20.00	30,000.	0.	0.

GARY WALLICK PO BOX 660596 ARCADIA, CA 91006	EXECUTIVE VICE PRESIDENT 20.00	PRESIDENT 15,000.	0.	0.
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JERRY STOUT 1893 SIR LANCELOT CIRCLE ST CLOUD, FL 34772	EXECUTIVE VICE PRESIDENT 20.00	PRESIDENT 15,000.	0.	0.
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TOTALS INCLUDED ON FORM 990, PART V		<u>766,600.</u>	<u>21,744.</u>	<u>0.</u>
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FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 9
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
UNITED STATES SLO-PITCH SOFTBALL HALL OF FAME FOUNDATIONS, INC.		X

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 10

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
	PARTICIPATE IN SOFTBALL, BASEBALL, BASKETBALL, GOLF, SOCCER, FLAG FOOTBALL & VOLLEYBALL TOURNAMENTS AND COMPETITIONS. ASSOCIATION. UMPIRES ARE REQUIRED TO WEAR APPAREL THAT IS SPECIFIED BY THE ASSOCIATION. SPORTS SUPPLIES ARE SOLD TO THE TEAMS, LEAGUES & TOURNAMENTS THAT PARTICIPATE IN THE ASSOCIATIONS TOURNAMENTS & COMPETITIONS.
93	THE REGISTRATION FEES ALLOW PARTICIPANTS, LEAGUES AND TEAMS TO
102	THE ASSOCIATION SELLS UMPIRE APPAREL TO UMPIRES THAT WORK FOR THE