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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Nottingham Babe Ruth Inc
Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO Box 3179
City or town, state or country, and ZIP + 4: Trenton, NJ 08619

D Employer identification number: 22-3326474
E Telephone number: (609) 841-5373
F Group Exemption Number

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

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

I Website: www.nottinghambaberuth.org

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one): [X] 501(c)(6) (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 46,492

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

Table with 9 columns: Line number, Description, Sub-column (a, b, c), and Total. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 4 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

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

Cat No 10642I

Form 990-EZ (2009)





**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49b</b> If "Yes," was the related organization a section 527 organization?		

**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 address of each employee paid more than \$100,000	(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				

**50(f)** Total number of other employees paid over \$100,000 . . . . .

**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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . .

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.

**Please Sign Here**

Signature of officer: \*\*\*\*\* Date: 2010-09-14  
 Type or print name and title: Daniel DeRose President

**Paid Preparer's Use Only**

Preparer's signature: Scot D Pannepacker CPAABVCFE Date: \_\_\_\_\_  
 Check if self-employed:   
 Preparer's identifying number (See instructions): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: Lear & Pannepacker LLP  
791 Alexander Road  
Princeton, NJ 085406325  
 EIN: \_\_\_\_\_  
 Phone no: (609) 452-2200

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 22-3326474

**Name:** Nottingham Babe Ruth Inc

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Bill Schneider PO Box 3179 Trenton, NJ 08619	Secretary 10 00	0		
Don Kosul PO Box 3179 Trenton, NJ 08619	Treasurer 5 00	0		
Bob Cash PO Box 3179 Trenton, NJ 08619	VP Operations 15 00	0		
Bob Chotkowski PO Box 3179 Trenton, NJ 08619	VP Personnel 15 00	0		
Daniel DeRose 9 Cadillac Court Hamilton Square, NJ 08690	President 20 00	0		

**TY 2009 Other Assets Schedule**

**Name:** Nottingham Babe Ruth Inc

**EIN:** 22-3326474

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Machinery and Equipment	565	424

## TY 2009 Other Expenses Schedule

**Name:** Nottingham Babe Ruth Inc

**EIN:** 22-3326474

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Amount
Uniforms (clothing)	4,068
Umpires	10,390
Tournaments	700
Repairs and Maintenance	350
Refunds and Reimbursements	4,460
Miscellaneous	4,314
Gifts Given	201
Fundraiser	817
Fees	4,237
Equipment	12,431
Depreciation	141