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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, 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

OMB No 1545-1150

2011

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning January 1 , 2011, and ending	Dec	ember 31	, 20 11				
B Check if applicable		plicable C Name of organization	D Empl	oyer identification	on number				
	vddress c	Charlotte Adult Baseball League, Inc	46-0489455						
_	lame cha	,	E Telephone number						
_	nıtıal retui	I IO/ 13 SIKES PL	704-849-1001						
=	erminate	City or town, state or country, and ZIP + 4	F Grou	p Exemption					
=	Amended return Application pending Charlotte, NC 28277			Number ▶					
G A	ccount	ing Method:   ☐ Cash ☐ Accrual Other (specify) ► H	Check !	►  If the org	anization is not				
	Vebsit	· · · · · · · · · · · · · · · · · · ·		I to attach Sch					
J Ta	ax-exen	npt status (check only one) — ☐ 501(c)(3)	(Form 9	90, 990-EZ, or	990-PF).				
KC	heck •	t the organization is not a section 509(a)(3) supporting organization or a section 527 organization	ion and it	s gross receipt	s are normally				
n	ot more	e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) m	ay be req	uired (see instr	ructions). But if				
th	ne orga	nization chooses to file a return, be sure to file a complete return.							
LA	dd lines	5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	ts (Part II,						
lin	ie 25, c	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ .		<b>▶</b> \$					
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	ctions for Pa	ırt I.)				
		Check if the organization used Schedule O to respond to any question in this Part	Ι		🗆				
	1	Contributions, gifts, grants, and similar amounts received		1	-				
	2	Program service revenue including government fees and contracts		2					
	3	Membership dues and assessments		3	80616				
	4	Investment income		4					
	5a	Gross amount from sale of assets other than inventory   5a							
1	b	Less: cost or other basis and sales expenses		İ					
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c					
	6	Gaming and fundraising events	· · · · · · · · · · · · · · · · · · ·						
e	а	Gross income from gaming (attach Schedule G if greater than \$15,000)							
Revenue	b	Gross income from fundraising events (not including \$ of contributio	ns						
ě		from fundraising events reported on line 1) (attach Schedule G if the							
4		sum of such gross income and contributions exceeds \$15,000)   6b							
	С	Less: direct expenses from gaming and fundraising events 6c							
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract						
	_	line 6c)		6d					
	7a	Gross sales of inventory, less returns and allowances		00					
	b	Less. cost of goods sold							
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c					
	8	Other revenue (describe in Schedule O)		8	-				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, 41d 8.	. •	9	80616				
	10	Grants and similar amounts paid (list in Schedule O)		10	7700				
	11	Benefits paid to or for members		11					
Net Assets   TUN   ( 7.11)?	12	Salaries, other compensation, and employee benefits 12		12	2650				
	13	Professional fees and other payments to independent contractors		13	31640				
	14	Occupancy, rent, utilities, and maintenance		14	11633				
֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֡֞֞֞֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	15	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping		15					
5	16	Other expenses (describe in Schedule O)		16	17555				
2	17	Total expenses. Add lines 10 through 16		17	71178				
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	9438				
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree		<del></del>					
SS		end-of-year figure reported on prior year's return)		19	3848				
<b>a</b> 5	20	Other changes in net assets or fund balances (explain in Schedule O)		20					
) <b>Z</b>	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	13286				

Form 990-EZ (2011)

Par	t II Balance Sheets. (see the instruct	tions for Part II.)				
	Check if the organization used Sch	edule O to respond to a				
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			3848	=	14865
23	Land and buildings			· <del></del>	23	
24	Other assets (describe in Schedule O) .				24	44005
25	Total assets			3848	$\rightarrow$	14865
26	Total liabilities (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·			26	1579
27	Net assets or fund balances (line 27 of co			3848	27	13286
Par	Statement of Program Service Ac Check if the organization used Sch					Expenses
\A/h =4	t is the organization's primary exempt purpos		/Equipment to Stude			quired for section (c)(3) and 501(c)(4)
	. , , , ,					anizations and section
	mbe the organization's program service acc					7(a)(1) trusts, optional
	neasured by expenses. In a clear and conc ons benefited, and other relevant information		e services provided	, the number of	for	others.)
28	Provide Funds for Windscreen for Rocky River					
20	Trovide Lands for Miles and Miles and Miles		• • • • • • • • • • • • • • • • • • • •	*******		
			••••			
	(Grants \$ ) If this an	nount includes foreign gra	ints, check here .	▶ □	288	2100
29	Purchased Field Tarp for Rocky River High Sc	haal				
		****				
	(Grants \$ ) If this an	nount includes foreign gra	ints, check here .	▶ 🗆	298	2300
30	Paid for Heros of the Diamond - Military All Sta	ar team - to play game in Cl	narlotte			
					ļ	
	(Grants \$ ) If this an	nount includes foreign gra	ants, check here .	▶ 🗆	30a	2500
31	Other program services (describe in Schedu	le O)				
	(Grants \$ ) If this an	nount includes foreign gra	ants, check here .	<u></u> . ▶ 🗆	318	
	Total program service expenses (add lines				32	<u> </u>
Par					nstru	uctions for Part IV.)
	Check if the organization used Sch	edule O to respond to a	<del>, * </del>		•	<u> U</u>
		(b) Title and average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e	) Estimated amount of
	(a) Name and address	hours per week devoted to position	(Forms W-2/1099-MISC)			other compensation
		· ·	(if not paid, enter -0-)	deferred compensatio	"	
	wn Moore - 204 Tyndale Court	Commissioner	2050		_	
	haw, NC 28173		2650	-	0	0
	ick Moretti - 8043 Bald Ridge Dr	Treasurer			0	0
	rlotte, NC 28227 Vaughn - 9202 Belmont Lane		0		<del>'</del>  -	
	haw, NC 28173	Veterans Division Director	o		0	0
	Reece - 1123 Elliot Road		-		┿	
	rlotte, NC 28216	Open Division Director	0		0	0
	Metayer - 11222 Winget Pond Rd	Field & Scheduling		-	+	
	riotte, NC 28278	Coordinator	0		0	0
	rt Gardner - 1533 Glenn Valley Dr	Marketing &	†		+	
	hews, NC 28105	Sponsorship	0		0	0
Don	Pustulka - 9141 McAlwaine Preserve Ave	Masters Division			T	
Char	lotte, NC 28277	Director	0		0	0
					[	
					$\top$	· ·
		i	1	Ī	- 1	

Part	· · · · · · · · · · · · · · · · · · ·			
	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 significant activity not previously reported to the IRS? If "Yes," provide a		Tes	NO
	detailed description of each activity in Schedule O	33		✓
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)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	_	1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	_	<b>-</b>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
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	40b		<b>/</b>
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		1
41	List the states with which a copy of this return is filed. ▶	•		
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		N	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	+	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 and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S?	42c		<b>✓</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	▶ □
			Yes	No
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		1
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	_	1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
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			
45a	5.11	44d 45a	<u> </u>	-/
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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 may need to be completed instead of Form 990-EZ (see instructions)	45a		

Omi 350	)-EZ (2U	11)							ige ¬
46	Did th	e organization engage, directly or in	ndirectly, in political c	ampaign activities or	n behalf of or	in oppositio		Yes	No
		ndidates for public office? If "Yes,"					46		<b>√</b>
Part \	_ 5	Section 501(c)(3) organizations 501(c)(3) organizations and sections and sections and complete the tables	on 4947(a)(1) nonex	cempt charitable tr					)
	(	Check if the organization used Sc	hedule O to respond	to any question in	this Part VI	<u> </u>	<u> </u>		
		e organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) election		_	× 47	Yes	No _/
49a b 50	Did the If "Yes Comp	organization a school as described in e organization make any transfers t s," was the related organization a se lete this table for the organization's	o an exempt non-cha ection 527 organizatio s five highest compen	ritable related organi n? sated employees (ot	zation?  her than offic	 ers, director	48 49a 49b		√ √
		yees) who each received more than me and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health to	penefits, penefits, penefits, and deferred	e) Estimated other com	d amou	
•									
•••••									
	_								
		·							
51	Comp	number of other employees paid ov lete this table for the organization 000 of compensation from the orga	s five highest compe	ensated independent	t contractors	who each i	eceived	more	thar
(a) 1	lame an	d address of each independent contractor pa	aid more than \$100,000	(b) Type of ser	vice	(c) C	ompensatio	n	
								_	
d	Total r	number of other independent contra	actors each receiving	over \$100,000	<b>&gt;</b>	<u></u>			
		e organization complete Schedule A empt charitable trusts must attach			s and 4947(a)		☐ Yes		lo
		f perjury, I declare that I have examined this complete Declaration of preparer (other that					vledge and	belief,	ıt ıs
Sign Here	ļ	Signature of officer  Patrick Moretti - Treasurer Type or pnnt name and title	ARE //h		Date	5/	11/12		
Paid Prepa		Print/Type preparer's name	Preparer's signature	D	ate	Check I if self-employe			
Jse C	nly	Firm's name ►		Firm's EIN ▶					
Aay the		Firm's address >	shown above? See II	netructions	Phon		□ Vec		lo.

Form **990-EZ** (2011)

#### **SCHEDULE 0** (Form 990 or 990-EZ)

## 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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. Inspection Employer identification number

Charlotte Adult Baseball League	46-0489455
Expenses - Line #10 - Grants and Similar Amounts Paid Provided \$2,100.00 to Rocky River High So	chool for the purchase of a wind screen
for the outfield fence on their baseball field.	
Expenses - Line #10 - Grants and Similar Amounts Paid Purchased field tarp for Rocky River High	School baseball field - \$2,300.00
Expenses - Line #10 - Grants and Similar Amounts Paid Paid \$2,500.00 to Heros of the Diamond N	lilitary Baseball Team to play exhibition
baseball game in Charlotte.	
Expenses - Line #10 - Grants and Similar Amounts Paid Paid \$400 for Baseballs, Umpires and Fie	d Costs for the Heros of the Diamond
Military Baseball game played in Charlotte.	
Expenses - Line #10 - Grants and Similar Amounts Paid Paid \$400 for Baseballs, Umpires and Fiel	d Costs for an exhibition baseball game
between the Charlotte Police Department and Charlotte Fire Department teams.	
Expenses - Line #16 - Other Expenses A Total of \$17,555 of various expenses including the follow	ving <sup>.</sup>
Trophies, Awards, Baseballs, Miscellaneous Field Supplies, Advertising and General Administration	Expenses.
Liabilities - Line #26 - Total Liabilities \$1,579 was paid in 2011 for future 2012 Dues and Assessm	ents.