



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

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

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

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

C STEVENS POINT SOFTBALL ASSOCIATION, INC
P O BOX 663
STEVENS POINT, WI 54481-0663

D Employer identification number
51-0178000

E Telephone number
715-341-2804

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) ►

I Website: ► N/A

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

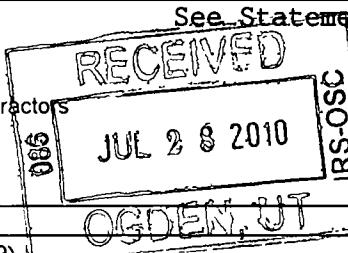
J Tax-exempt status (check only one) — 501(c) (4) (insert no.) 4947(a)(1) or 527

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 ► \$ 98,457.

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

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1	3,750.
	2 Program service revenue including government fees and contracts	2	48,415.
	3 Membership dues and assessments	3	
	4 Investment income	4	33.
	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 ► <input type="checkbox"/>	6a	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
E X P E N 	b Less direct expenses other than fundraising expenses	6c	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	46,259.
	7a Gross sales of inventory, less returns and allowances	7b	23,156.
	b Less cost of goods sold	7c	23,103.
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
	8 Other revenue (describe ►)	9	75,301.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	627.
	10 Grants and similar amounts paid (attach schedule)	11	
	11 Benefits paid to or for members	12	27,170.
A S S E T S	12 Salaries, other compensation, and employee benefits	13	1,300.
	13 Professional fees and other payments to independent contractors	14	
	14 Occupancy, rent, utilities, and maintenance	15	949.
	15 Printing, publications, postage, and shipping	16	42,491.
	16 Other expenses (describe ► See Statement 2)	17	72,537.
	17 Total expenses. Add lines 10 through 16	18	2,764.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	2,964.
	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	
	20 Other changes in net assets or fund balances (attach explanation)	21	5,728.
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
22 Cash, savings, and investments	2,964.22	5,728.
23 Land and buildings	23	
24 Other assets (describe ►)	24	
25 Total assets	2,964.25	5,728.
26 Total liabilities (describe ►)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,964.27	5,728.

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

Form 990-EZ (2009)

P 1

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

Expenses

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

What is the organization's primary exempt purpose? Promote Sport & Recreation

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, or other relevant information for each program title

28 Softball & Volleyball Program Benefitting over 1500 Participants

28a 67,894.

29 This amount includes foreign grants; check here

(Grants \$) If this amount includes foreign grants, check here ► **29a**

If this amount includes foreign grants, check here 20 a

(Grants \$) If this amount includes foreign grants, check here ► 30a

31 Other program services (attach schedule)

32 (Grants \$) if this amount includes foreign grants, check here □ 31a
32 Total program service expenses (add lines 28a through 31a) □ 32 67,894

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

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

(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 and deferred compensation	(e) Expense account and other allowances
MICHAEL DISHER	President	1,750.	0.	0.
2616 PRAIS STREET		0		
STEVENS POINT, WI 54481				
MATTHEW DISHER	Vice President	1,000.	0.	0.
1009 PARK STREET		0		
STEVENS POINT, WI 54481				
NONE	Secretary	0.	0.	0.
-----		0		

Part V Other Information (Note the statement requirements in the instrs for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity Yes No
33 **X**

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes Yes No
34 **X**

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 Yes No

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? Yes No
35a **X**

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? Yes No

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 Yes No
36 **X**

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.

b Did the organization file **Form 1120-POL** for this year? Yes No
37b **X**

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? Yes No
38a **X**

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes No
38b N/A

39 Section 501(c)(7) organizations. Enter: Yes No

a Initiation fees and capital contributions included on line 9 Yes No
39a N/A

b Gross receipts, included on line 9, for public use of club facilities Yes No
39b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► **N/A**, section 4912 ► **N/A**, section 4955 ► **N/A** Yes No

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 Yes No
40b **X**

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 ► **0.** Yes No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► **0.** Yes No

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 Yes No
40e **X**

41 List the states with which a copy of this return is filed ► **None** Yes No

42a The organization's books are in care of ► **MICHAEL DISHER** Telephone no. ► **715-344-8383**
 Located at ► **2616 PRAIS ST STEVENS POINT WI** ZIP + 4 ► **54481** Yes No

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)?
 If 'Yes,' enter the name of the foreign country ► Yes No
42b **X**

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. ► Yes No
42c **X**

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
N/A Yes No

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
44 **X**

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 Yes No
45 **X**

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.

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

	Yes	No
46		
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

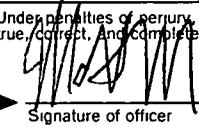
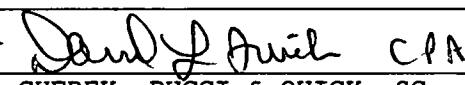
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

d Total number of other independent contractors each receiving over \$100,000 ► _____

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		
	Signature of officer ► 		
	Date ► 17-20-2010		
► MATTHEW DISHER		Vice President	
Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ► 	Date ► 6/20/10	Check if self-employed ► <input type="checkbox"/> Preparer's Identifying Number (See instructions) ► P00062913
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► CHEREK, PUCCI & QUICK, SC ► 2301 COUNTRY CLUB DR STE B ► STEVENS POINT, WI 54481-7000	EIN ► 39-1205411	Phone no ► (715) 344-4200

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

► Yes No

BAA

Form 990-EZ (2009)

2009**Federal Statements****Page 1****STEVENS POINT SOFTBALL ASSOCIATION, INC****51-0178000****Statement 1**
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:	ST Point Youth Girls Softball Associati
Donee's Address:	PO Box 623
	Stevens Point, WI 54481
Cash Amount Given:	\$ 131.
Donee's Name:	ST Point Youth Baseball Assn
Donee's Address:	PO Box 615
	Stevens Point, WI 54481
Cash Amount Given:	\$ 446.
Donee's Name:	Stevens Point Comm Parks Improvement
Donee's Address:	1515 Strong Ave
	Stevens Point, WI 54481
Cash Amount Given:	\$ 50.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$ 1,022.
ASA Fees	1,720.
Balls & Scorebooks	2,135.
Bank Charges	266.
Commission to City ST Point	4,626.
Concession Supplies	2,249.
Insurance	3,330.
League Festivities	189.
Licenses	488.
Office Expenses	438.
Professional Fees	150.
Sales Tax	4,981.
SIC Expense	500.
Softball Equipment	181.
Telephone	747.
Trophies & Prizes	2,853.
UIC Expense	1,000.
Umpire Expense	15,027.
UTILITIES	369.
Volleyball Equipment	220.
Total	<u>\$ 42,491.</u>

Application for Extension of Time To File an
Exempt Organization ReturnDepartment of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** and check this box

►

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete **only Part II** (on page 2 of this form)

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868***Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► *All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization STEVENS POINT SOFTBALL ASSOCIATION, INC	Employer identification number 51-0178000
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions P O BOX 663	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions STEVENS POINT, WI 54481-0663	

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► MICHAEL DISHER

Telephone No. ► 715-344-8383

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- calendar year 20 09 or
- tax year beginning , 20 , and ending , 20 .

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <u> </u> 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <u> </u> 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <u> </u> 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)