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Department of the Treasury

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 \$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.

OMB No 1545-1150

2009

Open to Public Inspection

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Kencek □ frite 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 \$b\$, 6b\$, and \$b\$, to line 9 to determine gross receipts; \$500,000 or more, file Form 990 instead of Form 990-EZ	Kencek	J.	Tax-ex	empt status (check on	y one) — \$\overline{\mathbb{L}} 501(c) () \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
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c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe ▶ 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ 9 \$7, 32.6 10 Grants and similar amounts paid (attach schedule) 10 7250 11 Benefits paid to or for members 11 12 Salanes, other compensation, and employee benefits 12 13 Professional feet and other payments to independent contractors 13 93.000 14 Occupancy, rent, utilities, and maintenance 14 15 Printing publications postable and shipping 15 16 Other papenses (describe ▶ 100 miles 10 through 16 17 1852 30 17 Total expenses Add lines 10, through 16 17 17 1852 30 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 77.990 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.) (A) Beginning of year (B) End of year 79.90 22 Cash, savings, and investments (B) Cash, savings, and investments 23 23 Land and buildings 24 24 Other assets (describe ▶ 17.990	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ▶) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ 9 \$7, 3.2 6 10 Grants and similar amounts paid (attach schedule) 10 7250 11 Benefits paid to or for members 11 12 Salaries, either compensation, and employee benefits 12 13 Professional rees and other payments to independent contractors 13 93,000 14 Occupancy, rent, utilities, and malnienance 14 15 Printing publications postals and shipping 15 16 Other prenses describe ▶ 17 1852 30 17 Total expenses add lines 10 through 16 ▶ 17 1852 30 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 19 174,894 20 Other changes in net assets or fund balances (attach explanation) 20 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.) (A) Beginning of year (B) End of year 23 Land and buildings 12 Cash, savings, and investments 174,894, 25 77,990 20 Other changes in a dassets of line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 23 Cother assets (describe ▶) 24 Total assets . 174,894, 25 77,990		7a					4	
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11 Benefits paid to or for members 12 Salaries, ether compensation, and employee benefits 13 Professional rees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing publications, postable and shipping 16 Other expenses (describe ► 17	11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing publications, postable and shipping 16 Other expenses (describe) → 17 /8 /2 3.0 17 Total expenses, Add Ines 10 through 16		9	Total reve	nue. Ad	d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> ▶</u>	9	87,326
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16 Other expenses (describe) 17	16 Other expenses (describe) 17 Total expenses. Add lines 10 through 16	ய	15	Printing	ublicatio	ns, postabel and shipping		15	
17 Total expenses. Add lines 10, through 16	17 Total expenses. Add lines 10 through 16		16	Other expe	enses (de	escribe:)	16	
18 Excess or (dericit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 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.) (A) Beginning of year (B) End of year (Cash, savings, and investments Land and buildings Other assets (describe ► Total assets 174,874 25 77,990	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	_	17	Total expe	nses. A	dd_lines 10 through 16	<u></u>	17	1842 30
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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.) (A) Beginning of year (B) End of year 174,874 22	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.) (A) Beginning of year (B) End of year (B) End of year (Cash, savings, and investments Land and buildings (D) Total assets (A) Beginning of year (B) End of year (B) End of year (B) End of year (Cash, savings, and investments et,	20							
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(See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 174,874 22 77,990 23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets 174,874 25 77,990	(See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 174,874 22 77,990 23 Land and buildings 23 24 Other assets (describe ▶) 24 25 Total assets 174,874 25 77,990	1		Balance	Sheet	s. If Total assets on line 25, column (B) are \$1,250,000 or mo	re, file Form 990		ad of Form 990-EZ.
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23 Land and buildings	23 Land and buildings	2	2	ash savings	and inv		1123		
24 Other assets (describe ►) 24 25 Total assets	24 Other assets (describe ►			_			1 4 4 6 7		
25 Total assets	25 Total assets								
	 - - - - - - - - - 		7 U	nici assets (C	aescribe		17409	47	
	26 Total liabilities (describe ►) O 26 'O						11111		26 0
	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)						174 69	7	

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

Form **990-EZ** (2009)

Cat No 10642I

Par	t III Statement of Program Serv	ice Accom	plishments (See the instr	uctions for Part I	II.)		Expenses
Wha	t is the organization's primary exempt	purpose?					ired for section
	cribe what was achieved in carrying)(3) and 501(c)(4) uzations and section
	ner, describe the services provided, the program title.	ne number o	of persons benefited, and of	other relevant info	rmation for		a)(1) trusts; optional
28							
							10117 31
	(Grants \$) If	this amount	includes foreign grants, ch	eck here	. ▶ 🗆	28a	1070 30
29							
							•
	(O	4h:	ld.a. favaina avanta ab		. ▶ □	29a	
20			includes foreign grants, ch			29a	
30							
	(Grants \$) If	this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	
31	Other program services (attach sched						
	(Grants \$) If	this amount	includes foreign grants, ch	eck here	. ▶ □	31a	
	Total program service expenses (ac					32	184230
Par	t IV List of Officers, Directors, Trust	ees, and Key	(b) Title and average	ven if not compensation	(d) Contributio		(e) Expense
	(a) Name and address		hours per week devoted to position	(if not paid, enter -0)	employee benefit deferred comper	plans &	
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Part	Other information (Note the statement requirements in the instructions for Part V.)			
			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		
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		/
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.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N	/A
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	36		_/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			П.
b	Did the organization file Form 1120-POL for this year?	37b		-
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 period covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b ///A			<u> </u>
39	Section 501(c)(7) organizations. Enter:]		
а	Initiation fees and capital contributions included on line 9]		
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 ▶			
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	40ь		_/
С	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			- Lange Management
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
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	-	Yes	<u>No</u>
	account)?	42b		<u> </u>
	If "Yes," enter the name of the foreign country: ▶		.	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>V</u>
	If "Yes," enter the name of the foreign country: ▶			~ <i>/</i>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		.)	U
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		1	<u> </u>	11.
			Yes	NO
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		<u> </u>
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			
	res, Form 330 must be completed instead of Form 330-EZ	45		

► Yes No Form 990-EZ (2009)

Part VI

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(47(a)(1) nonexem nd 51.	1) nonexen	npt charita e trusts m	able trusts only. A ust answer question	ll sec ns 46	tion 49t	כ
	Did the organization engage in direct or indirect						Yes	No
	candidates for public office? If "Yes," complete					46		
	Did the organization engage in lobbying activitie					47		سع
	ls the organization a school as described in section					48		L
	Did the organization make any transfers to an ex	•		-		49a		L
	If "Yes," was the related organization a section 5					49b		
	Complete this table for the organization's five hi employees) who each received more than \$100,	000 of compensat	ion from the	organizatioi	n. If there is none, en	ter "N	one."	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and ave hours per we devoted to pos	ek i	Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expensount a allowa	ınd
						-		
				_				
51	Total number of other employees paid over \$100 Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensa	ated independ		actors who each rec	eived	more	than
	(a) Name and address of each independent contractor	paid more than \$100,0	00	(b)	Type of service	(c) Cor	npensa	ation
						-		
						<u> </u>		
d	Total number of other independent contractors of	each receiving ove	r \$100,000	▶	0			
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including n of preparer (other than	accompanying s officer) is based	schedules and on all informa	statements, and to the betton of which preparer has	st of my any kno	knowle	edge
Sign Here	Stan Head				<u></u>			
1616	Signature of officer STAN HAACK	TREA	ASURE R		Date 5/11/1	0		
Paid	Type or pnnt name and title Preparer's	-	Date	Check if self-	Preparer's identifying nui	nber (See	 e instruc	tions)
Prepare	r's signature			employed ▶	니			
Use On	yours if self-employed),				EIN >			
	address and 7IP ± 4			ı	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number MIDOLETON BASEBALLISOFT BALL COMMISSION 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a 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: 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) 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 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 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/9 % 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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. **b** Type II c Type III-Functionally integrated **d** Type III–Other a ☐ Type I e 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 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? . |11g(iii) Provide the following information about the supported organization(s). (vii) Amount of (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (i) Name of supported (ii) EIN organization (described on lines 1-9 in col (i) listed in your the organization in organization in colsupport governing document? col (i) of your (i) organized in the above or IRC section US? (see instructions)) support? Yes No Yes Yes Total

	Support Schedule for Org (Complete only if you check					and 170(b)(⁻	I)(A)(vi)
	tion A. Public Support						r
Ça	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				i		
5 6	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)						
	etion B. Total Support		<u> </u>				
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(1, 1000	(0, 111	(-,	(-/	(4, -44	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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.)			000.000 , ,000-01 2000000 200			
11	Total support. Add lines 7 through 10 .	, ,		* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ļ	L
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re <u></u>	<u></u>				
<u>Sec</u>	tion C. Computation of Public Su	pport Perce	ntage	.			
14	Public support percentage for 2009 (line	, ,,	-	1, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sch					15	%
16a	33% % support test—2009. If the organizand stop here. The organization qualifies	as a publicly	supported orga	nization			▶ 🗆
	33% % support test—2008. If the organization qua	ilifies as a publ	licly supported	organization			▶□
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	acts-and-circui	mstances" test,	check this box	and stop here.	. Explain in Parl	: IV how the
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate" Private foundation. If the organization did	acts-and-circun ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganızation .	iV how the

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.)

	(Complete only if you checked the box on line 9 of Part I.)								
	tion A. Public Support		·		<u> </u>				
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	66,446	50.544	90891	133,432	76200	417513		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.		7,500		7,400		51 166		
3	Gross receipts from activities that are not an unrelated trade or business under section 513	,	/		/		/		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				-				
5	The value of services or facilities furnished by a governmental unit to the organization without charge			30 50	11/0 (/2)	211 . 0.11			
6	Total. Add lines 1 through 5	80, 178	58,044	98,591	140, 832	91,034	768,619		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			,	,	,	<u>'</u>		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b	80 178	58.044	98 591	140 832	91.034	468 679		
8	Public support (Subtract line 7c from line 6)		7 . 1						
Sec	tion B. Total Support								
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
9	Amounts from line 6	80,178	58.044	98,591	140.832	91034	468,679		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33	64	169	159		425-		
b	Unrelated business taxable income (less section 511 taxes) from businesses								
_	acquired after June 30, 1975	33	64	169	159		425 -		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		7/-		757				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						· · · · · · · · · · · · · · · · · · ·		
13	Total support. (Add lines 9, 10c, 11, and 12)	L	58,158	98,760	140 991	91,034	469 104		
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here									
Sec	tion C. Computation of Public Su	· <u>·</u>					61		
15	Public support percentage for 2009 (lin			ie 13, column	(f))	15 99	,91 %		
16 Soc	o 1 ubile support percentage from 2000 deficable A, 1 art III, line 10								
	ection D. Computation of Investment Income Percentage								
17									
18									
19a	17 is not more than 331/3 %, check this b	ox and stop he	e re. The organi	zation qualifies	s as a publicly s	supported orga	nization 🕨 💆		
b	331/3 % support tests - 2008. If the organ line 18 is not more than 331/3 %, check this	s box and stop	here. The organ	nızatıon qualıfıe	es as a publicly	supported orga	nızatıon ▶ 🔲		
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	o, check this bo	x and see inst	ructions ▶ 🔲		

Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this Part III, line 12.	part to provide the Provide any other	explanations required additional information.	by Part II, line 10; See instructions.
			····		
					
					
					,
		••••	••••	. 	
					-
			••••		

MIDDLETON BASEBALL & SOFTBALL COMMISSION

39-1582851

FORM 990-EZ		OTHER EXPENSES		STATEMENT 1
DESCRIPTION				
Team & Tournament Fees				\$ 6,400.00
Insurance				\$ 3,000.00
Field Maitenance				\$ 6,400.00 \$ 3,000.00 \$ 4,000.00 \$ 6,900.00 \$ 2,500.00 \$ 24,500.00 \$ 6,000.00 \$ 500.00 \$ 900.00 \$ 28,730.00
Umpire Fees				\$ 6,900.00
Sanitation				\$ 2,500.00
Uniforms				\$ 24,500.00
Equipment				\$ 6,000.00
Supplies - First Aid				\$ 500.00
Team Party				\$ 550.00
Miscellaneous Fundraising Exp	penses			\$ 900.00
Expenses for Concession Build				\$ 28,730.00
TOTAL TO FORM 990-EZ, LINE	16			\$ 83,980.00
FORM 990 - EZ	SPECIAL FUNDRAISING EVENTS AN	D ACTIVITIES		STATEMENT 2
DECORIDATION OF	CDOSS CONTIDUT	CDOCC	DIRECT	NET
DESCRIPTION OF FUNDRAISING EVENTS	GROSS CONTIBUT.	GROSS	DIRECT EXPENSES	INCOME
FOOD SALES/CONCESSIONS,	RECEIPTS INCLUDED \$ 14,834.00	\$ 14,834.00	\$ 3,708.00	\$ 11,126.00
OTHER	3 14,634.00	<i>Ş</i> 14,654.00	\$ 3,708.00	J 11,120.00
TO FORM 990-EZ, LINE 6	\$ 14,834.00	\$ 14,834.00	\$ 3,708.00	\$ 11,126.00
FORM 990-EZ	CASH GRANTS AND ALLOCATIONS			STATEMENT 3
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CONTRIBUTION	MIDDLETON CROSS	MIDDLETON, WI	NONE	\$ 4,800.00
	PLAINS SCHOOL DISTRICT			
CONTRIBUTION	DUG OUT CLUB	MIDDLETON, WI	NONE	\$ 1,600.00
CONTRIBUTION	MIDDLETON BOOSTER			
	CLUB	MIDDLETON, WI	NONE	\$ 850.00
TOTAL INCLUDED ON FORM 9	990-EZ, LINE 10			\$ 7,250.00

Middleton Baseball & Softball Commission 2010

		Program Director	Phone	. Email
1	Dudley Hellenbrand, Pres 3713 Mandimus Ct	Instructional	824-0757 h 831-5238 w	dmsb@sportbowl.com
2	Mike Hinz, Vice Pres 7211 Voss Pkwy	Legion	831-8186 h 575-2401 c	hinz13@tds.com
3	Stan Haack, Treasurer W6262 Hwy H, New Glarus 53574	nome 16 run	527-4463 h 358-0125 c	shaack@bruceco.com
4	Renee Kalscheuer, Assist Treas		577-8858c	reneekal@hotmail.com
5	Ken Maly, Secretary 7786 Westman Way Rd		836-4730 h 219-8467 c	kenmaly@charter.net
6	Tim Brown 7461 Oak Circle Dr	South Central U16, U18	836-9001 h 843-7461 c	tbrown1162@charter.net
7	Scott Campbell	·	335-2966 с	scampbell@edgewood.edu
8	Donna Cushman 2020 Middleton St	Sr, Jr, Minor Softball	831-9755	dcush6@yahoo.com
9	Jerry Gurtner 7326 Squire Circle		829-1959	jdajgurtner@charter.net
10	Cherie Hellenbrand 3713 Mandimus Ct		824-0757 h 628-6506 c	cherie@sportbowl.com chellenbrand2@mcpasd.k12.wi.us
11	Mike Land 5731 Sandhill Dr		203-5389 h 770-5645 c	michael.land@bakertilly.com
12	Marv Meinholz 6622 Maywood Ave	AAA Rec	831-2926 h 338-2501 c	meiny9@yahoo.com
13	Tom Moody 3741 Spring Hill Dr.		831-6073 h	tmoody33@charter.net
14	Brad Novinski 7810 Cobblestone Circle	Babe Ruth	831-7125h 576-9176 c	bjnovinski@charter.net
15	Doug Olstad 5906 Sandhill Dr	Little Bucks	831-3651 h 628-1563 c	doug.olstad@springswindowfashion com
16	Jay Redders 3802 Manito Ct		829-1758 h 445-6828 c	jredder@tds.net
17	Michelle Schreier 2003 Lewis St CP		513-3605 h 829-9446 w	mschreier@ mcpasd.k12.wi.us
18	Tom Schmitt 7201 Friendship Ln	Pepper	836-1070 h 712-0200 c	coachs35@tds.net tschmitt@mcpasd.k12.wi.us
19	Jay Smith 4019 Valley Ridge Road		833-8792 h 445-3611 c	jsmi17@amfam.com
20	Don Stephan 926 Winding Way	Cal Ripken Jr	833-3103 h 235-2489 c	dn751@tds.net
		Non-member Progra	ms Directors	
	Dan Stormer 8487 Stagecoach Road Cross Plains, WI 53528	South Central U10, U12, U14	798-1262 209-4106	dlas@chorus.net
	Brenda Ziegler 6615 Cooper Avenue	Softball Little Brewers Cardinal	836-5632 235-6298	playball13@hotmail.com

MIDDLETON BASEBALL & SOFTBALL COMMISSION

39-1582851

FORM 990-EZ

PART III - STATEMENT OF ORGANIZATION'S (*) PRIMARY EXEMPT PURPOSE

STATEMENT 4

EXPLANATION

-11

...

TO ORGANIZE, RUN, PROMOTE AND OVERSEE YOUTH BASEBALL AND SOLIBALL FOR YOUNG MEN AND WOMEN TO THE AGE OF 18, AND MIDDLETON HOAL TALENT BASEBALL PROGRAM

