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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

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
Charlotte Adult Baseball League Inc.

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
8042 Weddington Downs Drive

City or town, state or country, and ZIP + 4
Matthews, NC 28104

D Employer identification number
46-0489455

E Telephone number
704-849-1001

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 ☑ Cash ☐ Accrual
Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶

J Tax-exempt status (check only one) — ☑ 501(c) ( ) ◀ (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 ▶ $

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	52,800
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	52,800
Expenses	10	Grants and similar amounts paid (attach schedule)		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	29,520
	14	Occupancy, rent, utilities, and maintenance		14	10,198
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ **awards, games, admin, insurance, booking, scholarship, ect..**)		16	11,331
	17	**Total expenses.** Add lines 10 through 16 ▶		17	51,049
Net Assets	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 end-of-year figure reported on prior year's return)		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	1,751

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
22	Cash, savings, and investments	0	22	1,751
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	0	25	1,751
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	0	27	1,751

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

What is the organization's primary exempt purpose? **growth of scholarship funds for college eligible persons**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	**Scholarship granted to Matthew Moore** (Grants $ 1,000) If this amount includes foreign grants, check here ▶ ☐	28a	1,000
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	1,000

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(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
PRES- **Shawn Moore** 204 TYNDALE COURT WAXHAW, NC 28173	**President**	0	0	0
VP - TOM BAUMGARTNER 112 MADELIA PL MOORESVILLE, NC 28115	**Vice President**	0	0	0
SEC- SHAUN **Peeples** 14329 BLUE GRANITE RD PINEVILLE, NC 28134	**Secretary**	0	0	0
TRES - SEAN **Lennox** 243 PINECREST ST DAVIDSON, NC 28036	**Treasurer**	0	0	0

Part V 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			
a	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			
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			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____			
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	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. ▶ **North Carolina**			
42a	The organization's books are in care of ▶ **Piedmont Tax Professionals, LLC** Telephone no. ▶ **8286958317**			
	Located at ▶ **711 4th Street SW Conover, NC** ZIP + 4 ▶ **28613**			
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)?	42b		✓
	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.**			
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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			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		✓

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
46	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	46		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

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				

f Total number of other employees paid over $100,000 . . . . ▶ none

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		

d Total number of other independent contractors each receiving over $100,000 . . ▶ none

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 of which preparer has any knowledge

Shawn F. Moore
Signature of officer

3 May 2010
Date

SHAWN F. MOORE, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☑	Preparer's identifying number (See instructions)
George Calvert Ray	5/3/10		245233733

Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶	
George Ray 711 4th Street SW Conover, NC 28613	Phone no ▶	8286958317

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

Do Not Staple 6969

Form 1096 Department of the Treasury Internal Revenue Service	Annual Summary and Transmittal of U.S. Information Returns	OMB No 1545-0108 2009

FILER'S name

Charlotte Adult Baseball League
Attn: Sean Lennox
910 Lake Park Drive, Apt 201
Davidson, NC 28036

Name of person to contact	Telephone number	For Official Use Only
Sean Lennox	(704) 844-6308	
Email address	Fax number ( )	

1 Employer identification number	2 Social security number	3 Total number of forms	4 Federal income tax withheld	5 Total amount reported with this Form 1096
46-0489455		18	$	$29,520.00

6 Enter an "X" in only one box below to indicate the type of form being filed. 7 If this is your **final return**, enter an "X" here . . ▷ ☒

W-2G 32	1098 81	1098-C 78	1098-E 84	1098-T 83	1099-A 80	1099-B 79	1099-C 85	1099-CAP 73	1099-DIV 91	1099-G 86	1099-H 71	1099-INT 92	1099-LTC 93
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

1099-MISC 95	1099-OID 96	1099-PATR 97	1099-Q 31	1099-R 98	1099-S 75	1099-SA 94	3921 25	3922 26	5498 28	5498-ESA 72	5498-SA 27
☒	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▷ [signature] Title ▷ CABL Commissioner Date ▷ 1/31/09

Instructions

Reminder. The only acceptable method of filing information returns with Enterprise Computing Center—Martinsburg (ECC—MTB) is electronically through the FIRE system. See Pub 1220, Specifications for Filing Forms 1098, 1099, 3921, 3922, 5498, and W-2G Electronically

Purpose of form. Use this form to transmit paper Forms 1099, 1098, 3921, 3922, 5498, and W-2G to the Internal Revenue Service Do not use Form 1096 to transmit electronically. For electronic submissions, see Pub 1220, Specifications for Filing Forms 1098, 1099, 3921, 3922, 5498, and W-2G Electronically

Caution: If you are required to file 250 or more information returns of any one type, you must file electronically If you are required to file electronically but fail to do so, and you do not have an approved waiver, you may be subject to a penalty. For more information, see part F in the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G

Who must file. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Forms 1099, 1098, 3921, 3922, 5498, or W-2G A filer is any person or entity who files any of the forms shown in line 6 above.

Preaddressed Form 1096. If you received a preaddressed Form 1096 from the IRS with Package 1096, use it to transmit paper Forms 1099, 1098, 3921, 3922, 5498, and W-2G to the Internal Revenue Service If any of the preprinted information is incorrect, make corrections on the form

If you are not using a preaddressed form, enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form

When to file. File Form 1096 as follows.

- With Forms 1099, 1098, 3921, 3922, or W-2G, file by March 1, 2010
- With Forms 5498, 5498-ESA, or 5498-SA, file by June 1, 2010.

Where To File

Send all information returns filed on paper with Form 1096 to the following

If your principal business, office or agency, or legal residence in the case of an individual, is located in	Use the following three-line address
Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia	Department of the Treasury Internal Revenue Service Center Austin, TX 73301

For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	**Miscellaneous Income**
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive Apt. 201 Davidson, NC 28036 704-844-6308	$	**2009** Form **1099-MISC**	
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	
PAYER'S federal identification number 46-0489455	RECIPIENT'S identification number 244-04-0203	5 Fishing boat proceeds $ 1	6 Medical and health care payments $
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Ken Hedgepath 10424 Katie Creek Court Charlotte, NC 28213		7 Nonemployee compensation $ 490.00	8 Substitute payments in lieu of dividends or interest $
		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $
		11	12
Account number (see instructions)	2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

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For Payer or State Copy

For Privacy Act and Paperwork Reduction Act Notice, see the **2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.**

FORM # LMISCPAY

Form **1099-MISC** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	**Miscellaneous Income**
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive Apt. 201 Davidson, NC 28036 704-844-6308	$	2009 Form **1099-MISC**	
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	
PAYER'S federal identification number 46-0489455	RECIPIENT'S identification number 242-35-8701	5 Fishing boat proceeds $	6 Medical and health care payments $
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Jody McCall 5922 Hoover Avenue Indian Trail, NC 28079		7 Nonemployee compensation $ 650.00	8 Substitute payments in lieu of dividends or interest $
		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $
		11	12
Account number (see instructions)	2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

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Form **1099-MISC** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	**Miscellaneous Income**
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive Apt. 201 Davidson, NC 28036 704-844-6308	$	**2009** Form **1099-MISC**	
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	**Copy C For Payer or State Copy**
PAYER'S federal identification number 46-0489455	RECIPIENT'S identification number 517-15-3900	5 Fishing boat proceeds $	6 Medical and health care payments $
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Drew Smith 10007 Fenwick Drive Indian Trail, NC 28079		7 Nonemployee compensation $ 885.00	8 Substitute payments in lieu of dividends or interest $
		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $
		11	12
Account number (see instructions)	2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

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FORM # LMISCPAY

Form **1099-MISC** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	**Miscellaneous Income**
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive Apt. 201 Davidson, NC 28036 704-844-6308	$ 2 Royalties $	2009 Form **1099-MISC**	
	3 Other income $	4 Federal income tax withheld $	
PAYER'S federal identification number: 46-0489455 / RECIPIENT'S identification number: 082-44-3658	5 Fishing boat proceeds $	6 Medical and health care payments $	**Copy C For Payer or State Copy**
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Rick Rogers 1615-3A Waybridge Lane Charlotte, NC 28210	7 Nonemployee compensation $ 4,920.00	8 Substitute payments in lieu of dividends or interest $	For Privacy Act and Paperwork Reduction Act Notice, see the **2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.**
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $	
	11	12	
Account number (see instructions) / 2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $ / **15b** Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

Form **1099-MISC** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	**Miscellaneous Income**
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive Apt. 201 Davidson, NC 28036 704-844-6308	$	2009 Form **1099-MISC**	
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	**Copy C For Payer or State Copy**
PAYER'S federal identification number 46-0489455	RECIPIENT'S identification number 246-96-7650	5 Fishing boat proceeds $	6 Medical and health care payments $
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Scott Handsel 8122 Morgan Mill Road Monroe, NC 28110		7 Nonemployee compensation $ 1,930.00	8 Substitute payments in lieu of dividends or interest $
		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $
		11	12
Account number (see instructions)	2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

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Form **1099-MISC** Department of the Treasury - Internal Revenue Service

FORM # LMISCPAY

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	**Miscellaneous Income**
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive Apt. 201 Davidson, NC 28036 704-844-6308	$	2009 Form **1099-MISC**	
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	
PAYER'S federal identification number 46-0489455	RECIPIENT'S identification number 251-61-1808	5 Fishing boat proceeds $	6 Medical and health care payments $
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Daniel Cox 1961 Brookstone Way Apt 204 Rock Hill, SC 29732		7 Nonemployee compensation $ 420.00	8 Substitute payments in lieu of dividends or interest $
		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $
		11	12
Account number (see instructions)	2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

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Form **1099-MISC** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	**Miscellaneous Income**
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive Apt. 201 Davidson, NC 28036 704-844-6308	$	2009 Form **1099-MISC**	
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	**Copy C For Payer or State Copy**
PAYER'S federal identification number 46-0489455	RECIPIENT'S identification number 239-55-8059	5 Fishing boat proceeds $	6 Medical and health care payments $
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Casey Johnson 11610 HWY 73 East Mt. Pleasant, NC 28124	7 Nonemployee compensation $ 2135.00	8 Substitute payments in lieu of dividends or interest $	For Privacy Act and Paperwork Reduction Act Notice, see the **2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.**
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
	11	12	
Account number (see instructions)	2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

Form **1099-MISC** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	Miscellaneous Income
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive Apt. 201 Davidson, NC 28036 704-844-6308	$	2009 Form 1099-MISC	
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	
PAYER'S federal identification number 46-0489455	RECIPIENT'S identification number 248-53-2613	5 Fishing boat proceeds $	6 Medical and health care payments $
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Travis Hyslop 1002 Princeton Drive Rock Hill, S.C. 29730		7 Nonemployee compensation $ 1,440.00	8 Substitute payments in lieu of dividends or interest $
		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $
		11	12
Account number (see instructions)	2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

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Form **1099-MISC** Department of the Treasury - Internal Revenue Service

FORM # LMISCPAY

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents $	OMB No 1545-0115 2009 Form 1099-MISC	Miscellaneous Income
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive, Apt. 201 Davidson, NC 28036 704-844-6308	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	Copy C For Payer or State Copy
PAYER'S federal identification number: 46-0489455	RECIPIENT'S identification number: 244-11-5392	5 Fishing boat proceeds $	6 Medical and health care payments $
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Michael Kevin Bumgarner P.O. Box 434 Granite Falls, NC 28630	7 Nonemployee compensation $ 1,180.00	8 Substitute payments in lieu of dividends or interest $	For Privacy Act and Paperwork Reduction Act Notice, see the **2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.**
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $	
	11	12	
Account number (see instructions)	2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

Form **1099-MISC** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	**Miscellaneous Income**
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive Apt. 201 Davidson, NC 28036 704-844-6308	$	2009 Form **1099-MISC**	
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	

PAYER'S federal identification number	RECIPIENT'S identification number	5 Fishing boat proceeds	6 Medical and health care payments	**Copy C For Payer or State Copy**
46-0489455	249-25-7229	$	$	

RECIPIENT'S name, street address (including apt no), city, state, and ZIP code	7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest	For Privacy Act and Paperwork Reduction Act Notice, see the **2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.**
Marlon Pruitt 11126 Berkley Square Lane Matthews, NC 28105	$ 2,570.00	$	
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
	11	12	

Account number (see instructions)	2nd TIN not ☐	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	
		$	$	

15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no	18 State income
$	$	$		$

Form **1099-MISC** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	**Miscellaneous Income**
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive, Apt. 201 Davidson, NC 28036 704-844-6308	$	2009 Form **1099-MISC**	
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	
PAYER'S federal identification number 46-0489455	RECIPIENT'S identification number 266-13-9447	5 Fishing boat proceeds $	6 Medical and health care payments $	**Copy C For Payer or State Copy**
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Allen Wilkerson 5159 Olde School Drive Hickory, NC 28602		7 Nonemployee compensation $ 2,400.00	8 Substitute payments in lieu of dividends or interest $	For Privacy Act and Paperwork Reduction Act Notice, see the **2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.**
		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
		11	12	
Account number (see instructions)	2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

Form **1099-MISC** Department of the Treasury - Internal Revenue Service

FORM # LMISCPAY

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	**Miscellaneous Income**
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive, Apt. 201 Davidson, NC 28036 704-844-6308	$	2009 Form **1099-MISC**	
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	
PAYER'S federal identification number 46-0489455	RECIPIENT'S identification number 244-11-5392	5 Fishing boat proceeds $	6 Medical and health care payments $
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Michael Kevin Bumgarner PO Box 434 Granite Falls, NC 28630		7 Nonemployee compensation $ 1180.00	8 Substitute payments in lieu of dividends or interest $
		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $
		11	12
Account number (see instructions)	2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

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Form **1099-MISC** Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	**Miscellaneous Income**
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive, Apt. 201 Davidson, NC 28036 704-844-6308	$	2009 Form **1099-MISC**	
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	
PAYER'S federal identification number 46-0489455	RECIPIENT'S identification number 245-35-3207	5 Fishing boat proceeds $	6 Medical and health care payments $
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Kenneth Edward Cooper 105 Fairmont Street Spindale, NC 28160		7 Nonemployee compensation $ 1,200.00	8 Substitute payments in lieu of dividends or interest $
		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $
		11	12
Account number (see instructions)	2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $ $	17 State/Payer's state no	18 State income $ $

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Form **1099-MISC** Department of the Treasury - Internal Revenue Service

FORM # LMISCPAY

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	**Miscellaneous Income**
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive, Apt. 2d Davidson, NC 28036 704-844-6308	$ 2 Royalties $	2009 Form **1099-MISC**	
	3 Other income $	4 Federal income tax withheld $	
PAYER'S federal identification number: 46-0489455 / RECIPIENT'S identification number: 244-08-1380	5 Fishing boat proceeds $	6 Medical and health care payments $	**Copy C For Payer or State Copy**
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Carl David Milam 197 Beaver Street Forest City, NC 28043	7 Nonemployee compensation $ 1,200.00	8 Substitute payments in lieu of dividends or interest $	For Privacy Act and Paperwork Reduction Act Notice, see the **2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.**
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $	
	11	12	
Account number (see instructions) / 2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $ / **15b** Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

Form **1099-MISC** Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	**Miscellaneous Income**
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive, Apt. 201 Davidson, NC 28036 704-844-6308	$	2009 Form **1099-MISC**	
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	
PAYER'S federal identification number 46-0489455	RECIPIENT'S identification number 246-47-8261	5 Fishing boat proceeds $	6 Medical and health care payments $
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Donovan O'Neil Lortz 118 5th Ave. SE. Hickory, NC 28602	7 Nonemployee compensation $ 600.00	8 Substitute payments in lieu of dividends or interest $	**Copy C For Payer or State Copy**
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	For Privacy Act and Paperwork Reduction Act Notice, see the **2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.**
	11	12	
Account number (see instructions) 2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $	**15b** Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

Form **1099-MISC** Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	**Miscellaneous Income**
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive, Apt. 201 Davidson, NC 28036 704-844-6308	$	2009 Form **1099-MISC**	
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	
PAYER'S federal identification number 46-0489455	RECIPIENT'S identification number 238-74-3632	5 Fishing boat proceeds $	6 Medical and health care payments $
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Charles Henry #15 C Newton, NC 28658		7 Nonemployee compensation $ 2,000.00	8 Substitute payments in lieu of dividends or interest $
		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $
		11	12
Account number (see instructions)	2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

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FORM # LMISCPAY

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PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	**Miscellaneous Income**
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive, Apt. 201 Davidson, NC 28036 704-844-6308	$ 2 Royalties $	2009 Form **1099-MISC**	
	3 Other income $	4 Federal income tax withheld $	
PAYER'S federal identification number 46-0489455	RECIPIENT'S identification number 244-11-5392	5 Fishing boat proceeds $	6 Medical and health care payments $
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Michael Kevin Bumgarner PO Box 434 Granite Falls, NC 28630	7 Nonemployee compensation $ 1,180.00	8 Substitute payments in lieu of dividends or interest $	**Copy C For Payer or State Copy** For Privacy Act and Paperwork Reduction Act Notice, see the **2009 General Instructions for Forms 1099, 1098, 3921, 3922, 5498, and W-2G.**
	9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $	
	11	12	
Account number (see instructions) 2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $	
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

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PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	**Miscellaneous Income**
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive, Apt. 201 Davidson, NC 28036 704-844-6308	$	2009 Form **1099-MISC**	
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	
PAYER'S federal identification number 46-0489455	RECIPIENT'S identification number 239-45-6604	5 Fishing boat proceeds $	6 Medical and health care payments $
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Michael Scott Brittain PO Box 709 Granite Fall, NC 28630		7 Nonemployee compensation $ 2060.00	8 Substitute payments in lieu of dividends or interest $
		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ► ☐	10 Crop insurance proceeds $
		11	12
Account number (see instructions)	2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

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PAYER'S name, street address, city, state, ZIP code, and telephone no	1 Rents	OMB No 1545-0115	**Miscellaneous Income**
Charlotte Adult Baseball League Attn: Sean Lennox 910 Lake Park Drive, Apt. 201 Davidson, NC 28036 704-844-6308	$	2009 Form **1099-MISC**	
	2 Royalties $		
	3 Other income $	4 Federal income tax withheld $	**Copy C For Payer or State Copy**
PAYER'S federal identification number 46-0489455	RECIPIENT'S identification number 130-52-4549	5 Fishing boat proceeds $	6 Medical and health care payments $
RECIPIENT'S name, street address (including apt no), city, state, and ZIP code Seth Keener 4802 Bethel Church Rd Hickory, NC 28602		7 Nonemployee compensation $ 2360.00	8 Substitute payments in lieu of dividends or interest $
		9 Payer made direct sales of $5,000 or more of consumer products to a buyer (recipient) for resale ▶ ☐	10 Crop insurance proceeds $
		11	12
Account number (see instructions)	2nd TIN not ☐	13 Excess golden parachute payments $	14 Gross proceeds paid to an attorney $
15a Section 409A deferrals $	15b Section 409A income $	16 State tax withheld $	17 State/Payer's state no	18 State income $

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