Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

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 additional assets.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

November 21

OMB No. 1545-1150

2011

Open to Public Inspection

, 20 12

October 31

, 2011, and ending

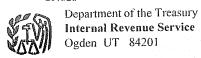
В	Check if ap						
	Address cl	hange	Plum Baseball & Softball Association	5-3948869			
	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address)	one nu			
	Initial retur Terminate	1	P.O. Box 114057				-6376
===	Amended	1	City or town, state or country, and ZIP + 4		F Group		•
_	Application	1	Plum PA 15239		Numb		
G /	Account	ing Method:		Н	Check ▶	· 🛛 if	the organization is not
			.pbsasports.org		•		ch Schedule B
J T	ax-exem		eck only one) — ∑ 501(c)(3))-EZ, or 990-PF).
	Check ▶	- ☐ if the	e organization is not a section 509(a)(3) supporting organization or a section 5	27 organizatio	n and its	gross	receipts are normally
			D. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-	postcard) may	y be requi	ired (s	ee instructions). But if
f	he orga	nization choo	ses to file a return, be sure to file a complete return.				
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, o				
ا	ine 25, c		ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	158,821.00
P	art I		e, Expenses, and Changes in Net Assets or Fund Balanc		instruc	tions	for Part I.)
		Check if	the organization used Schedule O to respond to any question in	this Part I	is the last		· · · · · □
	1	Contributio	ns, gifts, grants, and similar amounts received NTERNAL REVE	MUL DEKI	/IVE [1	6,725
	2	Program se	ervice revenue including government tees and contracts - NEW A	JUIN FIRST	5	2	131,845
	3	Membersh	ip dues and assessments PITTSBURGH.	Phy Jakobak	(in	3	
	4	Investment		2013		4	
	5a	Gross amo	ount from sale of assets other than inventory	7010			
	b		or other basis and sales expenses	es // - 53			
	С	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from lir	ie 5a)		5c	0.00
	6	Gaming ar	nd fundraising events 431				
	а	Gross inc	ome from gaming (attach Schedule G if greater than				
ne		\$15,000)	6a				
Revenue	b	Gross inco	me from fundraising events (not including \$of	contributions	s		
3è			aising events reported on line 1) (attach Schedule G if the				
_	1	sum of suc	th gross income and contributions exceeds \$15,000) 6b		, 251		
	С	Less: direc	t expenses from gaming and fundraising events 6c		, 536		
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and	6b and sub	otract		
		line 6c)			[6d	16,715.00
	7a	Gross sale	s of inventory, less returns and allowances				
	b		of goods sold				
	C	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a) .		[7c	0.00
	8	Other reve	nue (describe in Schedule O)		[8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9	155,285.00
	10	Grants and	similar amounts paid (list in Schedule O)			10	
	11		aid to or for members			11	
es	12		ther compensation, and employee benefits			12	
Expenses	13		al fees and other payments to independent contractors			13	
g	. 14		y, rent, utilities, and maintenance			14	
ш	15		ublications, postage, and shipping			15	
	16	Other expe	enses (describe in Schedule O)		[16	135,349
	17	Total expe	enses. Add lines 10 through 16		. 🕨	17	135,349.00
s	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		[18	19,936.00
set	19		s or fund balances at beginning of year (from line 27, column (A))		~		
Asi			r figure reported on prior year's return)		L	19	0.00
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)			20	
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		. 🕨	21	19,936.00
Fo	r Paper	work Reduct	ion Act Notice, see the separate instructions.				Form 990-EZ (2011)

IN 67 201210 201328 057429

15239

K IRS USE ONLY 453948869

TE В



For assistance, call: 1-877-829-5500 FAX 801-620-5670

Notice Number: CP211A Date: July 29, 2013

Taxpayer Identification Number:

45-3948869 Tax Form: 990

Tax Period: October 31, 2012

030517.206643.0126.003 1 MB 0.405 373

PLUM BASEBALL & SOFTBALL % MICHAEL NORCUTT 571 CARNIVAL DR PITTSBURGH PA 15239-2626



030517

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is September 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

	8 (Hev. 1-2013)			Dat III and shook this box	<u> </u>
If you	are filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only	y Part II and check this box	. 📂 🔼
Note.	Only complete Part II if you have already been gran	nted an aut	omatic 3-month exte	ension on a previously filed Form 88	56.
	are filing for an Automatic 3-Month Extension,	complete c	only Part I (on page	1).	
Part	Additional (Not Automatic) 3-Month E	xtension	of Time. Only file t	the original (no copies needed).	
				Enter filer's identifying number, see	
Туре о	Name of exempt organization or other filer, see in			Employer identification number (EIN) or	
print	Plum Baseball & Softball			45-3948869	
File by th	Number, street, and room or suite no. If a P.O. b	ox, see instru	uctions.	Social security number (SSN)	
due date	for [P.O. BOX 11405/				
filing you		or a foreign a	ddress, see instruction	S.	
return. Se instruction					
	D. I. C. II	in for /file o	concrete application	o for each return)	01
Enter th	ne Return code for the return that this application	is for (file a	separate application	Tior each return)	
Applic	cation	Return	Application		Return
Is For		Code	Is For		Code
Form	990 or Form 990-EZ	01			
	990-BL	02	Form 1041-A		08
	4720 (individual)	03	Form 4720		09
	990-PF	04	Form 5227		10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	990-T (trust other than above)	06	Form 8870		12
				utancian an a provincely filed Form	2060
STOP!	Do not complete Part II if you were not already gr	ranteu an ai	utomanc s-monur ex	kterision on a previously med i onit	,000.
• The b	oooks are in the care of ▶James T. Gilb	oy Jr.	@ P.O. Box	114057, Plum PA 1523	39
Teler	phone No. ► 412-973-6376	FAX	No. ▶		
e If the	organization does not have an office or place of t	ousiness in	the United States, c	heck this box	. ▶ 🗌
• If this	s is for a Group Return, enter the organization's fo	ur diait Gro	up Exemption Numb	per (GEN) . If the	is is
for the	whole group, check this box ▶ □ . If	it is for par	t of the aroup, chec	k this box ▶ ☐ and at	tach a
	h the names and EINs of all members the extension		3 ,		
iiot with	The harres and Line of all members are street				
4	I request an additional 3-month extension of time	e until	September	15 ,20 13 .	
5	For calendar year, or other tax year beginn	ina Nove	ember 1.2011	and ending October 30	,20 12.
6	If the tax year entered in line 5 is for less than 12	months ch	eck reason: Dini	itial return	
U __	Change in accounting period	1110111110, 011	iook roadorii		
7	State in detail why you need the extension Mo:	re time	e is necessa	ary to gather all the	خ
7	information required to file				
	Information required to fire	C a cor	iipicco aira c		
	If this application is for Form 990-BL, 990-PF, 99	20-T 4720	or 6069, enter the to	entative tax less any	
8a	nonrefundable credits. See instructions.	50-1, 4720,	or ooos, eriter the t	8a \$	
		4700 or 6	enen anter any ref	200000000	
b	If this application is for Form 990-PF, 990-T, estimated tax payments made. Include any pri	4/20, 01 t	ornovment allowed	as a credit and any	
	amount paid previously with Form 8868.	ioi yeai ovi	erpayment anowed	8b \$	
	Balance due. Subtract line 8b from line 8a. Include		at with this form if roo		
С	(Electronic Federal Tax Payment System). See instru		it with this form, if rec	8c \$	0.00
-	Signature and Verific	ation mus	st be completed f	or Part II only.	
Under	penalties of perjury, I declare that I have examined t	his form, inc	cluding accompanying	schedules and statements, and to the	e best of my
	dge and belief, it is true, correct, and complete, and tha			- ,	-113
Signatu	re James T Gilboy CP.	/ Title	neos		3 / / <u>3</u> (Rev. 1-2013)
					2 (/ 2010)

Pa	Balance Sheets. (see the instructions	ior raitii.)			r1
	Check if the organization used Schedule	O to respond to an	y question in this F		(B) End of year
			-	(A) Beginning of year	
22	Cash, savings, and investments			0 2	
23	Land and buildings			0 2	
24	Other assets (describe in Schedule O)			0.00	
25	Total liabilities (describe in Schedule O)				26
26	Net assets or fund balances (line 27 of column			0.00	
27 Peli		nlishments (see th	ne instructions for F		
	Check if the organization used Schedule	O to respond to an	v auestion in this f	Part III	Expenses (Required for section
\\/ha	t is the organization's primary exempt purpose?				501(c)(3) and 501(c)(4)
	ribe the organization's primary exempt purpose:			naram sanjicas	organizations and section
as m	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ch program title.	e services provided	, the number of	4947(a)(1) trusts; optional for others.)
28	Organized and operated recreational baseba			1	
	Plum Borough PA				
	(Grants \$) If this amount	includes foreign gra	ints, check here	• 🗇	28a 135,349
29	(Oranis a final annual				
23					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	🕨 🗌	29a
30					
		includes foreign gra			30a
31	Other program services (describe in Schedule O)				
		includes foreign gra			31a
32	Total program service expenses (add lines 28a	through 31a)			
Name Control of		- · · · · ·	· · · · · · · ·	· · · · •	32 1 35, 349.00
Name Control of	List of Officers, Directors, Trustees, and Ke	y Employees. List ead	ch one even if not con	npensated. (see the in	structions for Part IV.)
Name Control of		y Employees. List ead O to respond to ar	ch one even if not con ny question in this	npensated. (see the in	
Name Control of	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	y Employees. List ead	ch one even if not con ny question in this (c) Reportable compensation	npensated. (see the in Part IV	structions for Part IV.)
Name Control of	List of Officers, Directors, Trustees, and Ke	y Employees. List ead O to respond to ar (b) Title and average	ch one even if not con ny question in this (c) Reportable	npensated. (see the in Part IV	structions for Part IV.) (e) Estimated amount of other compensation
Pal	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and address	O to respond to ar (b) Title and average hours per week	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	npensated. (see the in Part IV	structions for Part IV.) (e) Estimated amount of other compensation
Par Rol	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and address Dert Sekerka	O to respond to ar (b) Title and average hours per week devoted to position President	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	npensated. (see the in Part IV (d) Health benefits, contributions to employee benefit plans, and deferred compensation	structions for Part IV.) (e) Estimated amount of other compensation
Roll P. (List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239	O to respond to ar (b) Title and average hours per week devoted to position	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV (d) Health benefits, contributions to employee benefit plans, and deferred compensation	structions for Part IV.)
Roll P. (List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 Vid Seitz	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV	structions for Part IV.) (e) Estimated amount of other compensation
Roll P. () Day P. () Jan	List of Officers, Directors, Trustees, and Kercheck if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 Vid Seitz D. Box 114057 Plum PA 15239 mes Gilboy	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres.	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	npensated. (see the in Part IV	structions for Part IV.) (e) Estimated amount of other compensation (O) O
Roll P. () Day P. () Jan	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 Vid Seitz	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres. 10	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	npensated. (see the in Part IV	structions for Part IV.) (e) Estimated amount of other compensation
Roll P.() Day P.() Ste	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 vid Seitz D. Box 114057 Plum PA 15239 mes Gilboy D. Box 114057 Plum PA 15239 efan Papadopoulos	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres. 10 Treasurer	ch one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV	structions for Part IV.) (e) Estimated amount of other compensation 0 0
Roll P.O Day P.O Jar P.O Ste	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 vid Seitz D. Box 114057 Plum PA 15239 mes Gilboy D. Box 114057 Plum PA 15239 efan Papadopoulos D. Box 114057 Plum PA 15239	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres. 10 Treasurer 10	ch one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISO (if not paid, enter -0-)	npensated. (see the in Part IV	structions for Part IV.) (e) Estimated amount of other compensation (O) O
Roll P.O Day P.O Jar P.O Ste	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 vid Seitz D. Box 114057 Plum PA 15239 mes Gilboy D. Box 114057 Plum PA 15239 efan Papadopoulos D. Box 114057 Plum PA 15239 white	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres. 10 Treasurer 10 Secretary 2 Softball Direct	ch one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV (d) Health benefits, contributions to employee benefit plans, and deferred compensation	structions for Part IV.) (e) Estimated amount of other compensation 0 0 0 0
Rob P.(Dav P.(Ste P.(Jav P.(List of Officers, Directors, Trustees, and Kercheck if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 Wid Seitz D. Box 114057 Plum PA 15239 mes Gilboy D. Box 114057 Plum PA 15239 efan Papadopoulos D. Box 114057 Plum PA 15239 white D. Box 114057 Plum PA 15239 White D. Box 114057 Plum PA 15239	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres. 10 Treasurer 10 Secretary 2	ch one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV (d) Health benefits, contributions to employee benefit plans, and deferred compensation	structions for Part IV.) (e) Estimated amount of other compensation 0 0
Rok P.(Jar P.(Jar P.(Wi.	List of Officers, Directors, Trustees, and Kercheck if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 Wid Seitz D. Box 114057 Plum PA 15239 mes Gilboy D. Box 114057 Plum PA 15239 efan Papadopoulos D. Box 114057 Plum PA 15239 white D. Box 114057 Plum PA 15239 White D. Box 114057 Plum PA 15239 Iliam Rumcik	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres. 10 Treasurer 10 Secretary 2 Softball Direct 5 Baseball Direct	ch one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV (d) Health benefits, contributions to employee benefit plans, and deferred compensation	structions for Part IV.) (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0
Roll P.(Dav P.(Ste P.(Vian Vian Vian Vian Vian Vian Vian Vian	List of Officers, Directors, Trustees, and Kercheck if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 vid Seitz D. Box 114057 Plum PA 15239 mes Gilboy D. Box 114057 Plum PA 15239 efan Papadopoulos D. Box 114057 Plum PA 15239 white D. Box 114057 Plum PA 15239 lliam Rumcik D. Box 114057 Plum PA 15239	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres. 10 Treasurer 10 Secretary 2 softball Direct 5 Baseball Direct 5	ch one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV (d) Health benefits, contributions to employee benefit plans, and deferred compensation	structions for Part IV.) (e) Estimated amount of other compensation 0 0 0 0
Roll P.(Dav P.(Ste P.(Wi. P.(Ste	List of Officers, Directors, Trustees, and Kercheck if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 vid Seitz D. Box 114057 Plum PA 15239 mes Gilboy D. Box 114057 Plum PA 15239 efan Papadopoulos D. Box 114057 Plum PA 15239 with the D. Box 114057 Plum PA 15239 lliam Rumcik D. Box 114057 Plum PA 15239 eve Mahr	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres. 10 Treasurer 10 Secretary 2 Softball Direct 5 Baseball Direct 5 Purchasing Dire	ch one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV (d) Health benefits, contributions to employee benefit plans, and deferred compensation (tructions for Part IV.) (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0
Role P.(Jar P.(Jar P.(Ste P	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 Wid Seitz D. Box 114057 Plum PA 15239 mes Gilboy D. Box 114057 Plum PA 15239 efan Papadopoulos D. Box 114057 Plum PA 15239 y White D. Box 114057 Plum PA 15239 lliam Rumcik D. Box 114057 Plum PA 15239 eve Mahr D. Box 114057 Plum PA 15239	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres. 10 Treasurer 10 Secretary 2 Softball Direct 5 Baseball Direct 5 Purchasing Dire 5	ch one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV (d) Health benefits, contributions to employee benefit plans, and deferred compensation (structions for Part IV.) (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0
Role P.(Jar P.(Jar P.(Ste P.(Che	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 Wid Seitz D. Box 114057 Plum PA 15239 mes Gilboy D. Box 114057 Plum PA 15239 efan Papadopoulos D. Box 114057 Plum PA 15239 y White D. Box 114057 Plum PA 15239 lliam Rumcik D. Box 114057 Plum PA 15239 eve Mahr D. Box 114057 Plum PA 15239 arles Froelich	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres. 10 Treasurer 10 Secretary 2 Softball Direct 5 Baseball Direct 5 Purchasing Dire 5 Field Maintenan	ch one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d)	structions for Part IV.) (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Role P.(Jar P.(Jar P.(Ste P.(Che P	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 Wid Seitz D. Box 114057 Plum PA 15239 mes Gilboy D. Box 114057 Plum PA 15239 efan Papadopoulos D. Box 114057 Plum PA 15239 y White D. Box 114057 Plum PA 15239 lliam Rumcik D. Box 114057 Plum PA 15239 eve Mahr D. Box 114057 Plum PA 15239	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres. 10 Treasurer 10 Secretary 2 Softball Direct 5 Baseball Direct 5 Purchasing Dire 5	ch one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d)	structions for Part IV.) (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0
Role P.(Jar P.(Jar P.(Ste P.(Che P	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 Wid Seitz D. Box 114057 Plum PA 15239 mes Gilboy D. Box 114057 Plum PA 15239 efan Papadopoulos D. Box 114057 Plum PA 15239 y White D. Box 114057 Plum PA 15239 lliam Rumcik D. Box 114057 Plum PA 15239 eve Mahr D. Box 114057 Plum PA 15239 arles Froelich	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres. 10 Treasurer 10 Secretary 2 Softball Direct 5 Baseball Direct 5 Purchasing Dire 5 Field Maintenan	ch one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d)	structions for Part IV.) (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Role P.(Jar P.(Jar P.(Ste P.(Che P	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 Wid Seitz D. Box 114057 Plum PA 15239 mes Gilboy D. Box 114057 Plum PA 15239 efan Papadopoulos D. Box 114057 Plum PA 15239 y White D. Box 114057 Plum PA 15239 lliam Rumcik D. Box 114057 Plum PA 15239 eve Mahr D. Box 114057 Plum PA 15239 arles Froelich	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres. 10 Treasurer 10 Secretary 2 Softball Direct 5 Baseball Direct 5 Purchasing Dire 5 Field Maintenan	ch one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d)	structions for Part IV.) (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Role P.(Jar P.(Jar P.(Ste P.(Che P	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 Wid Seitz D. Box 114057 Plum PA 15239 mes Gilboy D. Box 114057 Plum PA 15239 efan Papadopoulos D. Box 114057 Plum PA 15239 y White D. Box 114057 Plum PA 15239 lliam Rumcik D. Box 114057 Plum PA 15239 eve Mahr D. Box 114057 Plum PA 15239 arles Froelich	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres. 10 Treasurer 10 Secretary 2 Softball Direct 5 Baseball Direct 5 Purchasing Dire 5 Field Maintenan	ch one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d)	structions for Part IV.) (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Role P.(Jar P.(Jar P.(Ste P.(Che P	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 Wid Seitz D. Box 114057 Plum PA 15239 mes Gilboy D. Box 114057 Plum PA 15239 efan Papadopoulos D. Box 114057 Plum PA 15239 y White D. Box 114057 Plum PA 15239 lliam Rumcik D. Box 114057 Plum PA 15239 eve Mahr D. Box 114057 Plum PA 15239 arles Froelich	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres. 10 Treasurer 10 Secretary 2 Softball Direct 5 Baseball Direct 5 Purchasing Dire 5 Field Maintenan	ch one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d)	structions for Part IV.) (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Role P.(Jar P.(Jar P.(Ste P.(Che P	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 Wid Seitz D. Box 114057 Plum PA 15239 mes Gilboy D. Box 114057 Plum PA 15239 efan Papadopoulos D. Box 114057 Plum PA 15239 y White D. Box 114057 Plum PA 15239 lliam Rumcik D. Box 114057 Plum PA 15239 eve Mahr D. Box 114057 Plum PA 15239 arles Froelich	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres. 10 Treasurer 10 Secretary 2 Softball Direct 5 Baseball Direct 5 Purchasing Dire 5 Field Maintenan	ch one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d)	structions for Part IV.) (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Role P.(Jar P.(Jar P.(Ste P.(Che P	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and address Dert Sekerka D. Box 114057 Plum PA 15239 Wid Seitz D. Box 114057 Plum PA 15239 mes Gilboy D. Box 114057 Plum PA 15239 efan Papadopoulos D. Box 114057 Plum PA 15239 y White D. Box 114057 Plum PA 15239 lliam Rumcik D. Box 114057 Plum PA 15239 eve Mahr D. Box 114057 Plum PA 15239 arles Froelich	y Employees. List ead O to respond to ar (b) Title and average hours per week devoted to position President 10 Vice Pres. 10 Treasurer 10 Secretary 2 Softball Direct 5 Baseball Direct 5 Purchasing Dire 5 Field Maintenan	ch one even if not conny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	npensated. (see the in Part IV (d) Health benefits, contributions to employee benefit plans, and deferred compensation (d)	structions for Part IV.) (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	i dit	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		Х
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		Х
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		Х
	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		
c	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		Х
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		Х
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0	37b		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
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	-		l
b	Gross receipts, included on line 9, for public use of club facilities $\dots \dots \dots $ [39b] \mathbb{N}/\mathbb{A} Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
40a	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 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	a pennumanny	X
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		X
41	List the states with which a copy of this return is filed. ▶ None			
42a	The organization's books are in care of ▶ James Gilboy Telephone no. ▶ 412	-97	3-6	3/6
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Located at ▶ 101 Ridge View Drive New Ken. PA ZIP+4 ▶ 150	08	Voc	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	+	X
	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		<u> X</u>
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			
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	Yes	No X
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
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		X
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ST SHEEKSER	X
45b	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).	45b		X

Yes No

46	Did the organization engage, directly or ir to candidates for public office? If "Yes," or	omplete Schedule C,	Part I			46		Х
Part	501(c)(3) organizations and sect and 52, and complete the tables	ion 4947(a)(1) none for lines 50 and 51.	exempt charitable tr	rusts must a	trusts or enswer que	nly. All se estions 47	ectio 7–49	n b
	Check if the organization used Sc	nedule O to respond	to any question in th	nis Part VI		· · · · ·	<u> </u>	
					2		Yes	No
47	Did the organization engage in lobbying	activities or have a s		on in effect d	uring the ta			17
	year? If "Yes," complete Schedule C, Par					47		X
48	Is the organization a school as described in	n section 170(b)(1)(A)(ii)? If "Yes," complete	Schedule E		. 48		X
49a	Did the organization make any transfers t	o an exempt non-chai	itable related organiz			. 49a		A
b	If "Yes," was the related organization a se	ection 527 organization	n?	or then office		49b	and	kov
50	Complete this table for the organization's employees) who each received more that	five highest compens	sated employees (oth	er man omce	ere is none	enter "No	ne"	кеу
	employees) who each received more than	1 \$ 100,000 of comper	1	(d) Health		, criter 140		
	(a) Name 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)	contributions t	o employee and deferred	(e) Estimated other compared to the compared t		
None	2							
		-						
				· ·				
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe	. insated independent insated independent	contractors v	who each r	eceived m	ore 1	than
(a'	Name and address of each independent contractor pa		(b) Type of ser	rvice	(c)	Compensation	on	

Non			4					
			1					
		~~~~~~~~						
			1					
							***************************************	
			1					
d	Total number of other independent contr	actors each receiving	over \$100,000	<b>&gt;</b>				
52	Did the organization complete Schedule			ns and 4947(	a)(1)			
02	nonexempt charitable trusts must attach	a completed Schedule	e A ` .   .   .   .   .   .   .   .   .   .			Yes		No
Under	penalties of periupy. I declare that I have examined this	return, including accompar	nving schedules and statem	nents, and to the	best of my kn	owledge and	l belief	, it is
true, co	priect, and complete. Declaration of preparer (other the	an officer) is based on all inf	ormation of which preparer	has any knowle	dge.			
	Janes Thella	D 6/14			7/15	113		
	Signature of officer	1/1.	- A	Dat				
Sign	1 1/9 9		1054	SURE	O			
Sign Here		Mr 1001 16	- 1161-11	7 - ( ) - 1 -	<u> </u>			
_		Nr 130) 16	- 1121-41		<u> </u>			
Here	Type or print name and title	Preparer's signature		Date	Check	if PTIN		
Here Paid	Type or print name and title  Print/Type preparer's name	Preparer's signature			1 –	l if		
Here Paid Prep	Type or print name and title  Print/Type preparer's name  parer	Preparer's signature		Date	Check	l if		
Here Paid Prep	Type or print name and title  Print/Type preparer's name  parer	Preparer's signature		Date Fire	Check Self-emplo	l if		

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No. 1545-0047

20 1 1

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization
Plum Baseball & Softball Association

Employer identification number 45-3948869

21	Reason f	or Public Char	rity Status (All orga	nization	s must c	omplete	this par	t.) See ir	nstructio	ns.
			tion because it is: (Fo							
1	•	•	nes, or association of		-				i).	
2	A school desc	ribed in section	170(b)(1)(A)(ii). (Atta	ch Sched	lule E.)					
3	A hospital or a	cooperative hos	spital service organiza	ation desc	cribed in	section 1	70(b)(1)(	A)(iii).		
4	A medical rese	earch organizatio	n operated in conjunc	ction with	a hospita	al describ	ed in sec	tion 170		iii). Enter the
5	An organization	nospital's name, city, and state:  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.)								
	= -			d wait dag	aribad in	anation	470/6\/4	\/ <b>A</b> \/ ₆ \		
6 7	☐ An organization	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  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 t	rust described in	section 170(b)(1)(A)	<b>(vi).</b> (Cor	nplete Pa	art II.)				
9	receipts from support from	activities related gross investmer	receives: (1) more that to its exempt function t income and unrelater Tune 30, 1975. Se	ons—subj ated busi	ject to ce	ertain exc able inco	eptions, one (less	and (2) r s section	no more t	han 33 1/3% of its
10	☐ An organization	on organized and	operated exclusively	to test fo	r public s	safety. Se	e <b>sectio</b> i	า 509(a)(	4).	
11	purposes of o	ne or more publ	d operated exclusive icly supported organi lescribes the type of s	zations d	lescribed	in section	n 509(a)	(1) or see	ction 509	(a)(2). See section
	a 🗌 Type		Type II c				integrated		d [	* *
е		ndation manage	that the organization irs and other than one							
f			written determinatio	n from tl	he IRS t	hat it is	a Type I	, Type II	, or Type	e III supporting
	organization, o	check this box .								
g	Since August following pers		ne organization accep	oted any	gift or co	ntributior	from an	y of the		
			ndirectly controls, eith							Yes No
		<del>-</del>	on described in (i) abo	-						11g(ii)
		-	person described in							11g(iii)
h	Provide the fo	llowing information	on about the supporte	d organiz	ation(s).					
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ col. (i)	ou notify nization in of your port?	(vi) I organizat (i) organiz U.:	zed in the	(vii) Amount of support
			, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No	
(A)	- 1									
(B)								-		
(C)										
(D)										
(E)										
				Saltastatos						
T-1-	1									0 00

Scrieduid	A (1 01111 330 01 330-LZ) 2011						
Pari	Support Schedule for Organiza	ations Descr	ibed in Secti	ions 170(b)(1	)(A)(iv) and	170(b)(1)(A)(	vi)
	(Complete only if you checked th	e box on line	5, 7, or 8 of I	Part I or if the	organization	failed to qual	ity under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, ple	ease complet	e Part III.)	
	on A. Public Support						
Calend	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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					83	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)					2	
6	Public support. Subtract line 5 from line 4.		SUPPLEMENT				
Secti	on B. Total Support		·	Y	T	1	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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 instruction	ons)			12	
13	First five years. If the Form 990 is for t	he organizatior	n's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop he						🕨
Secti	on C. Computation of Public Suppo	rt Percentag	е			<del></del>	
14	Public support percentage for 2011 (line					14	%
15	Public support percentage from 2010 Sci	hedule A, Part	II, line 14 .			15	9/
16a	33 ¹ / ₃ % support test—2011. If the organ	ization did not	check the box	on line 13, an	d line 14 is 33	1/3% or more, ch	neck this
	box and stop here. The organization qua	alifies as a pub	licly supported	organization			. 🏲 [
b	331/3% support test—2010. If the orga	nization did no	ot check a box	x on line 13 or	r 16a, and line		
	check this box and stop here. The organ						L
17a	10%-facts-and-circumstances test—20	<b>011.</b> If the org	anization did n	ot check a box	on line 13, 16	a, or 16b, and l	ine 14 is
	10% or more, and if the organization me	eets the "facts-	and-circumstar	nces" test, ched	ck this box and	stop here. E	xplain in
	Part IV how the organization meets the "				ition qualifies a	is a publicly sur	
	- · · · · · · · · · · · · · · · · · · ·						
b	10%-facts-and-circumstances test—20	<b>010.</b> If the org	anization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization	ation meets the	e "facts-and-ci	rcumstances" t	est, check this	s box and sto	op here.
	Explain in Part IV how the organization r				ne organizatior	qualifies as a	
							<b>▶</b> [
18	Private foundation. If the organization of	lid not check a	box on line 13	, 16a, 16b, 17a	i, or 17b, chec	k this box and s	ee

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	on A. Public Support	( ) 0007	# \ 0000 I	(5) 2000	(d) 2010	(e) 2011	(f) Total
Calend	lar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(a) 2010	(e) 2011	(I) Total
1	Gifts, grants, contributions, and membership fees						155 005 00
	received. (Do not include any "unusual grants.")					155,285	155,285.00
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						
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					155,285.00	155,285.00
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3				ž.		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b				The state of the s	SCORES STATE OF STATE	
8	Public support (Subtract line 7c from						
	line 6.)						155,285.00
Secti	on B. Total Support	.,		1		(-) 0044	(f) Total
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6					155,285.00	155,285.00
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business			110			
	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.)	anasanasang adaa alaan aa					
13	Total support. (Add lines 9, 10c, 11,						155 005 00
	and 12.)			d third fourth	or fifth toy yo	ar as a section	155,285.00
14	First five years. If the Form 990 is for the	the organizatio	n's tirst, secon	ia, inira, iourin	, or militiax ye		• 🗵
	organization, check this box and stop h						123
	ion C. Computation of Public Support Public support percentage for 2011 (line	ort Percentaç	je livided by line 1	13 column (f))		15	%
15	Public support percentage for 2011 (interpretation 2010 Screen 201	bodule A Part	III line 15	10, 00141111 (17)		16	%
16	ion D. Computation of Investment In	ncome Perce	ntage				
	Investment income percentage for 2011	(line 10c colu	mn (f) divided	by line 13. colu		. 17	%
17	Investment income percentage from 20	10 Schedule A	Part III line 1	7		.   18	%
18	331/3% support tests—2011. If the orga	nization did no	t check the bo	x on line 14. a	and line 15 is r		%, and line
19a	17 is not more than 331/3%, check this box	and stop here	e. The organiza	tion qualifies as	a publicly supp	orted organizati	on . ▶ 🗌
b	331/2% support tests—2010. If the organ	nization did not	check a box or	line 14 or line	19a, and line 1	6 is more than 3	331/3%, and
D	line 18 is not more than 331/3%, check this	box and stop	here. The orga	nization qualifie	s as a publicly s	supported organ	ization 🕨 📋
20	Private foundation. If the organization of	did not check a	box on line 14	l, 19a, or 19b, o	check this box	and see instruc	tions 🕨 🗌
. 20						bodulo A (Form 90	00 000 E7) 2011

_			
Pζ	3.0	e	4

ParaW	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. Also complete this part for any additional information. (See instructions).						

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

		- Attach to		mspection
Name of the organization Plum Basebal	l & Softball A	Association	n .	Employer identification number 45-3948869
Form 990EZ P	art II Line 24	l - Other I	Assets	
	posits - \$2,09			
	<del>-</del> i			
Form 990EZ P	art III -Orgar	nization's	Primary Exemp	t Purpose
To provide	an opportunit	y for all	children in P	lum Borough PA to
participat	e in organized	d Baseball	and Softball	games, leagues and
tournament	s in varying a	age groups	. Also to prom	note and instill the values
of good sp	ortsmanship, h	nonesty, l	oyalty, courac	e, teamwork and respect
for others	in all partic	cipants.		
Form 990EZ P	art I Line 16	- Other E	xpenses	
Bank Charg	es	65		
Contributi	ons	100		
Commission	s and fees	29,103		
Insurance		7 <b>,</b> 392		
Office exp	ense	540		
Rental exp	ense	1,763		
Repairs an	d maintenance	2,530		
Supplies		51,690		· · · · · · · · · · · · · · · · · · ·
Tournament	expenses	31,283		
Utilities		9,127		
Miscellane	ous	1,756		
Total othe	r expenses	135,349		
	·			
			·	
			***************************************	

_	
Page	4

Name of the organization Plum Baseball & Softball Association	Employer identification number 45-3948869
Form 990 EZ Part V Information Regarding Personal Benefi	t Contracts:
The organization did not, during the year, receive any f	unds, directly or
indirectly, to pay premiums on a personal benefit contra	ict.
The organization, did not, during the year, pay any prem	niums, directly or
indirectly, on a personal benefit contract.	
	<del></del>