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Form **990-EZ**

Short Form 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) 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 \$50,000 and total assets less than \$1,250,000 at the end of the year may use this form.

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service may use this form ► The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public Inspection

Α	For the 2009 calendar year, or tax year beginning , 2009, and ending	_		
В		ployer ideni	tification number	
\Box	I Diagram	38-3254507		
	Name change label or 1001 Ral four Road F Tale	Telephone number		
	Initial return Type Grosse Pointe Park, MI 48236	P		
	Termination See Security Specific		 	
==		oup Exen mber	mption >	
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts G Accounting method	d X C	Cash Accrual	
	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ►			
	Website: ► N/A H Check ► X If t required to attach		ization is not	
`.	Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		е в (гопп ээо,	
ĸ	Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normal	ally not n	nore than	
• •	\$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sur	e 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		FF 400	
	Instead of Form 990-EZ	▶ \$	55,492.	
Pâ	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instr	- ı	s for Part I.)	
	1 Contributions, gifts, grants, and similar amounts received	2		
	Program service revenue including government fees and contracts Membership dues and assessments	3		
	3 Membership dues and assessments 4 Investment income	4	763.	
	5a Gross amount from sale of assets other than inventory 5a		705.	
	b Less cost or other basis and sales expenses 5b			
R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from in 5a)	5 c		
E	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here			
REVENU	a Gross revenue (not including \$ of contributions			
Ü	reported on line 1) 6a			
	b Less direct expenses other than fundraising expenses 6b			
<u>u</u>	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
SCARRED	7a Gross sales of inventory, less returns and allowances 7a			
Z	b Less. cost of goods sold			
ပ္က	c Gross profit or (loss) from sales of inventory (Subtract line to from the lateral la	7 c		
0,	8 Other revenue (describe ► See Statement 1	8	54,729.	
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	55,492.	
-	10 Grants and similar amounts paid (attach schedule) MAY 2 4 2010	10		
-	11 Benefits paid to or for members	11		
EXPEN	12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors GDEN, UT	12		
É	13 Professional fees and other payments to independent configurations	13	1,020.	
S	14 Occupancy, rent, utilities, and maintenance	14		
S	15 Printing, publications, postage, and shipping	15	2,301.	
	16 Other expenses (describe ► See Statement 2)	16	48,134.	
	17 Total expenses. Add lines 10 through 16	17	51,455.	
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,037.	
N S E E T E	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)	19	92,890.	
ŤĘ	20 Other changes in net assets or fund balances (attach explanation) See Statement 3	20	11,303.	
S	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	108,230.	
P	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instea			
تسنا	(See the instructions for Part II) (A) Beginning of year		(B) End of year	
22	Cash, savings, and investments 92,890		108,230.	
23	Land and buildings	23		
24		24		
25	92, 890	_+	108,230.	
26	· · · · · · · · · · · · · · · · · · ·	. 26	0.	
_27			108,230.	
BA	A For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		Form 990-EZ (2009)	

	990-EZ(2009) Grosse Pointe B	<u>aseball Organizati</u>	on	38	3-325	54507 Page 2	
Par					J /Baa	Expenses	
Desc desc	s the organization's primary exempt purpose? Ed ribe what was achieved in carrying out the ribe the services provided, the number of	ucational/Communit e organization's exempt purpo persons benefited, or other re	y Youth Baseba bses in a clear and con elevant information for e	l <u>l</u> cise manner, each	(Required for section 501(c)(3) and (4) organizations and se 4947(a)(1) trusts, opi for others)		
	ram title Sponsored youth baseball	teams which provid	led educational		101 0	uners)	
	experience for approximat				1		
		is amount includes foreign gra		>	28 a	31,503.	
29	Sponsored Michigan Baseba experience for approximat				-		
30	(Grants \$) If th	is amount includes foreign gra	ants, check here	•	29 a	15,631.	
30			-				
		is amount includes foreign gra	ants, check here	<u> </u>	30 a		
31	Other program services (attach schedule	•			1		
32	(Grants \$) If th Total program service expenses (add line	is amount includes foreign gra	ants, check here		31 a	47,134.	
Par			plovees. List each o	ne even if not co			
	(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contribution employee benefit placed deferred compens	s to ans and	(e) Expense account and other allowances	
Wil	liam D. Hodgman	President	0.		0.	0.	
100	1 Balfour Road Sse Pointe Park, MI 48230	0.50					
	y Rose Hodgman	Treasurer	0.		0.	0.	
	1 Balfour Road	5.00					
	sse Pointe Park, MI 48230						
	rid_Bergman	Director	0.		0.	0.	
	Canterbury	10.00					
GTC	osse Pointe, MI 48230		·				
						1	
- - -							
				[
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				<u></u>			
BAA		TEEA0812L 0)1/30/10			Form 990-EZ (2009)	

	·		Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of					
	each activity	33		X		
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		<u>X</u>		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	:				
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice,	25		v		
	reporting, and proxy tax requirements? If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a 35 b		<u>X</u>		
		330				
	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 Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	36		X		
	Did the organization file Form 1120-POL for this year?	37 b		Х		
		J, 5				
	a 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 period covered by this return?.	38 a		Х		
t	amount involved 38b N/A					
	Section 501(c)(7) organizations Enter.	• :				
	a Initiation fees and capital contributions included on line 9 N/A					
	b Gross receipts, included on line 9, for public use of club facilities. 39b N/A					
40 a	a Section 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.					
t	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes,' complete Schedule L, Part I	40 b		Х		
c	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 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed					
	by the organization O.					
€	e 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	40 e		Х		
41	List the states with which a copy of this return is filed None					
42 :	a The organization's					
42.0	books are in care of ► William D. Hodgman Telephone no ►					
	Located at ► 1001 Balfour Road Grosse Pointe Park MI ZIP + 4 ► 48236					
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	[Yes	No		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Χ		
	If 'Yes,' enter the name of the foreign country:	1	1			
		1				
]				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts.					
	at any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	Х		
	If 'Yes,' enter the name of the foreign country					
42	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	1	▶ □	N/A		
43	and enter the amount of tax-exempt interest received or accrued during the tax year		Ш	N/A		
	To an amount of tax exempt interest received of desired during the tax year					
			Yes	No		
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		Х		

Form 990	EZ (2009) Grosse Pointe Baseb	oall Organizati	on	38-325	4507	P	'age 4
Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	s and section 4947	7(a)(1) nonexen	ipt charitable trusts o able trusts must answ	nlv. All s	ectio ions	
46 Did for r	the organization engage in direct or indirect obtained	ct political campaign act	vities on behalf of o			Yes	No X
-	the organization engage in lobbying activiti		Schedule C, Part II		47		X
	e organization a school as described in se	·		hedule E	48		Χ
	the organization make any transfers to an	•	elated organization	?	49a		Х
b If 'Y	es,' was the related organization a section	527 organization?			49 b		
50 Com emp	plete this table for the organization's five I loyees) who each received more than \$10	nighest compensated en 0,000 of compensation f	nployees (other that rom the organizatio	n officers, directors, trustee: n If there is none, enter 'No	s and key one '		
(6	n) 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 and deferred compensation	accou	opense Int and lowances	3
None_							
						<u> </u>	
				-			
f Tota	I number of other employees paid over \$1	00,000		_			
51 Com	plete this table for the organization's five l pensation from the organization. If there is	nighest compensated ind none, enter 'None '	dependent contracto	ors who each received more	than \$100	,000 of	i
	(a) Name and address of each independent cont	ractor paid more than \$100,000		(b) Type of service	(c) Com	pensation	
None_							
- -							
d Tota	I number of other independent contractors	each receiving over \$10	00,000	-			
	Under penalties of periury, I declare that I have exant true, correct, and complete. Declaration of preparer	nined this return, including acco other than officer) is based on	mpanying schedules and all information of which p	statements, and to the best of my ki	nowledge and	belief, it	ıs
Sign				15/14/10			
Here	Mary Boal Hodge Signature of officer AN DAY PASS HODGE	(An) thenr.	. DED 1	Date			

Sign Here	Under penalties of periury, 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 May Bose Hodgman Signature of officer Date MARY ROSE HODGMAN TREASURER							
Paid Pre-	Type or print hame a Preparer's signature	nu title	rell	Date Sirving	Check if Self (See in:	er's Identifying Number structions)		
parer's Use Only	Firm's name (or yours if self employed), address, and ZIP + 4	Office of Day 100 Jefferson int Clair Shore		· -	EIN ► N// Phone no ► (586)	A 552-8777		
May the IR	S discuss this return	with the preparer show	vn above? See instructions		•	X Yes No		
BAA					F	orm 990-EZ (2009		

Form **990-EZ** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public

Employer identification number Grosse Pointe Baseball Organization 38-3254507 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts X 9 from activities related to its exempt 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). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated Type III- Other Type I b Type II С d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I. Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? a family member of a person described in (i) above? 11 g (ii) 11 g (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organizations. h (vi) Is the (vii) Amount of Support (i) Name of Supported (ii) EIN (iii) Type of organization (iv) Is the (v) Did you notify organization in col organization in col (i) organized in the Organization (described on lines 1.9 above or IRC section the organization in col (i) of (see instructions)) your support? US Yes Yes No Yes No No

	dule A (Form 990 or 990-EZ) 2009					38-32545		Page 2
Par	t II Support Schedule for				0(b)(1)(A)(iv) a	nd 170(b)(1)((A)(vi)	
	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	l.)				
<u>Sec</u>	tion A. Public Support				т-			
Cale:	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Tota	al
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	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							
4	Total. Add lines 1-through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support					·		
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Tot	al
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activ	rities, etc. (see ins	tructions)			1:	2	
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, secon	d, third, fourth,	or fifth tax year as	a section 501(c))(3)	▶ □
Sec	tion C. Computation of Pu		Percentage					
	Public support percentage for 20			e 11, column (f)		14		%
15	Public support percentage from	2008 Schedule A,	Part II, line 14			1!	5	%
16	a 33-1/3 support test – 2009 . If the and stop here. The organization	e organization did qualifies as a pub	not check the bo licly supported o	x on line 13, and rganization.	the line 14 is 33-1	1/3 % or more, o	heck this box	► □
ı	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a rganization.	, and line 15 is 33	-1/3% or more,	check this box	-
17 a	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstance:	s' test, check this	box and stop here	e. Explain in Pai	rt IV how	-
ı	b 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	ind-circumstance: test The organi	s' test, check this zation qualifies as	box and stop her s a publicly suppoi	e. Explain in Pai rted organizatior	rt IV now the	▶ □
_18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a				>
BAA					S	Schedule A (Forr	n 990 or 990-E	Z) 2009

Schedule A (Form 990 or 990-EZ) 2009 Grosse Pointe Baseball Organization [Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	Ked the box on an	e 3 of rait 1.)				· · · · · · · ·
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and	(4) 2000	(3) 2000	(6) 2.007	(4) 2500	(5) 2555	(,)
	membership fees received (Do not include 'unusual grants')	54,129.	57,691 <u>.</u>	61,975.	57,847.	54,729.	286,371.
2	Gross receipts from						.
	admissions, merchandise sold or services performed, or						
	facilities furnished in a activity that is related to the						
	organization's tax-exempt						0
,	purpose Gross receipts from activities that are				 		0.
	not an unrelated trade or business under section 513		_				0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	54,129.	57,691.	61,975.	57,847.	54,729.	286,371.
	Amounts included on lines 1,	34,123.	- 37,031.	01,575.	37,017.	31,,23.	200,0711
	2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line	:					206 271
<u></u>	7c from line 6.)						286,371.
	tion B. Total Support		41.0005	4 > 0000	1 , , , , , , ,	4) 0000	
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6 Gross income from interest,	54,129.	57,691.	61,975.	57,847.	54,729.	286,371.
10 a	dividends, payments received on securities loans, rents, royalties and income form similar sources	874.	1,105.	1,234.	1,108.	763.	5,084.
t	Unrelated business taxable	0/4.	1,105.	1,234.	1,100.	705.	3,004.
	income (less section 511 taxes) from businesses acquired after June 30, 1975						_0.
c	: Add lines 10a and 10b	874.	1,105.	1,234.	1,108.	763.	5,084.
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13	Total support. (add ins 9, 10c, 11, and 12)						291,455.
14	First five years. If the Form 990 i organization, check this box and	s for the organizat	tion's first, second	i, third, fourth, o	or fifth tax year as	a section 501(c)(3)	▶ □
	tion C. Computation of Pu					<u> </u>	
	Public support percentage for 20			13, column (f))		15	98.3%
	Public support percentage from 2	,				16	98.2%
Sec	tion D. Computation of Inv	vestment Inco	me Percentag	е			
17	Investment income percentage for	•		•	mn (f))	17	1.7 %
18	Investment income percentage fr					18	1.8%
19 a	33-1/3 support tests — 2009. If the more than 33-1/3%, check this be	e organization did	not check the bo	x on line 14, and	d line 15 is more the	nan 33-1/3%, and li ganization	ne 17 is not ► X
	33-1/3 support tests - 2008. If th						
ŀ) 33-1/3 Support tests 2000		HOL CHECK & DOX	011 11110 17 01 124	, 4114 11110 10 10 1110		
	is not more than 33-1/3%, check Private foundation. If the organiz	this box and stop	here. The organiz	zation qualifies a	s a publicly suppor	ted organization	

Schedule A	(Form 990	or 990-E	Z) 2009	Grosse	e Point	<u>e Baseb</u>	all Org	anizatio.	<u>n</u>	38-32545	<u>U /</u>	Page 4
Part IV	Suppler Part II, I	nental I ine 17a	nformat or 17b;	i on. Con and Par	nplete th	is part to 12. Prov	provide ide any c	the explanather additi	ations req onal infor	uired by Panation. Se	art II, line e instructio	10; ons.
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Schedule A (Form 990 or 990-EZ) 2009

2009	Federal Statements	Page 1
	Grosse Pointe Baseball Organization	38-3254507
Statement 1 Form 990-EZ, F Other Revenue Regis. fees Regis. fees	MI Showcase \$	34,150. 20,579. 54,729.
Statement 2 Form 990-EZ, I Other Expense	Part I, Line 16 es	
GPBO - youth Michigan Bas	seball league \$ seball Showcase Total	32,503. 15,631. 48,134.
Statement 3 Form 990-EZ, f Other Changes	Part I, Line 20 s In Net Assets Or Fund Balances	
Appreciation	of securities \$\frac{\\$}{5}\$	11,303. 11,303.
(a) Did the indirectly, (b) Did the	Part VI nsfers Associated with Personal Benefit Contracts e organization, during the year, receive any funds, directly or to pay premiums on a personal benefit contract? e organization, during the year, pay premiums, directly or on a personal benefit contract?	No No