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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

	Α	For the 2009 ca <u>lend</u> ar	r year, or tax year beginning Oc	t 1, 2009, a	and ending Sep 30)	, 2010
	B_	Check if applicable	C Name of organization	· 		D Employer	dentification number
	Ц	Address change Please use IRS	BLOOMINGTON-NORMAL GI	RLS SOFTBALL ASS	OCIATION	37-11	95640
	$\overline{}$	Name change label or	Number and street for P.O. box of mail or		Room/suite	E Telephone	
		Initial return type	PO Box 5813			(309)	663-1020
	=	Specific	City or town state or country and ZID +	4			
	$\overline{}$	Amended return Instruc- tions.	BLOOMINGTON	II	61702-5813	F Group Ex Number	kemption -
	<u> </u>				G Accounting		Cash Accrual
		• Section 501(c)(must at	(3) organizations and 4947(a)(1) non tach a completed Schedule A (Form	exempt charitable trusts 990 or 990-EZ).	Other (spec	ofy) ►	
		Website: ► www.b	22 0 m		H Check ►		ganization is not
		Tax-exempt status (check	ongsa.org only one) — X 501(c) (3) ◀ (ins	1047(a)(1) as	527 Pedulled to 990-EZ, or	990-PF)	dule B (Form 990,
	_		only one) $ X = 501(c) = (-3) = (instance)$ ganization is not a section $509(a)(3)$		327		at more than
		\$25,000 A Form 990-	EZ or Form 990 return is not require	d, but if the organization ch	ooses to file a return,	be sure to fil	e a complete return.
		instead of Form 990-E				► \$	405,065.
	P.a	rt li Revenue,	Expenses, and Changes in I	Net Assets or Fund B	alances (See the	<u>instruction</u>	
			ifts, grants, and similar amounts rec			1	13,500.
2011		=	e revenue including government fees	and contracts		2	385,528.
2			es and assessments			3	
က		4 Investment inco		ı	_ 1	4	49.
0			rom sale of assets other than invento	ry	5 a		
c	_		her basis and sales expenses		5b		
E.	R E V		sale of assets other than inventory (Subtract II	•		5 C	
	E		activities (complete applicable parts of Schedu	· · · · · · · · · · · · · · · · · · ·	ng, check here		
()	Ņ	a Gross revenue	· —————	of contributions	- 1		
<u>L</u> ,	Ε	reported on line	•		6a		
4:			enses other than fundraising expens		6 b		
نوسک) from special events and activities (Subtract I	·	_ 1	6c	
SCANSIT			nventory, less returns and allowance	S	7a		
Ö		b Less cost of go			7b	7.0	
			(loss) from sales of inventory (Subtra			7c	
			cribe MISCELLANEOUS REV			_) 8	<u>5,988.</u>
			Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> </u>		▶ 9	405,065.
		l .	ilar amounts paid (attach schedule)		FIVED	10	
	E	· ·	or for members	1 REC	EIVED	11	
	P		compensation, and employee benefit	1 5	S	12	
	EXPEXSE		es and other payments to independer	It contractors JAN	()	13	
	S	_	it, utilities, and maintenance	MAL B	10 5011	14	
-	S		ations, postage, and shipping			<u> </u>	200 700
			scribe See Other Expenses Statem 5. Add lines 10 through 16	ent OGE	DEN, UT	_) <u>16</u> ► 17	399,789. 399,789.
	А		cit) for the year (Subtract line 17 from			18	5,276.
	N S E	19 Net assets or fu	and balances at beginning of year (from prior year's return)	om line 27, column (A)) (m	ust agree with end-of-	year 19	127 007
	N S E E T	20 Other changes	in net assets or fund balances (attac	h ovnionation)		20	137,987.
	Ś		and balances at end of year Combine	The state of the s		► 21	143,263.
	Ďá		Sheets. If Total assets on line 25, of		or more file Form 000		
	1 ,6	in Girage Datance	(See the instructions for Part I		(A) Beginnin		(B) End of year
	22	Cash, savings, and		')		, 191. 22	125,771.
	23		nito aniona			796. 23	17,492.
	24		ribe ►)	1	0. 24	0.
	25			·	137	, 987. 25	143,263.
		Total liabilities (des	scribe ►			0.26	0.
1	27		balances (line 27 of column (B) mus	t agree with line 21)	137	,987. 27	143,263.
	(e) (i		d Panenwork Peduction Act Notice				Form 990-F7 (2009)

POINT 990-EZ (2009) DECOMINGION - NOR			<u></u>	<u>- 1 1 3</u>	73640 Page 2
Rart III Statement of Program Ser	vice Accomplishments	(See the instruction	ons.)		Expenses '
What is the organization's primary exempt purpose? PRO				(Reg 501(uired for section c)(3) and (4) nizations and section
Describe what was achieved in carrying out the describe the services provided, the number of p	organization's exempt purpo	ses In a clear and cond	cise manner,	orgai	nizations and section
describe the services provided, the number of p program title	persons benefited, or other re	ievant information for ea	acn	14947	(a)(1) trusts, optional thers)
28 Provide girls the opportu	nity to participat	a in fast nitel	n softhall	1.0. 0	
=======================================		e Til Tage bire	T POT CDGTT		
<u>on a competitive or recre</u>	griouar Tever				
~					
(Grants \$ 0.) If the	s amount includes foreign gra	ants, check here	•	28 a	395,984.
29 Provide college education	scholarships to	program partic	ipants.		
Four scholarships were fu			*		
~ = = = = = = = = = = = = = = = = = = =				1	
(Outside 6				ء مما	2 400
	s amount includes foreign gra	ants, cneck nere		29 a	2,400.
30					
			_ ~ ~		
(Grants \$) If the	s amount includes foreign gra	ants, check here	>	30 a	, , , , , , , , , , , , , , , , , , , ,
31 Other program services (attach schedule)) — —				
(Grants \$) If the	s amount includes foreign gra	ants, check here	▶	31 a	
32 Total program service expenses (add lin	es 28a through 31a)		>	32	398,384.
Part IV List of Officers, Directors,	Trustees, and Key Em	plovees. List each on	e even if not con	npensa	
	(b) Title and average hours	(c) Compensation (If	(d) Contribution		(e) Expense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla		and other allowances
	to position		deferred compens	ation	
Jeff Hatten					
219 Willard Ave	President				
219 Willard Ave IL 61761	4.00	0.		0.	
Steve Hassel	1.00				
~			ļ		
3309 Brittany Circle	Vice President of Travel				
3309 Brittany Circle IL 3309	2.00	0.		0.	
Mary Nonnemacher					
3005 Wisteria Ln	Treasurer				
3005 Wisteria Ln IL 3005	2.00	0.		0.	
Chris Arbogast					·
2 Willowbend Ct.	Director				
				_	
Bloomington IL 61704	1.00	0.		0.	
Tony Francisco					
709 E. Jackson	Director				
Bloomington IL 61701	1.00	0.		0.	
Marty Corbin					
	Director				
	1.00	0.		0	
	1.00			0.	
Ross Sikyta		.	1		ļ
	Vice President of In town		}		
Normal IL 61761	2.00	0.		0.	
Sue Summer					
1112 Andover	Secretary		}		
	2.00	0.		0.	
Jeff Baber					
	Director		1		
905 Sheridan Rd	Director	_			
	1.00	0.		0.	
Jeff Collins					
1426 Courtland	Director		[
	1.00	0.		0.	
Cary Bottorff			 		
	Director				
3 Shoreline Ct		_		_	
Bloomington IL 61704	1.00	0.	 	0.	<u> </u>
See List of Officers, Directors, Trustees, & Key Employees Stmt			Į.		
					1 _ 1
					1

Form **990-EZ** (2009

- 4	Total information (rote the statement requirements in the insus for tack v.)	T		
			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		х
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		ا الوارقة المستعبد	
	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?	35 a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	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
	a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year?	37 b		X
38	a 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?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		143	6 -(3)
	Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9 39a	. 3	, 1 mg	
	b Gross receipts, included on line 9, for public use of club facilities 39b	- ,	7.63 (7.63)	7. 3
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	^, ?, '`~ G	**	
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.		<u> </u>	النشق
	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	40 b		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			***
	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		18	學
	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	40 e	تمسنا	X
41			-	
42	a The organization's books are in care of ► Mary Nonnemacher Telephone no ► (309)	<u>766</u>	- <u>45</u>	98
	Located at ► 3005 Wisteria Ln Bloomington IL ZIP + 4 ► 61704			
	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.	42 b	Yes	No X
-		<u></u> - `+-	-	-8- 1
	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.?	42 c		×
	If 'Yes,' enter the name of the foreign country	1 720		1 42
	3.1 13812.89			
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			
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	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	45		x

37	7	1	1	\circ	_	-	Λ	\sim
. O	_	1	7	9	\circ	o	4	u

Page 4

	46-49b and complete the table	s for lines 50 and 5	51.				
46 Did th	e organization engage in direct or indirect blic office? If 'Yes,' complete Schedule C	t political campaign act	civities on behalf of or in	opposition to candidates	46	Yes	No X
	e organization engage in lobbying activit		Schedule C. Part II		47		X
	organization a school as described in se			ule F	48		$\frac{x}{x}$
	e organization make any transfers to an			010 L	49a		X
	s,' was the related organization a section	•	elated organization.		49b		
	-	•					
50 Comp emplo	lete this table for the organization's five loyees) who each received more than \$10	0,000 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) Exp accoun other allo	it and	;
None							
f Total	number of other employees paid over \$1	00,000		<u> </u>			
							
51 Comp	lete this table for the organization's five ensation if there is	highest compensated in s none, enter 'None '	dependent contractors v	who each received more tha	an \$100,0	00 of	
	(a) Name and address of each independent con	ractor paid more than \$100,000	0	(b) Type of service	(c) Comp	ensatio	
None				<u> </u>			
						-	
d lotal	number of other independent contractors	each receiving over \$1	00,000				
	T						
	Under penalties of perjury, I declare that I have example true, correct, and complete Declaration of preparer	(other than officer) is based on	all information of which prepar	er has any knowledge	eage and be	ner, it is	i
	20001.200	10-00-	. 1	1/10/11			
Sign	- I Vary 1000	umuer	<u> </u>				
Here	Signature of officer			Date			
	MARY NONNEMACHER			TREASURER			
	Type or print name and title						
Daid	Preparer's Mel U -	1/1	Date	Check if Prep. (See	arer's Identif instructions)	ying Nu	mber
Paid Pre-	signature RICHARD W PHIL	IPS	11/23/10				
parer's		CIATES, CPAs,	PC			_	
Use	yours if self- employed), > 1600 HUNT DRIVI	E, STE B		EIN 37 - /]	18128	9	
Only	address, and ZIP + 4 NORMAL		IL 61761	Phone no ► (309)	452-	2417	7
May the IR	S discuss this return with the preparer sh	iown above? See instru			X Yes		No
BAA					Form 99 0		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Open to Public Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	OMINGTON-NORMAI								95640			
Par			s (All organizations i			_		See ir	<u>nstructi</u>	ons		
The c			e it is (For lines 1 throug									
1			ciation of churches descri		ection 1	70(b)(1)	(A)(i).					
2		• • • • • • • • • • • • • • • • • • • •	(Attach Schedule E	•								
3		•	organization described in				•					
4		=	I in conjunction with a hos	spital de	scribed	in section	on 170(t	ЖІХАХ	iii) Ente	r tne nospitai	S	
5	name, city, and sta An organization ope 170(b)(1)(A)(iv). (C	erated for the benefit of	f a college or university of	wned or	operate	ed by a	governm	nental u	nıt descr	ibed in section	n – – –	-
6 7	An organization tha		overnmental unit describe substantial part of its sup rt II)					r from t	he gener	al public desc	cribed	
8	A community trust of	described in section 1	70(b)(1)(A)(vi). (Complete	Part II)							
9	from activities relat investment income June 30, 1975 See	An organization that normally receives (1) more than 33-1/3 % 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 33-1/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
10			,				、 /、 /					
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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											
	а Туре I	b Type II	c 💹 Type III		•	•			d 📗	Type III – Ot		
е	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 in check this box	received a written dete	rmination from the IRS th	nat is a î	Type I, T	ype II o	r Type I	ll suppo	rting org	anızatıon,		
g	Since August 17, 2	006, has the organizat	ion accepted any gift or	contribu	tion fron	n any of	the follo	owing p	ersons?			
										Y	es N	0
	(i) a person who	directly or indirectly coverning body of the su	ontrols, either alone or to	gether v	vith pers	sons des	cribed i	n (II) an	ıd (III)	11 g (i)		
		ber of a person descr	•							11 g (ii)		_
	• • • • • • • • • • • • • • • • • • • •	· ·	described in (i) or (ii) abo	ove?						11 g (iii)		_
h	Provide the following	ng information about th	ne 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))	organizat (i) listed gove	s the ion in col i in your rning ment?		ization in	organizal	is the tion in col zed in the S ?	(vii) Amount o	f Support	
				Yes	No	Yes	No	Yes	No			
	 		-						-			-
												_

	dule A (Form 990 or 990-EZ) 2009					37-1195640					
Par	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)										
500	(Complete only if you checke tion A. Public Support	ed the box on line !	5, 7, or 8 of Part I)							
		· · · · · · · · · · · · · · · · · · ·				<u> </u>					
begii	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
ı	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')										
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf										
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public 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										
Sec	tion B. Total Support										
	ndar year (or fiscal year nning 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 form 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 activ	ities, etc (see ins	tructions)			12					
13	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	tion's first, second	d, third, fourth, or	fifth tax year as a	a section 501(c)(3)) ▶ [
Sec	tion C. Computation of Pu	blic Support P	Percentage								
	Public support percentage for 20 Public support percentage from 2	•	•	e 11, column (f)		14 15	<u>%</u>				
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the box	on line 13, and to	the line 14 is 33-1	/3 % or more, che	ck this box ►				
ŀ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did	not check a box of	on line 13, or 16a,	and line 15 is 33-	1/3% or more, che	eck this box ►				
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-ai	nd-circumstances'	' test, check this b	ox and stop here	. Explain in Part I\	/ how				
ŀ	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

BAA

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Calendar year (or fiscal yr beginning into 1 membership teas received (to 1 membership teas received to 1 membership purpose a first received in the original state earning and the original state earning and the original state of the original state o	Sec	tion A. Public Support	ked the box on hij	e 9 01 Fart 1)				
1 Giffs, grants, Confunctions and members place (actived) and members place (actived) (b) 2 Gross recepts from a confuse sold or services performed, or admissions, merchandes sold or services performed, or place (actively place) and a confuse or a confuse of the confuse of			(3) 2005	(b) 2006	(a) 2007	(4) 2000	(a) 2000	/O Total
2 Circos recepts from admissions, merchandise sold facilities. Aminished in a activity that is related to the organizations (as exempt) 269, 407, 309, 134, 322, 284, 349, 830, 385, 528, 1, 636, 183, 3 discs respective machines that are not as unidated trade or biseness under section 51 word for the activity that is related to the organization should for the activity and the section of the distribution of the distribution of the distribution of the section of the behalf of the organization without charge for activities of activitie			(a) 2005	(D) 2006	(0) 2007	(u) 2008	(e) ∠009	(i) Iotal
2 Circos recepts from admissions, merchandise sold facilities. Aminished in a activity that is related to the organizations (as exempt) 269, 407, 309, 134, 322, 284, 349, 830, 385, 528, 1, 636, 183, 3 discs respective machines that are not as unidated trade or biseness under section 51 word for the activity that is related to the organization should for the activity and the section of the distribution of the distribution of the distribution of the section of the behalf of the organization without charge for activities of activitie	•	membership fees received (Do	10 000	22 160	26 005	16 350	10 504	107 505
admissions, merchandises and or services performed, or services performed to the performance of the per			19,000.	32,100.	∠0,∪93.	10,/30.	13,500	10/,505.
facilities furnished in a activity that in reliaded to the purpose low later exempt later e	Z	admissions, merchandise sold						
that is related to the organization's tax-exempt programs is the exempt of the programs is the exempt of the programs is the exempt of the middle tride in business and reschol \$13 and \$15 an		or services performed, or						
269,407. 309,134. 322,284. 349,830. 385,528. 1,636,183.								
3 Gross recepts from activities that are not an unreliabilitated or business in dire section \$3.			260 407	200 124	200 004	240 020	205 50	2 2 626 102
A compared trade of business and exection 513 Compared to the congrated trade of the congrated to the c	2	· ·	269,407.	309,134.	322,284.	349,830.	385,52	3. 1,636,183.
4 Tax revenues leved for the organization's benefit and either paid to or expended on the paid to or expended on the paid to or expended on the paid to organization without charge governmental unit to the organization without charge of Total. Add fines 1 through 5 Tax Amounts included on lines 1, 2, 3 received from disqualified persons 4 Amounts included on lines 2, 2 Bax, 784. 341, 674. 348, 669. 366, 759. 399, 077. 1, 744, 963. Amounts included on lines 2 Bax Amounts included on lines 3 Bax Amounts included on lines 2 Bax Amounts from line 6 Bax	3	not an unrelated trade or business						
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Schedule A	(Form 990 or	990-EZ) 200	09 BL	OOMINGTO	ON-NORMA	L GIRLS	SOFTBAI	LL ASSOCIA	TION	37-119564	0 Page 4
Partiva	Suppleme	ntal Inforr	nation.	Comple	te this pa	rt to pro	vide the	explanation	ns requ	ired by Part lation. See i	II, line 10;
	Part II, line	e 1/a or 1	/b; and	Part III,	line 12.	Provide	any othe	r additional	Inform	iation. See i	nstructions.
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Form **4562**

Department of the Treasury Internal Revenue Service Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545 0172

2009

Attachment Sequence No 67

Name(s) shown on return ldentifying number BLOOMINGTON-NORMAL GIRLS SOFTBALL ASSOCIATION 37-1195640 Business or activity to which this form relates Form 990 Form 990EZ Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount. See the instructions for a higher limit for certain businesses. \$250,000. Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$800,000. Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 1,304 £ If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (a) (b) Month and (C) Basis for depreciation (d) (f) (g) Depreciation (e) Classification of property (business/investment use year placed Recovery period Convention deduction in service only - see instructions) 19a'3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27.5 yrs MM S/L property 27.5 yrs MM S/L i Nonresidential real S/L 39 yrs MM property MM S/L Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Part IV | Summary (See instructions) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

the appropriate lines of your return. Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

1,304.

22

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Page 2

	Listed entertain		lude automobil n, or amuseme	les certa							ertain co	mputers,		roperty i		·
	Note: Fo	or any vehicle foi (a) through (c)	r which you are of Section A, a	e using ti all of Sec	he standa tion B, ai	ard milea nd Secti	age rate on C if	e or i	dedu lıcabi	icting le le	ase exp	ense, coi	mplete	оп і у 24.	a, 24b,	
		n A — Deprecia				ıtion: Se	e the i	-						mobiles		
24 a	Do you have eviden						Yes	11	No 2			evidence w			Yes	No
Тур	(a) be of property (list vehicles first)	Date placed in service	(C) Business/ investment use percentage	(d) Cost other b	or	(busines	(e) deprecia s/investm e only)	ition nent		(f) lecovery period	Me	(g) thod/ - vention	Depre	(h) eciation uction	Ele secti	(i) ected on 179 ost
25	Special depreciused more than	ation allowance 50% in a quali	for qualified li	sted prop use (see	perty plac	ed in se	ervice d	luring	g the	tax yea	ar and	25				
26	Property used r	more than 50%	in a qualified b	usiness	use											
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	Add amounts in						e 21, pa	age 1	1			28		T 20		<u> </u>
29	Add amounts in	column (I), line			line /, p. B — Infoi		on Use	of \	/ehic	-les				29	<u> </u>	
	olete this section ur employees, fi		sed by a sole p	roprietor	, partner,	or othe	r 'more	thar	n 5%	owner,						cles
			<u>.</u>	(a)	(b)	Γ	(c)	((d)	(6	=)	(1	n)
30	during the year (do not include commuting miles)			Veh	icle 1	Vehic	le 2	<u> </u>	Vehic	cle 3	Vehi	cle 4	4 Vehicle 5		Vehicle 6	
31	Total commuting m	ū	•					<u> </u>	_							
32	Total other pers miles driven	sonal (noncomn	nuting)					<u> </u>								
33	Total miles driv lines 30 throug	ven during the ye h 32	ear Add										·	 -		 -
34	Was the vehicle	a available for n	oreonal uso	Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
	during off-duty	hours?						ļ			<u>,</u>					
35	Was the vehicle than 5% owner															
	ls another vehi personal use?	cle avaılable for		<u> </u>					_							
Λ			C — Questions								-					1
5% c	ver these question wners or related	ons to determine d persons (see i	e if you meet a nstructions).	n except	ion to coi	mpleting	j Sectio	on B	for v	enicies	used by	employe	es wno	are no	t more t	nan
37	Do you maintai by your employ	n a written polic	cy statement th	at prohit	oits all pe	rsonal u	ise of v	ehicl	les, ı	ncludin	g comm	uting,		-	Yes	No
38	Do you maintai employees? Se	n a written policee the instruction	cy statement th	at prohitused by	oits perso	nal use	of vehi	cles,	exce	ept com % or m	nmuting, nore owr	by your				
39	Do you treat all						-,	,		,						
40	Do you provide vehicles, and re	more than five etain the information	vehicles to you ation received?	ur emplo	yees, obt	aın ınfor	mation	fron	n you	ır empl	oyees al	bout the (use of t	he		
41	Do you meet the	ne requirements nswer to 37, 38,													1	
Pai		ization							-						71, 72	48
	Des	(a) scription of costs		Date a	(b) mortization egins		(c) Amortizat amount			С	d) ode ction	Amor	e) tization od or entage		(f) Amortization for this year	
42	Amortization o	f costs that begi	ns during your	2009 ta	x year (se	ee instru	ictions)	:						·		
						-										·
43	Amortization	of costs that beg	an before your	2009 ta	x vear								43	<u> </u>		
44		nounts in column				ere to re	port						44			

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
Depreciation	1,304.
ADMINISTRATIVE EXPENSES	28,521.
OPERATING EXPENSES	9,173.
IN TOWN PROGRAM EXPENSES	44,754.
TRAVEL TEAM PROGRAM EXPENSES	215,402.
TRAVEL TOURNAMENT EXPENSES	98,134.
SCHOLARSHIP	2,400.
MISCELLANEOUS EXPENSES	101.
Total	399,789.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors. Trustees, & Key Employees Stmt

Business Person X TJ Collier Title 1501 Belleck Ct. Normal IL 61761 Foreign city Hours/Week	
TJ Collier Title 1501 Belleck Ct. Normal IL 61761	
Normal IL 61761	
TOTCION CILV	
Foreign country 1.00 0. 0.	
Business Person X	—
Todd Crane Title	
16 BayPointe Dr. Director	
Bloomington IL 61704	
Foreign city Hours/Week	
Foreign country 1.00 0. 0.	
Business Person X	
Glenn Dawson Title	
1501 Belleck Ct. Director	
Normal IL 61761	
Foreign city Hours/Week	- •
Foreign country	
Business Person X Title	
Mark Demboski Title 1207 Sandburg Dr. Director	
Bloomington IL 61704	
Foreign city Hours/Week	
Foreign country 1.00 0.	
Business Person X	
Jerry Harcharik Title	
2947 Wild Horse Director	
Normal IL 61761	
Foreign city Hours/Week	
Foreign country 1.00 0. 0.	