



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



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)

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

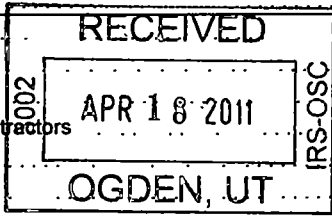
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

Form 990-EZ header section including: A For the 2010 calendar year, or tax year beginning 2010, and ending 2010; B Check if applicable; C Name of organization Mokena Baseball-Softball Assoc; D Employer identification number 36-3324300; E Telephone number (708) 478-4808; F Group Exemption Number; G Accounting Method; H Check if organization is not required to attach Schedule B; I Website: www.mbsa.org; J Tax-exempt status; K Check if the organization is not a section 509(a)(3) supporting organization; L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 162,387. Expenses total: 160,559. Net assets at end of year: 20,583.



SCANNED MAY 17 2011

19P

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 4 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See attachment #1
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, & 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)

Table with 4 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows include 28 See attachment #2, 29, 30, 31 Other program services, 32 Total program service expenses.

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

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (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. Row 1 contains 'See attachment #3' and '#4'.

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

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		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, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
37b	b Did the organization file Form 1120-POL for this year?		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 tax year covered by this return?	38a	X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39	Section 501(c)(7) organizations Enter.		
39a	a Initiation fees and capital contributions included on line 9	39a	
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955		
40b	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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	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		
40d	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e	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		X
41	List the states with which a copy of this return is filed. IL		
42a	The organization's books are in care of See attachment #5 Telephone no. Located at ZIP + 4		
42b	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: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	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:		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	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
44c	c Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

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
See attachment #6				

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

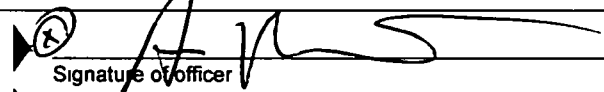
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"


(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
See attachment #7		

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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.

Sign Here  Date **3-12-11**
 Signature of officer
Alex Vecchiet **President**
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name Ronald Rodeghero	Preparer's signature 	Date 3-9-11	Check <input checked="" type="checkbox"/> if self-employed	PTIN 000550748
	Firm's name ▶ RONALD RODEGHERO	Firm's EIN ▶ 348-44-7734		Phone no.	
	Firm's address ▶ 10902 Walnut Lane MOKENA IL 60448	708-743-9522			

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Mokena Baseball-Softball Assoc

Employer identification number

36-3324300

Part I Line 16 -

**All expenses are program service expenses as
detailed in the attached.**

Part I Line 20 -

**Other Change in Net Assets due To
a reduction in Reserve for Field Improvements.**

Other Information -

**Annual budget is approved by the board, and year
end financial statements are presented to the
board for review.**

Governing documents are available on the web site.

Financial statements are available upon request.

990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 0 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning _____, and ending _____
Name of Organization Mokena Baseball-Softball Assoc	Employer Identification Number 36-3324300

Primary Purpose

Youth baseball and softball leagues.

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending
---------------------------	--	--------------

Name of Organization Mokena Baseball-Softball Assoc	Employer Identification Number 36-3324300
---	---

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	160,559
Exempt Purpose Achievements			

Youth baseball and softball leagues for approximately 1200 boys and girls.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 3: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2010 or tax period beginning _____, and ending _____
----------------------------------	--

Name of Organization Mokena Baseball-Softball Assoc	Employer Identification Number 36-3324300
---	---

(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def. Comp	(E) Expense Account & Other Allowances
Alex Vecchiet Mokena, IL 60448 See Comp. Expl. #1	President 8.00	0	0	0
Chris Hedges Mokena, IL 60448 See Comp. Expl. #2	Vice President 6.00	0	0	0
Jamey Behringer Mokena, IL 60448 See Comp. Expl. #3	Secretary 8.00	0	0	0
John Vander Laan Mokena, IL 60448 See Comp. Expl. #4	Treasurer 8.00	0	0	0

990 COMPENSATION EXPLANATION

Attachment 4: page 1 - 990-EZ Page 2, Part IV, Officer Compensation Explanation

<p>Open to Public Inspection</p>	<p>For Calendar year 2010, or tax year period beginning</p>	<p>and ending</p>
<p>Name of Organization Mokona Baseball-Softball Assoc</p>		<p>Employer Identification Number 36-3324300</p>

Name	Explanation
Officer Comp. Expln. #1	
Alex Vecchiet	No Compensation
Officer Comp. Expln. #2	
Chris Hedges	No Compensation
Officer Comp. Expln. #3	
Jamey Behringer	No Compensation
Officer Comp. Expln. #4	
John Vander Laan	No Compensation

990 BOOKS ARE IN CARE OF

Attachment 5 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning	, and ending
Name of Organization Mokena Baseball-Softball Assoc		Employer Identification Number 36-3324300
Part V - Line 42a		

Individual Name Ronald J. Rodeghero
or
Business Name:

Street Address 10902 Walnut Lane

U.S. Address:
Zip code 60448 City Mokena State IL
or
Foreign Address

City

Province or State

Country

Postal code

Phone Number (708) 743-9522

Fax Number (708) 479-9450

990 FIVE HIGHEST COMPENSATED EMPLOYEES

Attachment 6: page 1 Schedule A Page 1, Part I

Open to Public Inspection	For calendar year 2010 or tax period beginning _____, and ending _____
----------------------------------	--

Name of Organization Mokena Baseball-Softball Assoc	Employer Identification Number 36-3324300
---	---

Part VI Five Highest Compensated Employees Other Than Officers, Directors, and Trustees and Key Employees

(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 Empl Benefit Plans & Deferred Compensation	(e) Expense Account and Other Allowances
No Compensated Employees		0	0	0

990 FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORS

Attachment 7: page 1 Form 990-EZ Page 4, Part VI

For calendar year 2010 or tax period beginning _____, and ending _____

Name of Organization

Mokena Baseball-Softball Assoc

Employer Identification Number

36-3324300

Part VII Five Highest Compensated Independent Contractors

(a) Name and Address of Each Independent Contractor Paid More Than \$100,000	(b) Type of Service	(c) Compensation
None received \$100,000		0

2010 DETAIL STATEMENTS

Mokena Baseball-Softball Assoc
36-3324300

STATEMENT #1 - ()

Program Service Expenses as Follows

Camps nad Clinics.....	4,879
Background Chchecks.....	898
Baseball/Softball Equipment.....	13,998
Facility Rental.....	2,106
Field Improvements.....	22,100
Field Maintenance.....	7,174
Insurance.....	9,117
League Fees.....	1,530
Light Usage.....	1,650
Medical Kits.....	336
Meetings.....	1,475
Miscellaneous.....	212
Picnic.....	3,835
Printing.....	619
Registration.....	850
Scholarships.....	1,000
Signs and Banners.....	3,445
Storage Sheds.....	3,540
Trophies.....	9,055
Umpires.....	32,682
Uniforms.....	38,668
Website.....	1,390

TOTAL CARRIED TO 160,559