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.... 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150 2009

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

Open to Public Inspection

epartment of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service 20 2009, and ending A For the 2009 calendar year, or tax year beginning D Employer identification number Check if applicable: Please use IRS label or Address change 39 *183 4*683 West Basketbull Club Name change print or Initial return type. Montelais F 920-426-513 Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc OSh Kosh WI Number ▶ Application pending G Accounting Method: L'Cash Accrual • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ► If the organization is not www.owbc.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF).) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 J Tax-exempt status (check only one) - 12/501(c) (K Check D 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. 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 70 2 26032 Program service revenue including government fees and contracts 3 19854 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 5c C Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □ Gross revenue (not including APR 1 3 2010 of contributions reported on line 1) . . . Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 7993 C 6c Gross sales of inventory, less returns and allowances 7a 7a 8.73 b Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 8 8 Other revenue (describe ► 5397 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits . 12 13 Professional fees and other payments to independent contractors . . . 13 14 14 Printing, publications, postage, and shipping 15 15 16 Other expenses (describe 16 Total expenses. Add lines 10 through 16 . See . Attached 45934 17 17 803 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 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 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.) (B) End of year (A) Beginning of year 23097 15060 22 Cash, savings, and investments 22 23 23 24 Other assets (describe ▶ 24 Total assets 25 25 26 26 Total liabilities (describe ▶ Net assets or fund balances (line 27 of column (B) must agree with line 21) 27

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

Form 990-EZ (2009)

Cat. No 106421

	t III Statement of Program Service Accom					Expenses
Wha	t is the organization's primary exempt purpose? cribe what was achieved in carrying out the org	Teach Young Peop	Ic about ba	sketball		ired for section
Desc	cribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concise		(3) and 501(c)(4) izations and section
each	ner, describe the services provided, the number on program title.	•				a)(1) trusts, optional
28	We provide boxs & girls the appear but train them basketball skills as a tram. We have 19 trams	tunity to play com	petitive bas	Ketball,		
	We teal them basketball skills	and how to come	etc and cont	T. butc		
	as a team, We have 19 teams ,	with 195 Kids inv	ived, We pr	ovide		
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	28a	
29	(Grants \$) If this amount Support to the high School be	is trairly basketb	all prostan	s.		
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	
30						
	(Grants \$) If this amount	ıncludes foreign grants, ch	eck here	. ▶ 🗆	30a	
31						
	, ,	includes foreign grants, ch	eck here	. ▶□	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)		▶	32	
	List of Officers, Directors, Trustees, and Key	Employees. List each one ex	ven if not compensa	ted. (See the i	nstruc	tions for Part IV.)
	7.33	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compen	pians & sation	account and other allowances
	See Attached	•			i	
	***************************************			ł		

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	••					
				[i	

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		<u>/</u>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		V
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		37	
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		
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		32.77	
b	Did the organization file Form 1120-POL for this year?	37b	,	1
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	ર્વેડ્ડરકર્દ કર્	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			3
39	Section 501(c)(7) organizations. Enter:			3-500 B
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	ر و ترویک کا این در این کا این در این	1	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			100
	section 4911 ▶; section 4912 ▶; section 4955 ▶		33.	100
þ	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	A WA	Æ	faß
	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	40b		/
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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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	40e		~
41	List the states with which a copy of this return is filed. ▶ () ✓			
42a	The organization's books are in care of ► Linda Keilmaan Telephone no. ► 92	0-42	26 -	2607
	Located at > 3134 Sheldon OR. OShKesh, WI ZIP+4 > 54	904	- 9:	305
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	No
	account)?	42b	gen and	2 3 1/2 2
	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.		2 to 1 to	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	\ \ \ \ \ \	~
	If "Yes," enter the name of the foreign country: ▶			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			V	NI-
44	Did the automotion maintain any damper advanced friedrick Way - 8 France ADD according to the according to the day of the same and the same advanced friedrick was a second to the same advanced fried	. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		
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	ورثنا بديوك	
		QQ(1_E7	(2000)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	(7(a)(1) nonexempt char	xempt charitatitable trusts mus	ole trusts only. A st answer questio	ll sect ns 46	ion -49b			
	Did the organization engage in direct or indirect					Yes No			
	candidates for public office? If "Yes," complete 5	·			46	V			
	Did the organization engage in lobbying activities				47	1			
	Is the organization a school as described in section	, ,, ,, ,, ,	•		48 49a	1			
	if "Yes," was the related organization a section 5 Complete this table for the organization's five his				49b	s and key			
	employees) who each received more than \$100,0								
	(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	acco	expense ount and allowances			
		GOVOCOG TO POSIGOTY			Calc.	alowalious_			
	NA								
	10 //1	L							
			_	 					
			<u> </u>						
	\$100,000 of compensation from the organization (a) Name and address of each independent contractor			pe of service	(a) Com	pensation			
		·		pe of service	(C) COIII	Pensauon			
	., 14								
	NT								
d 	Total number of other independent contractors e	each receiving over \$100,0	00▶						
	Under penalties of penjury, I declare that I have examine and belief, it is true, correct, and complete Declaration								
Sign Here	Signature of officer John W. Wenig Type or print name and title	- Presiden	+	4/7// Date	לי <i>ס</i>				
Paid	Preparer's signature	Date	Check if self-	Preparer's identifying nun	nber (See	_ instructions)			
Prepare Use On	er's Firm's name (or		employed ► L	N ▶	·				
	address, and ZIP + 4		P	hone no	1	<u> </u>			
iviay th	e IRS discuss this return with the preparer showr	above? See instructions	<u> </u>	For	Yes m 990	No -EZ (2009)			

SCHÈDULE 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.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

OMB No 1545-0047

Osh	kos	h West Basi	cetball Club, Inc	2.					39	1	834683	
Pai	t I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) S	ee instruc	ctions.	
The	orga	anization is n	ot a private four	dation because it is:	(For lines	1 throug	ah 11, ch	eck only	one box	k.)		
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	ection 1	70(b)(1)	Á)(i).		
2				on 170(b)(1)(A)(ii). (At					- 1-71-7	. 7.7		
3				hospital service organ			in sectio	n 170(h)	(1)(A)(iii)	\ _		
4				ation operated in conj)(A)(iii). Ente	er the
		hospital's na	me, city, and st	ate:								
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.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7				y receives a substantia (1)(A)(vi). (Complete F		its suppo	ort from a	governn	nental ur	nit or from	the general (public
8				d in section 170(b)(1)		Complete	Part II.)					
9				receives: (1) more th				m contrib	outions, i	membersh	p fees, and	aross
		_	-	ed to its exempt func								_
				ent income and unre						n 511 tax)	from busin	esses
		acquired by	the organization	n after June 30, 1975.	See sec	tion 509((a)(2). (Co	omplete F	Part III.)			
10		An organizat	tion organized a	nd operated exclusive	elv to tes	t for publ	ic safety.	See sec	tion 50	9(a)(4).		
11				and operated exclusiv							r to carry o	ut the
				blicly supported orgai								
		509(a)(3). Ch	neck the box tha	at describes the type	of suppo	rting orga	anization	and com	iplete lin	es 11e thr	ough 11h.	
		a 🗌 Type	1 b [] Type II c	: 🗆 Tvo	e III–Fun	ctionally	integrate	d	d□	Type III-O	ther
е		• • •		tify that the organizat			_	_				
		persons other		on managers and othe								
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type	I. Type	II. or Type	III supporti	na
			, check this box							.,,		
g		•	•	the organization acce	epted any	aft or c	ontribution	on from a	env of th	e		
		following per		3		3			,			
			-	r indirectly controls, e		_		th persor	ıs descr	nbed in (ii)	Yes	No
			_	ning body of the supp		ganızatio	n? .				11g(i)	├─
		• •	•	rson described in (i) a							11g(ii)	
			_	of a person described		• •					11g(iii)	
_ <u>h</u>				ation about the suppo								
(1)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your				Is the ation in col.	(vii) Amoun support	
	0.5	i i i i i i i i i i i i i i i i i i i	ļ	above or IRC section		document?		of your		nized in the	Support	
				(see instructions))	L	1		oort?	+	J S.?		
					Yes	No	Yes	No	Yes	No		
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· Pa	Support Schedule for Org (Complete only if you chec					and 170(b)	(1)(A)(Vi)
	tion A. Public Support						
Ca	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		ļ			ļ	
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) Public support. Subtract line 5 from line 4.						
_	tion B. Total Support	1	1	·	l		1
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
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 carned 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 .	Ĺ	<u> </u>	<u> </u>	<u> </u>		
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop hetion C. Computation of Public Su	re		nd, third, fourth	n, or fifth tax y	rear as a sect	tion 501(c)(3)
	-	•		41 (0)		14	0/
14	Public support percentage for 2009 (line		,			15	<u>%</u>
15 16a	Public support percentage from 2008 Schedule A, Part II, line 14						
ь	33% % support test - 2008. If the organi	zation did not	check a box on	line 13 or 16a.	and line 15 is	331/3 % or mor	e. check this
	box and stop here. The organization qua						▶ [
17a	10%-facts-and-circumstances test-20			_	line 13, 16a, or	16b, and line	14 is 10% or
	more, and if the organization meets the "f organization meets the "facts-and-circum	acts-and-circui	mstances" test,	check this box	and stop here	. Explaın ın Pa	rt IV how the
	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "facts-and-circumstances" being a companied for the organization of the organization o	acts-and-circunances" test. The	nstances" test, o organization qui	check this box alifies as a publi	and stop here . cly supported or	Explain in Parganization	t IV how the
18	Private foundation. If the organization did	i not check a bo	ox on line 13, 16	a, 100, 1/a, or	17D, CRECK TRIS	box and see in	istructions 🟲 !

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)

(a) 2005 (b) 2006 (c) 2007 (d)

Sec	uon A. Public Support						_
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	45740	40.407	24450	24070	40004	00500
	any "unusual grants.")	15749	19497	21450	21970	19924	98590
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.	26986	19114	23693	25820	26032	121645
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						
6	Total. Add lines 1 through 5	42735	38611	45143	47790	45956	220235
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						220235
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	42735	38611	45143	47790	45956	220235
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80	227	338	23	22	690
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	80	227	338	23	22	690
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		9396	10753	7467	7993	35609
13	Total support. (Add lines 9, 10c, 11,	42815	48234	56234	55280	53971	256534
14	and 12.)	he organizatio	n's first, secon				
Sec	tion C. Computation of Public Sur				· · · · · · · · · · · · · · · · · · · 	<u> </u>	· · · · ·
	 -		<u> </u>	a 10 actions: 6	6)	45	86 %
15	Public support percentage for 2009 (line					15	
16 Sec	Public support percentage from 2008 S tion D. Computation of Investmen				· · · · ·	16	92 %
	- · · · · · · · · · · · · · · · · · · ·						27
17	Investment income percentage for 2009				ilumn (f)) .	17	.27 %
18	Investment income percentage from 20				!	18	.27 %
19a							
	17 is not more than 331/3 %, check this bo	ox and stop he	re. The organiz	ation qualifies	as a publicly s	supported orga	nization 🕨 🗹
b	33% % support tests—2008. If the organium 18 is not more than 33% %, check this	zation did not o box and stop I	check a box on here. The organ	line 14 or line 1 ization qualifies	19a, and line 10 as a publicly :	6 is more than 3 supported orgai	33%, and nization ▶ 🗌
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see insti	ructions 🕨 🗌

Part II, line 17a	or 17b; ai	nd Part III, line 1	2. Provide any oth	ner additional infor	mation. See instru	actions.
Fundraiser Dinner Income:	2006	\$9,396.00				
	2007	10,753.00				
	2008	7,467.00				
	2009	7,993.00				••••
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Oshkosh West Basketball Club, Inc 2745 Montclar Place Oshkosh, WI 54904

Employer I D Number 39-1834683

INCOME	2009	2008	2007	2006	2005
Membership Fees	19854.00	21,970 00	21,450 00	19365	15565
Gifts	70.00	0	0	132	184
Fundraising****	13188.00	14,882 00	13,609 00	13746	0
Club Activities	26031.00	25,820 00	23,693 00	19114	26966
Interest	22.00	23	338	227	80
Total Income	59165.00	62,695.00	59,090.00	52,584.00	42,795.00
Total Income Less Fundraising***	45977.00	47,813.00	45,481.00	38,838.00	42,815.00
EXPENSES					
Tournament Entry Fees	23715.00	28,790 00	29,200 00	24050	23012
Tournament Expenses	16631.00	13,594 00	16,146 00	11747	13710
Administration	715.00	1,608 00	993	0	453
Postage		0	0	0	486
Printing		0	0	0	0
Equipment		0	0	0	0
Liability Insurance	2537.00	4021	3889	2411	2515
Donations	2336.00	2889	19,655 00	2368	100
Legal Fees	0.00	0	0	0	0
Advertising	0.00	0	1609	0	0
Fundraising	5195.00	7415	3962	4350	0
Total Expenses	51129.00	58,317.00	75,454.00	44,926.00	40,276.00
NET INCOME	8036.00	4,378.00	-16,364.00	7,658.00	2,519.00
Total Expenses Less Postage, Printing & Fundraising	45934 00	50,902.00	71,492.00	40,576.00	39,790.00

^{*****}Fundraising Net is on Line 6c

'Attachment to 990 EZ

Oshkosh West Basketball Club, Inc 2745 Montclair Place Oshkosh, WI 54904

Employer I.D. Number: 39-1834683

Part IV List Of Officers

Name & Address	Title & Average Hours Per Week Devoted to Position	Compensation	Contributions	Expense Account
John Wenig 2745 Montclair Place Oshkosh, WI 54904	President —6	0	0	0
Linda Kollmann 3134 Sheldon Drive Oshkosh, WI 54904	Treasurer – 6	0	0	0
Dan Muza 2806 Pine Ridge Road. Oshkosh, WI 54904	Secretary – 2	0	0	0
Brad Clark 1235 Timothy Trail Oshkosh, WI 54904	Board Member -2	0	0	0
Nicole Sutter 326 Walnut St Omro, WI 54963	Board Member -2	0	0	0
John Maschke 1050 Laager Lane Oshkosh, WI 54902	Board Member -1	0	0	0
Greg Weisse 3470 Charlie Anna Dr Oshkosh, WI 54904	Board Member – 1	0	0	0
Scott Giltner 380 Graceland Dr. Oshkosh, WI 54904	Board Member-2	0	0	0
Todd Meier 1777 Crown Drive Oshkosh, WI 54904	Vice President-2	0	0	0

Attachment to 990 EZ

Oshkosh West Basketball Club, Inc. 2745 Montclair Place Oshkosh, WI 54904

Employer ID Number: 39-1834683

Schedule For Fundraising Events: 2009

Fundraiser Dinner

Gross Receipts: \$ 13,188.00

Less Expenses: \$ 5,195.00

Net Income: \$ 7,993.00