

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

**2009****Open to Public Inspection**

**A** For the 2009 calendar year, or tax year beginning , 2009, and ending ,

**B** Check if applicable: ☐ Address change, ☐ Name change, ☐ Initial return, ☐ Termination, ☐ Amended return, ☐ Application pending. Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization: GRAYSLAKE YOUTH BASEBALL ASSOCIATION  
Number and street (or P.O. box, if mail is not delivered to street address): PMB 222, 100 S. ATKINSON RD  
City or town, state or country, and ZIP + 4: GRAYSLAKE IL 60030

**D** Employer identification number: 36-4468350

**E** Telephone number: (847) 548-2255

**F** Group Exemption Number: ☐

**G** Accounting method: ☒ Cash ☐ Accrual Other (specify) ☐

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

**I** Website: [www.gybaonline.org](http://www.gybaonline.org)

**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) (insert no ) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 260,393.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	62,518.
<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	197,253.
<b>3</b> Membership dues and assessments	<b>3</b>	
<b>4</b> Investment income	<b>4</b>	622.
<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>b</b> Less cost or other basis and depreciation	<b>5b</b>	
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b> Special events and activities (Complete applicable parts of Schedule B. If any amount is from gaming, check here <input type="checkbox"/> )		
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b>	
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>b</b> Less cost of goods sold	<b>7b</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b> Other revenue (describe <input type="checkbox"/> )	<b>8</b>	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	260,393.
<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	159,161.
<b>11</b> Benefits paid to or for members	<b>11</b>	
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	21,887.
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	675.
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	8,540.
<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
<b>16</b> Other expenses (describe <input type="checkbox"/> See Other Expenses Statement)	<b>16</b>	43,439.
<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	233,702.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	26,691.
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	86,537.
<b>20</b> Other changes in net assets or fund balances (attach explanation) VOIDED CHECKS	<b>20</b>	3,650.
<b>21</b> Net assets or fund balances at end of year (Combine lines 18 through 20)	<b>21</b>	116,878.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	84,656.	114,997.
<b>23</b> Land and buildings	0.	0.
<b>24</b> Other assets (describe <input type="checkbox"/> COMPUTER EQUIPMENT)	1,881.	1,881.
<b>25 Total assets</b>	86,537.	116,878.
<b>26 Total liabilities</b> (describe <input type="checkbox"/> )	0.	0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	86,537.	116,878.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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<b>Part III</b>	<b>Statement of Program Service Accomplishments (See the instructions)</b>
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**Expenses**

What is the organization's primary exempt purpose? ORGANIZE & PROMOTE RECREATIONAL ACTIVITIES

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, or other relevant information for each program title.

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

28	PROVIDE YOUTH BASEBALL PROGRAMS TO OVER 900 PARTICIPANTS FROM AGES 7 TO 14.		
	(Grants \$ 3,052.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	159,161.
29			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	32	159,161.

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs )
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[illegible]

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> 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		
<b>a</b> 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?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</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		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float: right;">0.</span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float: right;">section 4912 <span style="float: right;">section 4955</span></span>		
<b>b</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		X
<b>c</b> 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		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> 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
<b>41</b> List the states with which a copy of this return is filed <span style="float: right;">Illinois</span>		

**42a** The organization's books are in care of TIM WOLD Telephone no (847) 543-8836  
 Located at 319 KILDERE CT GRAYSLAKE IL ZIP + 4 60030

**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 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 ?

If 'Yes,' enter the name of the foreign country \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 \_\_\_\_\_

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

**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

**Part VI** Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If 'Yes,' was the related organization a section 527 organization?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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'

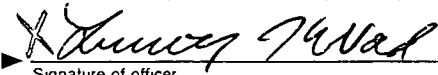
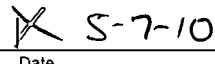
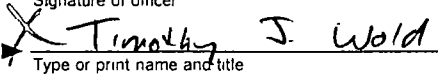
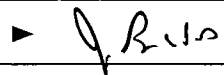
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		 Date	
Paid Preparer's Use Only	 Type or print name and title		Treasurer	
	Preparer's signature 		Date 05/05/10	
	Firm's name (or yours if self-employed), address, and ZIP + 4 JEFFREY BAER & ASSOCIATES, LTD. 35 N WHITNEY ST 2ND FL GRAYSLAKE IL 60030		Check if self-employed <input type="checkbox"/> Preparer's Identifying Number (See instructions) 90005828	
	Phone no (847) 223-5547		EIN	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include '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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

17a **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)	68,064.	57,932.	149,540.	96,323.	80,618.	452,477.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	164,039.	153,244.	189,395.	214,155.	179,153.	899,986.
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 <b>Total.</b> Add lines 1 through 5	232,103.	211,176.	338,935.	310,478.	259,771.	1,352,463.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support</b> (Subtract line 7c from line 6)						1,352,463.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	232,103.	211,176.	338,935.	310,478.	259,771.	1,352,463.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,032.	2,017.	2,930.	1,893.	622.	8,494.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,032.	2,017.	2,930.	1,893.	622.	8,494.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (add lns 9, 10c, 11, and 12)						1,360,957.
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.38%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.40%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.62%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.60%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

[illegible]



Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

FUNDRAISING

35,798.

OFFICE EXPENSES

7,641.

Total

43,439.

## Grayslake Youth Baseball Association 200-2010 Board Members

### **TERRY TOTH**

691 Brookstone  
Grayslake, IL 60030  
Tel: 847-548-1090  
Cell: 847-867-1381  
Email: TerryToth1@cs.com  
Position: **CHAIRMAN**

### **DOUG WISBEY**

279 Banbury Lane  
Grayslake, IL 60030  
Tel: 847-548-1228  
Cell: 847-337-0543  
Email: dwisbey@sbcglobal.net  
Position: **VICE CHAIRMAN**

### **MICHAEL DEAN**

1565 Portia Road  
Grayslake, IL 60030  
Tel: 847-543-0399  
Cell: 847-204-7559  
Email: teamdean@comcast.net  
Position: **PRESIDENT OF BASEBALL**

### **BARI LOEBMAN**

243 Braxton Way  
Grayslake, IL 60030  
Home: 847-543-7236  
Cell: 847-721-9422  
Email: bariloebman@hotmail.com  
Position: **SECRETARY**

### **TIM WOLD**

319 Kildere Court  
Grayslake, IL 60030  
Home: 847-543-8836  
Cell: 847-445-4364  
Email: tim@woldprinting.com  
Position: **TREASURER**

### **Glen Sagendorph**

1202 Warwick Ct.  
Grayslake, IL 60030  
Tel: 847-548-4059  
Cell: 847-722-8410  
Email: gennsag@comcast.net  
Position: **CIO**

### **MARK RUHLMANN**

965 Shooting Star Road  
Grayslake, IL 60030  
Tel: 847-543-7590  
Cell: 224-627-9824  
Email: eruhlmann@att.net  
Position: **PRESIDENT OF TRAVEL PROGRAM**

### **BILL HAMRICK**

269 Braxton Way  
Grayslake, IL 60030  
Tel: 847-223-7738  
Cell: 847-226-2079  
Email: bill\_hamrick@sbcglobal.net  
Position: **DIRECTOR OF PLAYER DEVELOPMENT**

### **OPEN**

Position: **13/14 LEAGUE PRESIDENT**

### **TONY RUBINO**

515 Christy Circle  
Grayslake, IL 60030  
Tel: 847-548-9914  
Cell: 847-409-6005  
Email: TonyRubino@walgreens.com  
Position: **11/12 LEAGUE PRESIDENT**

### **STEVE STURM**

45 Whispering Oaks Lane  
Grayslake, IL 60030  
Tel: 847-548-7078  
Cell: 847-980-8260  
Email: sturmys@comcast.net  
Position: **9/10 LEAGUE PRESIDENT**

### **Brad Arnold**

1200 Williamsburg Circle  
Grayslake, IL 60030  
Tel: 847-543-8194  
Cell: 630-204-7923  
Email: wbarnold22@comcast.net  
Position: **7/8 LEAGUE PRESIDENT**

**OPEN**

**Position: DIRECTOR, FIELDS & FACILITIES**

**Sean Donnelly**

Tel:

Cell:

Email: [sean.donnelly1@allstate.com](mailto:sean.donnelly1@allstate.com)

Position: **DIRECTOR UMPIRES (BRONCO/PONY)**

**ALEX OLSANSKY**

1344 Chesterfield Lane

Grayslake, IL 60030

Tel: 847-543-4106

Cell: 847-714-2864

Email: [aolsansky@yahoo.com](mailto:aolsansky@yahoo.com)

Position: **DIRECTOR UMPIRES (9/10 LEAGUE)**

**GREG NEELY**

150 E. Littleton Trail

Hainesville, IL 60030

Tel: 847-543-1877

Cell: 847-363-5491

Email: [Gneely@hilcoreceivables.net](mailto:Gneely@hilcoreceivables.net)

Position: **DIRECTOR MEDIA RELATIONS**

**RICK DISHMAN**

1016 Potomac Ct

Grayslake, IL 60030

Tel: 847-223-6500

Cell: 847-223-6500

Email: [Dishmanas@sbcglobal.net](mailto:Dishmanas@sbcglobal.net)

Position: **DIRECTOR OF SPONSORSHIPS**

**JIM ALLEN**

793 N Alleghany Rd.

Grayslake, IL 60030

Tel: 847-548-5616

Cell: 224-383-5676

Email: [cubbies5@aol.com](mailto:cubbies5@aol.com)

Position: **DIRECTOR OF FALL BALL**

**PAUL LYTHCKE**

273 Banbury Lane

Grayslake, IL 60030

Tel: 847-548-4842

Cell: 847-867-6240

Email: [plythcke@axiom-systems.com](mailto:plythcke@axiom-systems.com)

Position: **DIRECTOR EQUIPMENT & UNIFORMS**

**TRENT WEBSTER**

97 Bayview Lane

Grayslake, IL 60030

Tel: 847-543-0791

Cell: 224-715-9400

Email: [webbie11@sbcglobal.net](mailto:webbie11@sbcglobal.net)

Position: **TOURNAMENT DIRECTOR**

**GERI NOZICKA**

965 Shooting Star Road

Grayslake, IL 60030

Tel: 847-548-5167

Cell: 949-584-0618

Email: [nozickag@aol.com](mailto:nozickag@aol.com)

Position: **DIRECTOR, CONCESSIONS**

**BOB SEITZ**

414 Mitchell Drive

Grayslake, IL 60030

Tel: 847-223-9717

Cell: 224-436-3016

Email: [Bob.Seitz@yahoo.com](mailto:Bob.Seitz@yahoo.com)

Position: **DIRECTOR, SPECIAL EVENTS**