

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

CLIENT COPY
OMB No. 1545-01150

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning , 2008, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		MIDDLETOWN VALLEY ATHLETIC ASSOC. INC.		23-7175257
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number
		31 W MAIN ST A		(301) 371-3423
City or town, state or country, and ZIP + 4		F Group Exemption Number		
MIDDLETOWN MD 21769				

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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: ▶ MVAASPORTS.COM

J Organization type (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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 401,901.

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	78,478.
	2 Program service revenue including government fees and contracts	2	203,606.
	3 Membership dues and assessments	3	81,081.
	4 Investment income	4	4,671.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 73,919. of contributions reported on line 1)	6a	18,237.
b Less: direct expenses other than fundraising expenses	6b	18,237.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0.	
7a Gross sales of inventory, less returns and allowances	7a	15,772.	
b Less: cost of goods sold	7b	3,836.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	11,936.	
8 Other revenue (describe ▶ REFUND PAYROLL TAXES)	8	56.	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	379,828.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	16,850.
	13 Professional fees and other payments to independent contractors	13	1,150.
	14 Occupancy, rent, utilities, and maintenance	14	31,072.
	15 Printing, publications, postage, and shipping	15	2,663.
	16 Other expenses (describe ▶ See Other Expenses Statement)	16	246,359.
17 Total expenses (add lines 10 through 16)	17	298,094.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	81,734.	
ASSETS	19 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)	19	220,295.
	20 Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	20	2,925.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	304,954.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	188,159.	244,766.
23 Land and buildings	6,183.	15,170.
24 Other assets (describe ▶ See L-24 Stmt)	82,915.	51,877.
25 Total assets	277,257.	311,813.
26 Total liabilities (describe ▶ See L-26 Stmt)	56,962.	6,859.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	220,295.	304,954.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form **990-EZ** (2008)

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? SEE ATTACHED STATEMENT		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
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.			
28	<u>SOCCKER - 956 youth participated in the program which fosters a love of this sport and strives to develop productive adults thru organized play.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	56,141.
29	<u>BASEBALL - 266 youth participated in the program which strives to provide positive support for all participants.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	41,776.
30	<u>FOOTBALL - 277 youth participated in the program which ultimately prepares players for the high school level of competition</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	31,915.
31	Other program services (attach schedule) <u>SEE ATTACHED</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	44,153.
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	173,985.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
BRIAN MOORE 202 ALI DR MIDDLETOWN MD 21769	PRESIDENT 4.00	0.	0.	0.
LINDA PITSENBARGER 6967 SNEAD CT MIDDLETOWN MD 21769	VICE PRESIDENT 6.00	0.	0.	0.
TINA DELAUTER 10257 MEADOWRIDGE DR MYERSVILLE MD 21773	TREASURER 6.00	0.	0.	0.
DIANE EVICH 3717 BITTLE RD MYERSVILLE MD 21773	SECRETARY 2.00	0.	0.	0.
DOUG LEIDIG 104 TOBIAS RUN MIDDLETOWN MD 21769	DIRECTOR 8.00	0.	0.	0.
JOE KELLEY 3628 GLENOBLE CT JEFFERSON MD 21755	DIRECTOR 8.00	0.	0.	0.
KELLY DELAUTER 7000 SPRINGDALE LN MIDDLETOWN, MD 21769	DIRECTOR 8.00	0.	0.	0.
GINNI DUMARS 7507 ROCKWOOD RD FREDERICK MD 21702	DIRECTOR 2.00	0.	0.	0.
TOM EVICH 3717 BITTLE RD MYERSVILLE MD 21773	DIRECTOR 10.00	0.	0.	0.
JOHN GALLAWAY 6921 SARAZEN CT MIDDLETOWN MD 21769	DIRECTOR 8.00	0.	0.	0.
KEVIN STOTTLEMYER 6 COBLENTZ CT MIDDLTOWN MD 21769	DIRECTOR 8.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35 a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35 b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.
37 b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38 b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	
39	501(c)(7) organizations. Enter:		
39 a	Initiation fees and capital contributions included on line 9	39 a	
39 b	Gross receipts, included on line 9, for public use of club facilities	39 b	
40 a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
40 b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
40 c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40 d	Enter amount of tax on line 40c reimbursed by the organization		
40 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed	Maryland	

42 a The books are in care of KAREN GOODYEAR Telephone no. (301) 371-3423
 Located at 31 W MAIN ST, STE A MIDDLETOWN MD ZIP + 4 21769

		Yes	No
42 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		X
42 c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country		X

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

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 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.....		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
49a Did the organization make any transfers to an exempt non-charitable related organization?.....		X
49b If 'Yes,' was the related organization(s) a section 527 organization?.....		

50 Complete this table for the 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				
Total number of other employees paid over \$100,000				

51 Complete this table for the 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		
Total number of other independent contractors receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature _____ Date 08/12/09

Firm's name (or yours if self-employed), address, and ZIP + 4 **Bryant Financial Group, LLC**
10 W Main St.
Middletown MD 21769

Check if self-employed

Preparer's Identifying Number (See instructions) _____

EIN _____ Phone no. (301) 371-9022

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

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),2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ...						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 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 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%

16a **33-1/3 support test – 2008.** 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 – 2007.** 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 – 2008.** 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 – 2007.** 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	37,678.	55,067.	68,351.	99,175.	159,559.	419,830.
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	108,557.	139,835.	169,850.	201,784.	237,671.	857,697.
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 1-5	146,235.	194,902.	238,201.	300,959.	397,230.	1,277,527.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						1,277,527.

Section B. Total Support

Calendar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	146,235.	194,902.	238,201.	300,959.	397,230.	1,277,527.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	959.	1,479.	1,827.	5,439.	4,671.	14,375.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	959.	1,479.	1,827.	5,439.	4,671.	14,375.
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 Total support. (add lns 9, 10c, 11, and 12.)						1,291,902.

14 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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	98.89%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.31%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	1.11%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.69%

19a 33-1/3 support tests - 2008. 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 - 2007. 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 II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		DINNER/DANCE (event type)	GOLF TOURN (event type)	1 (total number)	(Add col. (a) through col. (c))	
REVENUE	1	Gross receipts	73,778.	11,358.	7,020.	92,156.
	2	Less: Charitable contributions	63,187.	5,812.	4,920.	73,919.
	3	Gross revenue (line 1 minus line 2)	10,591.	5,546.	2,100.	18,237.
DIRECT EXPENSES	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	6,000.	4,160.		10,160.
	7	Other direct expenses	4,591.	1,385.	2,101.	8,077.
	8	Direct expense summary. Add lines 4- through 7 in column (d)				
9	Net income summary. Combine lines 3 and 8 in column (d)					0.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
		1	Gross revenue	0.	0.	0.
DIRECT EXPENSES	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Combine lines 1 and 7 in column (d)					0.

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' Explain: ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain: ----- -----		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	0.00 %
b An outside facility	13b	0.00 %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ LINDA PITSENBARGER

Address: ▶ 31 W MAIN ST, STE A MIDDLETOWN, MD 21769

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

15a		X
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b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.

c If 'Yes,' enter name and address:

Name: ▶ _____

Address: ▶ _____

16 Gaming manager information

Name: ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ _____

- Director/officer
 Employee
 Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a		
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b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ and 990-PF**
▶ **See separate instructions.**

OMB No. 1545-0047

2008

Name of the organization

MIDDLETOWN VALLEY ATHLETIC ASSOC. INC.

Employer identification number

23-7175257

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule --

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules --

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of 1 \$5,000 or 2 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

MIDDLETOWN VALLEY ATHLETIC ASSOC. INC.

23-7175257

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE GEORGE L SHIELDS FOUNDATION, INC 11140 ROCKVILLE PK, STE 620 ROCKVILLE MD 20852	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MARK GAVER 13 WOODMERE CIRCLE MIDDLETOWN MD 21769	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Depreciation and Amortization
(Including Information on Listed Property)**

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. **67**

Name(s) shown on return
MIDDLETOWN VALLEY ATHLETIC ASSOC. INC.

Identifying number
23-7175257

Business or activity to which this form relates
Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses.	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions).	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions).	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7.	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8.	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs).	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12.	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions).	14	4,365.
15	Property subject to section 168(f)(1) election.	15	
16	Other depreciation (including ACRS).	16	150.

Part III MACRS Depreciation (Do not include listed property) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008.	17	732.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. <input type="checkbox"/>		

Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		4,365.	7.0 yrs	HY	200DB	624.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property	04/08	2,645.	39 yrs	MM	S/L	48.
	10/08	3,550.	39.0yrs	MM	S/L	19.

Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28.	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions.	22	5,938.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No										24b If 'Yes,' is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)									25		
26 Property used more than 50% in a qualified business use:											
27 Property used 50% or less in a qualified business use:											
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29		

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. You provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions):					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report.					44

Name as Shown on Return MIDDLETOWN VALLEY ATHLETIC ASSOC. INC.	Employer Identification No. 23-7175257
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Line 24 - Other Assets:	Beginning of Year	End of Year
PREPAID EXPENSES	31,168.	0.
SPORTS EQUIPMENT INVENTORY	51,747.	51,747.
A/R	0.	130.
Totals to Form 990-EZ, Part II, line 24	82,915.	51,877.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
SPORT INCOME SPLIT YEAR	8,601.	0.
DONATIONS PAYABLE	5,000.	0.
FACILITIES CONTRACT PAYABLE	40,083.	0.
MEMORIAL FUND	2,898.	0.
OVERPAID A/R	380.	0.
LOAN PAYABLE	0.	6,859.
Totals to Form 990-EZ, Part II, line 26	56,962.	6,859.

Additional Information

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

-

PART III

The MVAA organizes, supervises and supports wholesome recreational education for more than 2,200 youth participants. The organization promotes youth recreational education through community newsletters, mailers and a website. Youth participation is open to the public. Activities available to the youth are Baseball, Softball, Basketball, Cheeleading, Soccer, Field Hockey, Football, Wrestling and Lacrosse.

Additional Information

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS -OTHER PROGRAMS - PART III, LINE 31

Other activities offered by the MVAA to youth are Cheerleading (96 participants), Lacrosse (204 participants), Basketball (517 participants), Softball (79 participants), Field Hockey (40 participants) and Wrestling (33 participants). All of MVAA's sports programs strive to contribute to the development of each participant into a healthy productive adult thru organized play.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)	
Depreciation	5,938.
PAYROLL TAXES	1,541.
BAD DEBT	3,811.
DONATIONS	25,030.
BANK CHARGES	972.
ADMINISTRATIVE EXPENSES	3,579.
PROGRAM EXPENSES	173,985.
INSURANCE	31,503.
Total	246,359.

Form 990-EZ, Page 2, Part IV

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> ROLAND HOCKENBERRY 7940 PICNIC WOODS RD MIDDLETOWN MD 21769 Foreign city ... Foreign country	Title DIRECTOR Hours/Week 3.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> BLAINE CARBAUGH 7104 FLINT CT MIDDLETOWN, MD 21769 Foreign city ... Foreign country	Title DIRECTOR Hours/Week 3.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> SHANNON FULLER 6805 SARAZEN CT MIDDLETOWN, MD 21769 Foreign city ... Foreign country	Title DIRECTOR Hours/Week 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> JODY MAGGIO 4209 MARYLAND CT MIDDLETOWN MD 21769 Foreign city ... Foreign country	Title DIRECTOR Hours/Week 4.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> KEITH POWELL 7543 RIDGE RD FREDERICK MD 21702 Foreign city ... Foreign country	Title DIRECTOR Hours/Week 2.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> BRIGID STOKES 5 EASTERN CIR MIDDLETOWN MD 21769 Foreign city ... Foreign country	Title DIRECTOR Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> SCOTT STOTLEMYER 10819 HIGHLAND SCHOOL RD MYERSVILLE MD 21773 Foreign city ... Foreign country	Title DIRECTOR Hours/Week 2.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Foreign city ... Foreign country	Title Hours/Week			

Form 990-EZ, Page 1, Part I, Line 20

Other Changes in Net Assets or Fund Balances

Description	Amount
CHANGE IN MARKET VALUE OF INVESTMENTS	-22,515.
RECLASS OF LIABILITIES TO APPROPRIATED FUNDS TO CORRECT ACCTG	25,440.
Total	<u>2,925.</u>

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
UTILITIES	1,587.
ISP	340.
FIELD MAINTENANCE/FACILITIES FEES	29,145.
Total	<u>31,072.</u>

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
WEB PAGE	260.
ADVERTISING	1,016.
PRINTING	1,387.
Total	<u>2,663.</u>