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# SCANNED SEP 2 3 2010

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 F	A For the 2009 calendar year, or tax year beginning MAY , 2009, and ending 30 AP(1) , 2010											
Bo	heck if a	pplicable	Please	C Name of organization		11 14 11		D Empl	oyer ide	entification number		
=	Address o									6019913		
=	Name che											
=	nıtıal retu Ferminate											
=	Amended		F Gro	ир Ехе	mption							
=		on pending	instruc- tions.	Tiverto	n BI	0287	8	Nun	nber 🕨	_		
	• Sec	tion 501(c)(3)	organiz	ations and 4947(a)(1) none	xempt chanta	ble trusts must a	ttach	G Accounting M	ethod	Cash Accrual		
	a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶											
•	H Check ▶ ☐ if the organization is not											
1 V	Website: ▶ required to attach Schedule B (Form 990,											
	Tax-exempt status (check only one) — ■ 501(c) ( 3 ) ◀ (insert no ) □ 4947(a)(1) or □ 527 990-EZ, or 990-PF)											
	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											
			-	turn is not required, but if th		-	-	•				
				9 to determine gross receipts					\$			
	art I	Revenu	e, Exp	enses, and Changes	in Net Asse	ts or Fund Ba	lances (S	See the instru	ctions	s for Part I.)		
	1			ts, grants, and similar ame					1	61344-		
	2		_	evenue including governr					2			
	3	_		and assessments					3	18,606 -		
	4	Investmen	•						4	122		
	5a			m sale of assets other that	n inventory		5a					
	b			er basis and sales expens	•		5b		1			
	C			n sale of assets other than		ubtract line 5b f		a)	5c			
9	6			tivities (complete applicable part						<del></del>		
eu	a			ot including \$		contributions	3					
Revenue	"	reported o	•	·		00111110110110	6a //	1.7412				
<u>a</u>	ь	•		nses other than fundraisır	na avnansas	· .	6b 4	7.932	1	1		
	C			ss) from special events ar		Cubtract line 6b		3/3 <u>~</u>	6c	6:808-		
	7a			entory, less-returns and a		Jubiract lifte ob	7a			0 - 0		
	, b	Less cost			inowanices .		7b		1			
	1			<del></del>	7c							
	8	Other reve		ss) from sales of inventor escribe ► \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	y (Subtract III)	ie vp/nour mie v	(a)		8			
	9			dd lines 1, 2, 3, 4, 5c, 6c,		<del></del>	<del></del>		9	31.890-		
-	10			ir amounts paid (attach sc		<u> </u>	<del></del>	• • • • • • • • • • • • • • • • • • • •	10	21, 370		
	11			or for members	illeddile)				11	=		
Ø	ŀ	•		empensation, and employe	on honofite				12			
8	13			and other payments to in		ontractore	• •		13	4.105		
Expenses	14			utilities, and maintenance	-	ontractors		• • •	14	11541 -		
X	15	•		ons, postage, and shippi					15	192		
	16			describe > _5-e-	5++3-)	1-25h-	20-		16	21 923 -		
	17	•	•	Add lines 10 through 16					17	28, 262-		
	140			) for the year (Subtract lin					18	~3.75 S-		
ets	19			nd balances at beginning						-) 620		
155	'			e reported on pnor year's					19	21067-		
Net Assets	20	•	•	net assets or fund balance	•				20	2,007		
ž	21		_	d balances at end of year	•				21	24 69 5		
E	art II	Ralanc	e Shee	ets. If Total assets on line	25 column	(R) are \$1 250 0	00 or more	file Form 990	unstea	ad of Form 990-F7		
بدو	للجعنت	Dalaite	- UII0	(See the instructions for		(D) AIC W1,200,00	55 51 11101E	(A) Beginning o		(B) End of year		
22	, c	ach counce	e and in					2 / 06		22 24,675		
22       Cash, savings, and investments										23 - 23		
24		ther assets	_					7	,	24 0.00		
2							)	0.00	·	25 —		
20		otal liabilitie		orbo N						26 —		
2				palances (line 27 of colum	nn (R) must a	oree with line 2	1)	21,06	77	27 24,675		
				rk Reduction Act Notice, se				at No 10642I		Form <b>990-EZ</b> (2009)		
rox	r Frivak	CV ACT and P	aperwo	K Keguction act Notice, se	e tne separat	e instructions.	(	Cat No 10642I		FORM 330-E4 (2009)		

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

Cat No 10642I

Part	III Statement of Program Service Accom	plishments (See the instr	ctions for Part I	II.)		Expenses
What	is the organization's primary exempt purpose?	See 2 Teched	Sheet			ired for section
Desc	nbe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear a	nd concise		)(3) and 501(c)(4)
manr	er, describe the services provided, the number o	f persons benefited, and c	ther relevant info	rmation for		izations and section a)(1) trusts, optional
each	program title.					hers.)
28						
	Cost of league	operation;	5			
	<u>/</u>					20.4
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	▶ □	28a	32,65
29		•••••				
			••••••			
			·			
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	▶ ⊔	29a	
30						
	/O					
0.4		includes foreign grants, ch	eck here	▶ ⊔_	30a	
31	. • ,					
22	(Grants \$ ) If this amount Total program service expenses (add lines 28a t	includes foreign grants, che	eck nere		31a	20 181
Par				tad (See the	32	32, 65/
	List of Officers, Directors, Trustees, and Key	(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 comper	plans &	account and other allowances
	Lacarh Parme	devoted to position	enter -o)	delerred cumper	isauori	other allowances
	123 E BOURNE AVE	President	-0-	_		-
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Form 99	0-EZ (2009)		Page 3
Part	V Other Information (Note the statement requirements in the instructions for Part V.)		
22	Did the expenience engage in any activity act available consisted to the IDCO If "Vac " attack a detailed		Yes No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	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.	-	
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	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
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	X
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a  Did the organization file Form 1120-POL for this year?	37b	K
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	X
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Section 501(c)(7) organizations. Enter:	1	
a	Initiation fees and capital contributions included on line 9	4	
40a	Gross receipts, included on line 9, for public use of club facilities		
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		
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		/ <i>-6</i> 2_8	78
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)?	404	Yes No
	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	42b	
	and Financial Accounts.	1	
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:	42c	
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		. ► □ 
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes No
45	Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44	X
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	0-EZ (2009)

Part VI

Part Vi	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 ar	47(a)(1) nonexempt char	exempt charitab itable trusts mus	<b>le trusts only.</b> Al t answer questio	ll section ns 46–49b
	id the organization engage in direct or indirec				Yes No
c	andidates for public office? If "Yes," complete	Schedule C, Part I		[	46
47 D	nd the organization engage in lobbying activitie	s? If "Yes," complete Sche	edule C, Part II .		47 X 48 X
	the organization a school as described in section				48
<b>49a</b> D	old the organization make any transfers to an ex	кеmpt non-chaлtable relate	ed organization? .		49a 😾
	"Yes," was the related organization a section !				49b
	complete this table for the organization's five h				
е	mployees) who each received more than \$100,	(b) Title and average	(c) Compensation	there is none, ent	<del></del>
(	a) Name and address of each employee paid more	hours per week	(c) Compansation	employee benefit plans &	(e) Expense account and
	than \$100,000	devoted to position		deferred compensation	other allowances
		-			
	<del></del>		<del> </del>		
	<i>k</i> /	•			
	Nond	<del> </del>	<del>                                     </del>		
		<del>†</del>			
				-	
		-			
		-			
		-			
	Complete this table for the organization's five 100,000 of compensation from the organization			ors who each rece	eved more than
	(a) Name and address of each independent contractor	paid more than \$100,000	<b>(b)</b> Ty	pe of service	(c) Compensation
	Mano		•		
d T	otal number of other independent contractors	each receiving over \$100,0	▶		<u></u>
•	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ned this return, including accompa- n of preparer (other than officer) is	nying schedules and sta based on all information	itements, and to the bes	t of my knowledge any knowledge
Sign Here	John S. C.	hristo		8/27	/2010
	Signature of officer  Type or print name and title	. Christo		SUYEV	TUB2
Paid .	Preparer's signature	Date	Check if self-	Preparer's identifying num	nber (See instructions)
Preparer			employed ▶	)]	
Use Only	yours if self-employed),	· · · · · · · · · · · · · · · · · · ·	EII	<del></del>	<del> </del>
May the	address, and ZIP + 4	m about 2 Costt	Pt	none no. ▶	lv. 🗀
way ule	IRS discuss this return with the preparer show	TI ADOVE? See INSTRUCTIONS	· · · · · · ·	▶ <u>L</u>	yes

### 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.

2009 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

		enue Service								1	inspection
vann	7	he organization	mm /	102 Brs Ke	th. 1	11 -			Employe	r identificat	tion number
Pa	-/-						2904		<u> </u>	0-7	7/3
_				arity Status (All or							ZUONS.
				idation because it is:							
1				rches, or association on 170(b)(1)(A)(ii). (Att			nbea in s	ection 1	Α)(Γ)(α)υν	<del>(</del> )(I).	
2	$\Box$						<b>*</b> i-	- 470/h\/	41/A1/::3		
4				nospital service organ						170/b)/1	VAViii) Entar the
7	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.										
5											
•	section 170(b)(1)(A)(iv). (Complete Part II.)										
6				ernment or governme	ental unit	describe	d in sect	ion 170(t	)(1)(A)(v)	ı.	
7				receives a substantia							the general public
				(1)(A)(vi). (Complete F				<b>3</b>			<b>3 1</b>
8				d in section 170(b)(1)							
9	X			receives: (1) more that							
				ed to its exempt funct							
			-	ent income and unre				•		511 tax	from businesses
	$\overline{}$		-	after June 30, 1975.		-		•	•		
10	Н			nd operated exclusive							
11	Ш			and operated exclusive blicly supported organ							
				at describes the type							
		a Type		_	` `			integrate	•		Type III-Other
_				tify that the organizat			-				
٠	_			on managers and other							
			section 509(a)(2)				,,		3		
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type I	. Type II.	or Type	III supporting
			, check this box								🗀
g				the organization acce	epted any	gift or c	ontributio	on from a	ny of the	•	
		following per									Yes No
				r indirectly controls, ending body of the supp				n person	is describ	oea in (ii)	11g(i)
			-	erson described in (i) a		garnzano		•			11g(ii)
		(iii) A 35% c	ontrolled entity	of a person described	duove:	 (iı) above	 ?	•			11g(iii)
h				ation about the suppo				• •			<u> </u>
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did y	ou notify		s the	(vii) Amount of
	org	ganization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		ion in col zed in the	support
				(see instructions))	301011111			oort?		S 7	
					Yes	No	Yes	No	Yes	No	
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Total

Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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. Section B. Total Support Calendar year (or fiscal year beginning in) > (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 . . . . Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . Total support. Add lines 7 through 10 . Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and f stop here. The organization qualifies as a publicly supported organization  $\ldots \ldots \ldots \ldots \ldots \ldots$ 331/4 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/4 % or more, check this box and stop here. The organization qualifies as a publicity supported organization . .▶ 🗌 . . . . . . . . 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . .. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

## Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,465	21,522	19,124	21, 812	24,950	107,81
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	10,639	14,604	-0-	9, 842	11,740	46,82
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	-	-	19 124	21 / []/	2//60	180,0
6	Total. Add lines 1 through 5	313107	36,126	17,147	31,657	36,670	154,698
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	5,000	5,000	5,000	5,000	5,000	25,000
	Add lines 7a and 7b	3, 000-	1	_	-		25 000
8	Public support (Subtract line 7c from line 6)	26,104	31,126	14,124	26,654	31,690	129,69
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	31,104	36,126	19, 124	31,654	3 69690	154,698
104	payments received on securities loans, rents, royalties and income from similar sources	135	207	43	116	132	<i>63</i> 3
b	Unrelated business taxable income (less section 511 taxes) from businesses				_	_	
С	acquired after June 30, 1975  Add lines 10a and 10b	135	207	43	116	/3.2	633
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)	31,239	36,333	19,167	31,770	36,822	155,33
14	First five years. If the Form 990 is for organization, check this box and stop		on's first, seco	nd, third, fourt	h, or fifth tax y	ear as a section	on 501(c)(3) .► □
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15	Public support percentage for 2009 (lir	ne 8, column (f	) divided by lir		(f))	15	53 %
16	Public support percentage from 2008			· · · .	<del></del>	16 8	\$ 9 %
	ction D. Computation of Investmen					12 0	<b>4</b> 8/
17 18	Investment income percentage for 200 Investment income percentage from 20	17 <u>O</u>	3 %				
19a					 and line 15 is n		
	17 is not more than 33½ %, check this b						
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	nzation did not	check a box or	n line 14 or line	19a, and line 1	6 is more than	331/3 %, and
20	Private foundation. If the organization		_				Z. X.

	mm 990 or 990-EZ) 2009 Page <b>4</b>	
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.	
	Tarting into 1.2 of 1.2, and 1.2, the man and any other additional months and months and the state of the sta	
<	see 2 Tt robed sheets	
	See 21/20/10/ Steel	
	Enclosures 1 \$2	
••••		

	Τ		Tiverton J	unior Bask	etball League	<u> </u>	
		Return		ation Exem			
					April 30, 2010		
·		·		(05-601991		· · · · · · · · · · · · · · · · · · ·	
Summary	& Supporti	ng Schedu	les/Statem	ents to For	m 990-EZ		
Line 1							
	Donations			506	\$1,230		
	Merchandi			505	\$750		
	Banquet R			509	\$1,044.00		
	Banquet Ti	cket sales		508	\$3,320	\$ 6,344.00	
line 2	Diamer Des	istastian		40.500	<b>645</b> 404		
Line 3	Player Reg			10-500	\$15,481	£ 49 COC 00	
	Sponsor Fe	ees		10-501	\$3,125	\$ 18,606.00	
Line 4	Savings A	count Inter	L		\$1		
LIIIE 4	CD Savings AC	Journ IIIIer	-31 		\$1 \$127		<del>                                     </del>
<del> </del>		Ind Account	Interest		\$127	\$ 132.38	
	- Junuary 1 C		c.cot		Ψ3	¥ 132.36	
Line 6a	Invitational	Tournamer	nt Income	502A+504	\$11,740	\$ 11,740.00	
					¥.1,730	÷,	
Line 6b	Tourname	nt Expense		721	\$4,932.00	\$ 4,932.00	
	1				<b>V</b> 1,5 5 - 15 5	<b>V</b> 0,000.00	
Line 13	Game Office	cials Expen	se	10-703	I	\$4,605.00	
	1						
Line 14	Repairs &	Building Su	oplies	10-710	\$1,541.00	\$ 1,541.00	
Line 15	Printing, Po	ostage, etc.		10-708	\$193.00	\$ 193.00	
Line 16	Insurance			701	\$1,526.00	\$ 1,526.00	
	Uniforms			702 A,B,C	\$5,633		
<u> </u>		ze expense		715	\$578		
<u> </u>	Equipment			704	\$1,655		
	Awards/Tro		<u> </u>	705	\$1,207		
		r Player Pa	rty	706	\$173		
	Office Sup	piles		709			ļ
<del></del>	Refunds			718			ļ
<b></b>	Web Site Banquet E	VDenso.		719 717			
<del></del>				717	\$3,684 \$772		
<b></b>	Administrative Travel Team expenses		I S	713 \$772		\$ 21,923.00	
<del></del>			Ĭ	, , , ,	Ψ0,900	7 1,515.00	
	<del> </del>				-	· · · · ·	
Line 22b	Cash on H	and	<u> </u>		\$80.00		
	Checking /				\$14,174		
	CD				\$6,124		
	Building Fu	und Savings	Account		\$3,934		
	Savings ac	count			\$383		
						\$ 24,695.00	
Line 27b		for Future			\$20,761.00		
	Restricted	Net Assets			3934		
<b></b>	ļ <u>.</u>	<b></b>				\$ 24,695.00	
L	<u> </u>	<u> </u>	<u>i</u>			<u> </u>	

	<del>, , , , , , , , , , , , , , , , , , , </del>				Γ' -	<u> </u>	<del> </del>	<del></del>				
	+		Thurston '	union Bast	etball League	<u></u>	<b></b>					
		<u> </u>										
	Return of Organization Exempt From Income Tax For Tax Year Ending April 30, 2010											
	ļ.— . — l		<u> </u>									
	<u> </u>		<u> </u>									
Continue	d Summary	& Support	ing Schedu	ules/Statem	ents to Form	990-EZ	<u> </u>					
	1											
D = 4 !!!	01-11		4:	<u> </u>	1.5	<b>.</b>	ļ	<del> </del>				
Part III	Statement of Organizations Primary Exempt Purpose											
	The	a af tha Ti		n Dankathal	LL (T.ID	 		f44				
						L) is to provide	recreation	tor the				
	youth of Tiverton & Little Compton, RI through the sport of basketball.											
	Over 200	hildan	- :	h - 2000/	2010 season.		<b></b>					
	Over 200 C	nliaren wer	e involved i	in the 2009/	2010 season.		ļ	<u> </u>				
							<del> </del>					
<del></del>	The Tiverton Junior Basketball league is fortunate to have been able to use town											
	facilities at no cost.  To insure sofety and good quality accompositions the TIRL Room of Directory has											
	To insure safety and good quality accommodations the TJBL Board of Directors has restricted \$3,934.00 of net assets to repair existing facilities or procure new equipment if necessary											
	restricted	3,934.00 0	i ilet assets	io repair e	kisting lacilities	or procure ne	w equipme	nt ir necessary				
<del></del>			<del></del>			ļ						
Line 28	Cost of Le	anua Onar	ations	1		···	-					
Line 20	COSTOLE	ague Open	ations			<u> </u>	-					
	Game Office	ials Evnens		703	\$4,605	<u> </u>						
	Travel Teal			712		<u> </u>						
	Tournment			721	\$4,933	· · · · · · · · · · · · · · · · · · ·						
	Web Site	Expondo		719		<del></del>						
	Repairs & E	Building Sur	polies	710			-	<del> </del>				
<del></del>	Printing, Po		- FU	708				<del> </del>				
-	Banquet Ex			717		· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>				
	Insurance		·	701			<del></del>					
· ·	Uniforms	<del></del>		702	, , , , , ,	<del> </del>	<del>                                     </del>	<del>                                     </del>				
	Merchandiz	e expense		715								
	Equipment			704								
<b></b>	Awards/Trophies			705		<del></del>						
·	End of Year Player Party			706		-	<del>                                     </del>					
	Administrat			713		\$ 32,651.00						
<b>-</b>				<del></del>			<del> </del>	<del> </del>				
				<del></del>		<u> </u>	<u> </u>	1				