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Form 990-EZ

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*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning September 1 , 2009, and ending August 31 , 20 10

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
Troy Baseball Boosters, Inc.

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. Box 142

City or town, state or country, and ZIP + 4
Troy, MI 48099-0142

D Employer identification number
38 2494358

E Telephone number
248 225 3717

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: ▶ www.troybb.org

J Tax-exempt status (check only one) – ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

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 ▶ $ 120321

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	22075
	2	Program service revenue including government fees and contracts		2	98035
	3	Membership dues and assessments		3	
	4	Investment income		4	211
	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	120321
Expenses	10	Grants and similar amounts paid (attach schedule)		10	5700
	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	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See statement 1)		16	125074
	17	**Total expenses.** Add lines 10 through 16 ▶		17	130774
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(10453)
	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	157642
	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	147189

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	37477	22	26993
23	Land and buildings	9191	23	9191
24	Other assets (describe ▶ See Statement 2)	110974	24	111005
25	**Total assets**	157642	25	147189
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	157642	27	147189

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No 10642I Form **990-EZ** (2009)

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

What is the organization's primary exempt purpose? **To provide Little League baseball for Troy children**

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	**Provided little league baseball to children in Troy, with over 1,050 children participating.** (Grants $ 125074) If this amount includes foreign grants, check here ▶ ☐	28a	125074
29	**Provided college scholarship to High School seniors who participated with the Troy Baseball Boosters.** (Grants $ 5700) If this amount includes foreign grants, check here ▶ ☐	29a	5700
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	130774

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
See Attached				

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 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
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. ▶ **Michigan**

42a The organization's books are in care of ▶ **Donald D Harbin** Telephone no. ▶ **248 225 3717**
Located at ▶ **3673 Crooks Road, Troy, MI** ZIP + 4 ▶ **48098**

			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)?	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 are compensated				

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
None		

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: 10-14-10

▶ Donald D. Harbin-Treasurer
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)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no ▶	

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
Troy Baseball Boosters	**38 : 2494358**

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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 ☐ 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 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☑ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		✔
(ii) A family member of a person described in (i) above? 11g(ii)		✔
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		✔

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(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
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						
5 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)						
6 **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
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 carried 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						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **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

14 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 . . . . . 15 %

16a **33⅓ % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓ % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly 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 . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	16250	21655	19750	18779	22075	98509
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	101985	97586	102320	99561	98035	499487
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	101985	97856	102320	99561	120110	597996
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						597996

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	101985	97856	102320	99561	120110	597996
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1800	1883	1891	795	211	6580
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1800	1883	1891	795	211	6580
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.)	1800	1883	1891	795	211	6580
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	103785	99739	104211	100356	120321	604576

14 **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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** 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.

		Troy Baseball Boosters	38-2494358						
	2009 TBB Board Members								
						Average Hours	Compensation	Benefits	Expenses
Chairman	Jeff Bettelon	heyboxman@wideopenwest com	248-619-9117	4942 Hyde Park	48085	**3.00**	0	0	0
Vice Chairman	John Nurak	JNurak@bransonultrasonics com	248-321-6350	2750 Renshaw	48085	**3.00**	0	0	0
Secretary	Ron Martin	rm_2004@usa com	248-404-7159	1937 Alexander	48083	**3.00**	0	0	0
Treasurer	Don Harbin	don_harbin@yahoo com	248-225-3717	2739 Knight Drive	48085	**3.00**	0	0	0
Director	Kevin McAvoy	mcavoys@wowway com	248-433-9914	2515 Red Fox Trail	48098	**3.00**	0	0	0
Director	Steve Chapman	steveann1995@sbcglobal.net	248-789-9887	2879 Winter	48085	**3.00**	0	0	0
Director	Mark Potesta	mpotesta4@aol com	248-524-2542	3808 Gatwick	48083	**3.00**	0	0	0
Director	Dale Wood	wood@navbus com	248-703-6268	4856 Butler	48085	**3.00**	0	0	0
Director	Chris Mitchell	xsts1ss@gmail com	248-953-5445	1618 Woodgate	48083	**3.00**	0	0	0
Director	Brad Robinson	brobinson@comcast net	248-930-1791	5206 Saffron	48085	**3.00**	0	0	0
Director	Brad Samojedny	samo4us@yahoo com	248-229-2800	139 Webb	48098	**3.00**	0	0	0
Director	Jamie Bennett	t1584jb@yahoo com	248-505-5990	2305 Prestwick	48098	**3.00**	0	0	0

TROY BASEBALL BOOSTERS, INC	
38-2494358	
2009 FORM 990-EZ	
STATEMENT 1-FORM 990-EZ, PART 1, LINE 17-TOTAL EXPENSES	
GAS & ELECTRIC	$954.63
TELEPHONE	1580.66
REGISTRATION REFUNDS	1350.01
ALL STAR DAY	718 04
BUILDING IMPROVEMENT	5562.5
NEW EQUIPMENT	6446.2
BATS	0
FIELD EXPENSES	8799
UNIFORMS	18472.14
HATS	5611.32
EQUIPMENT REPAIR	85 52
FIRST AID SUPPLIES	675
Field Microphones	0
INSURANCE	9395
INSURANCE DED	1617 04
PROMOTIONAL T-SHIRTS	0
OFFICE SUPPLIES	0
POSTAGE & BOX RENT	317.3
ORGANIZATIONS	750.68
PROGRAMS	4586
UMPIRE & COACH CLINIC	1175
REGISTRATION EXPENSE	738
ADVERTISING	0
RULE BOOKS	309.25
SCHOLARSHIPS	5700
SHACK HELP	1198
TAX FEES	0
TOURNAMENTS	0
TROPHIES & SPONSORS	9643 45
UMPIRE PAY	42435 7
WEBSITE	186 95
PICTURE DAY SHELTER	100
PITCHING MACHINE GAS	76
Room Rental Fee	575
Pitching Machine Repairs	610.57
Bank Service Charge	245 96
Tepel Brothers Envelopes	259.7
Umpire T-Shirts	600
TOTAL EXPENSES	$130,774.62

TROY BASEBALL BOOSTERS, INC
38-2494358
2009 FORM 990-EZ

STATEMENT 2- FORM 990-EZ OTHER ASSETS

	BEGINNING OF YEAR	END OFYEAR
BASEBALL EQUIPMENT/ UNIFORMS	$110,974	$111,005

Budget

9/1/2009 through 8/31/2010 Using 2010-2011 Fiscal Budget

Category Description	9/1/2009 Actual	- Budget	8/31/2010 Difference
INCOME			
301 Red Star Booster	2,855 00	2,000 00	855 00
302 Registration Revenue	98,035 00	102,500.00	-4,465.00
303 Sponsor Revenue	17,500.00	18,000 00	-500 00
304 Interest Inc	210 69	250 00	-39.31
307-Miscellaneous Income	1,720.00	0 00	1,720 00
TOTAL INCOME	**120,320.69**	**122,750.00**	**-2,429.31**
EXPENSES			
512 Gas & Electric	954 63	1,000 00	45 37
516 Telephone	1,580 66	1,300 00	-280 66
520 Registration Refunds	1,350 01	0 00	-1,350 01
522 All Star Day	718 04	700 00	-18 04
524 Building Improvement	5,562.50	500 00	-5,062 50
528 New Equipment	6,446 20	6,000 00	-446 20
531 Field Expenses	8,799.00	9,000 00	201.00
532 Uniforms	18,472.14	15,000 00	-3,472 14
536 Hats	5,611.32	5,400 00	-211 32
538 Equipment Repair	85.52	0.00	-85.52
540 First Aid Supplies	675 00	400.00	-275.00
542 Insurance	9,395.00	10,000 00	605.00
544 Insurance Ded	1,617 04	0.00	-1,617 04
550 Postage & Box Rent	317 30	500.00	182.70
552 Organizations	750 68	600 00	-150 68
554 Programs	4,586.00	5,000 00	414.00
556 Umps & Coaches Clinic	1,175.00	1,300 00	125 00
558 Registration Expenses	738 00	750 00	12.00
560 Umpire Shirts	600 00	750.00	150.00
562 Rule Books	309 25	300 00	-9.25
564 Scholarships	5,700 00	4,500 00	-1,200.00
566 Shack Help	1,198 00	1,198 00	0 00
570 Tournaments	0 00	2,000 00	2,000 00
572 Trophies & Sponsors	9,643.45	10,000 00	356 55
574 Umpire Pay	42,435 70	42,500 00	64 30
576 Tepel Brothers Envelopes	259.70	0 00	-259 70
582 TBB Website	186.95	200 00	13.05
586 Picture Day Shelter	100 00	50.00	-50.00
588 Pitching Machine Gas	76.00	200.00	124 00
592-Bank Service Charge	245.96	300 00	54 04
594-Pitching Machine Repairs	610.57	750 00	139 43
602-Room Rental Fee	575 00	300 00	-275 00
TOTAL EXPENSES	**130,774.62**	**120,498.00**	**-10,276.62**
OVERALL TOTAL	**-10,453.93**	**2,252.00**	**-12,705.93**