Form **990**

a A •

Department of the Treasury Internal Revenue Service

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)

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

2009
Open to Public Inspection

Α	For the	e 2009 calendar year, or tax year beginning and ending							
В	Check if applicable	use in S	D Employer identific	ation number					
	Addres	ss label or FAIRFAX BASEBALL ASSOCIATION							
	Name	type	41-1	500249					
	Instial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone number	elephone number					
	Termin	Specific I14 SE FIRST STREET	507 <u>-</u> -	426-9965					
	Amend	ded tions City or town, state or country, and ZIP + 4	G Gross receipts \$	182,366.					
	Applic	FAIRFAA, MIN 55552	H(a) Is this a group re						
	pendir	F Name and address of principal officer STEVE LINSMETER	for affiliates?	Yes X No					
		PO BOX 479, FAIRFAX, MN 55332	H(b) Are all affiliates inc	uded? Yes No					
<u>t</u>	Tax-exe	empt status X 501(c) (4) ◀ (insert no)	If "No," attach a	list. (see instructions)					
		te: N/A	H(c) Group exemption						
			Year of formation: 1986 N	State of legal domicile: MN					
P	Part I	Summary							
ģ	3 1	Briefly describe the organization's mission or most significant activities TO PROMO	THE GAME O	F BASEBALL					
Ĭ		FOR YOUTH IN FAIRFAX AND SURROUNDING TOWNS		.					
Governance	2	Check this box I if the organization discontinued its operations or disposed of	I . I	_					
Ŝ	3	Number of voting members of the governing body (Part VI, line 1a)	3	0					
		Number of independent voting members of the governing body (Part VI, line 1b)	4	0					
Activities &	5	Total number of employees (Part V, line 2a)	5	0					
7	6 7a	Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, column (C), line 12	6	0.					
Ā		Net unrelated business taxable income from Form 990-T, line 34	7a i 7b	<907.					
	1	RECEIVED	Prior Year	Current Year					
	, 8	O	Filor real	Ourient real					
Ž	9		4,163.	6,271.					
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	459.	261.					
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,310.	10,258.					
		Total revenue - add lines 8 through 11 (must equal Fart VIII Column A), line 2	10,932.	16,790.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)							
	14	Benefits paid to or for members (Part IX, column (A), line 4)							
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							
Fynenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)							
Š	ξ b	Total fundraising expenses (Part IX, column (D), line 25)							
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	11,228.	14,763.					
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,228.	14,763.					
_	<u>၂ 19</u>	Revenue less expenses Subtract line 18 from line 12	<296.	> 2,027.					
Net Assets or	au 6	T-1 1 (D 1) (D 1) (1)	Beginning of Current Year	End of Year					
SSE	జ 원 20	Total assets (Part X, line 16)	30,778.	32,719.					
Vet /	21	Total liabilities (Part X, line 26)	30,377.	315.					
Ē	Part II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	30,377.	32,404.					
ب		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the best of my knowled	ae and belief, it is true, correct.					
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know	ledge	,					
Si	gn	1. Steve Simmerin	1 1 - 2	2.10					
	ere	Signature of officer	Date	<u> </u>					
	-	STEVE LINSMEIER, PRESIDENT							
		Type or print name and title							
Pa	id	Preparer's Date		r's identifying number					
_	eparer's	signature / / Mil + Allaster 6/3/10	self- employed > X						
	eparers e Only	Firm's name (or SCHAEFER & SCHAEFER/CPAS	EIN ▶						
	o only	self-employed), address and							
		ZIP+4 FAIRFAX MN 55332	Phone no. ► (507)426-7591					
Ma	ay the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No					

	990 (2009)		ASEBALL ASS			41-16	00249	Page 2
Pai	rt III Statement	of Program Service	e Accomplishme	nts				
1		organization's mission:						
	TO PROMOTE	THE GAME OF	BASEBALL A	ND PROVIDE	RECREAT	ION FOR TH	E YOUT	<u>H</u>
	OF FAIRFAX	AND SURROUNI	DING TOWNS					
2	Did the organization	undertake any significan	t program services du	ring the year which	were not listed o	on		
	the prior Form 990 o	or 990-EZ?					Yes	X No
	If "Yes," describe th	iese new services on Sch	edule O.					
3		cease conducting, or ma		s in how it conduct	s, any program s	ervices?	Yes	X No
	-	ese changes on Schedul			-, -, _, ,			
4		t purpose achievements		zation's three larges	st program servic	es by expenses		
•		nd 501(c)(4) organizations						
		s, the total expenses, and		•		nount of granto and		
	anocations to others	s, trie total experises, and	revenue, il ally, loi ea	acıı program serviçe	s reported			
4a	(Code) (Expenses \$	uno.	luding grants of ¢) (Revenue \$		
44	•	ATION PROVID		luding grants of \$	א נוחד	PART OF TH	TC	,
		IT OPERATES		. REVENUE	ES ARE GE	NERATED TH	ROUGH	
	TICKET AND	CONCESSION	SALES.					
				 				
								
							····-	
			"					
								-
4b	(Code:) (Expenses \$	14,763. inc	luding grants of \$) (Revenue \$	17	696.)
70	(0000.) (Expenses w	14,703. 110	luding grants or \$) (Hevenue \$	Τ,,	030.)
			·-··					
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			<u> </u>					
4c	(Code) (Expenses \$	inc	luding grants of \$	• •) (Revenue \$		```
	(, (<u></u> ,		idding granto or v) (ι ιονειίαε ψ		,
								
			·····					
								
		···				 .		_
			<u>.</u>					
								
				<u> </u>			_	
							_	
4d	Other program serv	ices (Describe in Schedu	ile O)					
_	(Expenses \$		ng grants of \$) (Re	evenue \$	1		
4e	Total program serv		14,763					
	. Juli program ser	CAPCHISCS P W		<u> </u>				00 (00===
93200 02-04							⊦orm y	90 (2009)
UZ-U4	* NJ							

25.0

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
•	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			<u> </u>
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	<u> </u>	 	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I			v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u> </u>
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	4.5		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15_	<u> </u>	
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		<u> </u>	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		<u> </u>	<u> </u>
	complete Schedule G, Part III	19	х	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990	2009)

Part IV Checklist of Required Schedules (continued)

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			Yes	No							
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		165	INO							
	U.S. Information Returns. Enter -0- if not applicable										
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			Í							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming										
•	(gambling) winnings to prize winners?	1c									
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			<u> </u>							
	filed for the calendar year ending with or within the year covered by this return 2a 0										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b									
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За	Х	ĺ							
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х								
	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)?	4a		Х							
b	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			İ							
	Financial Accounts										
5a											
b											
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			X							
	Tax Shelter Transaction?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible?										
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?										
7	7 Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services										
	provided to the payor?	7a	L	X							
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?										
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
	If "Yes," indicate the number of Forms 8282 filed during the year	ļ									
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal										
	benefit contract?	7e		X							
f	and the second s	7f		X							
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>		 							
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		 							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the										
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_									
9	Sponsoring organizations maintaining donor advised funds.	8		 							
a		9a									
b		9b		 							
10	Section 501(c)(7) organizations. Enter	30		 							
а											
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1									
11	Section 501(c)(12) organizations. Enter	1									
	Gross income from members or shareholders										
	Gross income from other sources (Do not net amounts due or paid to other sources against	1									
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b										

...

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management						
	•	1	ı	٦		Yes	No
1a	Enter the number of voting members of the governing body	1a		0			
b	Enter the number of voting members that are independent	1b		0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other				
	officer, director, trustee, or key employee?			-	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision				
_	of officers, directors or trustees, or key employees to a management company or other person?			-	3_		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	_	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?		-	5		X
6	Does the organization have members or stockholders?			-	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	ember	s of the		_		
	governing body?				7a		<u>X</u>
	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			-	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	the year				
_	by the following.				_	.,	
a	The governing body?				8a_	<u> </u>	
Ъ	Each committee with authority to act on behalf of the governing body?			_	8b	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reasonable and the second of the second	ached	at the		_		77
<u>Sac</u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenu	e Code)				
100	Does the arganization have local chanters branches or affiliates?			Г	•	Yes	No
	Does the organization have local chapters, branches, or affiliates?		661-4	F	10a		<u> </u>
U	If "Yes," does the organization have written policies and procedures governing the activities of such	cnapi	ers, amiliates,		401		
11	and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 900 to all mombers of the government bady before the constraint.	filma a dh	o form		10b	v	
	Has the organization provided a copy of this Form 990 to all members of its governing body before to Describe in Schedule O the process, if any, used by the organization to review this Form 990	illing tr	ie iorm /	-	11	X	
12a					12a		Х
	 Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 						
	to conflicts?	uia giv	e rise		404		
^	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Voc "	doorebo	H	12b		
·	in Schedule O how this is done	165,	describe		10-		
13	Does the organization have a written whistleblower policy?				12c 13		Y
14	Does the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approve	al by a	adopondont	-	14		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	idependent				
а	The organization's CEO, Executive Director, or top management official	•		1.	15-		х
b	Other officers or key employees of the organization				15a 15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			F	130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				
	taxable entity during the year?	WIICHT V	viui a	.	16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate	ts narticination		iva		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org						
	exempt status with respect to such arrangements?	,		١.	16b		
Sec	tion C. Disclosure				100		
17	List the states with which a copy of this Form 990 is required to be filed ►MN						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	c)(3)s only) ava	lable fo)r		
	public inspection Indicate how you make these available Check all that apply	,	,-,, -,,-,-,-,,, 		-•		
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflic	of interest poli	cv and	l fina	ncial	
	statements available to the public		. 27 intoroot poil	٥, ١١٥			
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the orga	anızatıc	n: 🕨	•	
	DELORES BLEICK - 507/426-8128		2.22 St 110 Org				
	101 3RD ST NW, FAIRFAX, MN 55332					_	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees, and former such persons

X Check this box if the organization did (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours	(c		Pos call t		app	lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
STEVE LINSMEIER PRESIDENT								0.	0.	0
JERRY WELDY CEO								0.	0.	0
CRAIG BUBOLTZ SECRETARY								0.	0.	0
CHARLES KORSMO GAMBLING MANAGER								0.	0.	0
DELORES BLEICK TREASURER								0.	0.	0
NANCY BLUMHOEFER DIRECTOR								0.	0.	0
RHONDA BUBOLTZ DIRECTOR								0.	0.	0
		-								

<u>ran</u>	VII Section A. Officers, Directors, Tru	<u>ıstees, Key</u> Er	nplo	yee	s, a	<u>nd l</u>	ligh	<u>est</u>	Compensated Employ	ees (continued)				
	(A)			(((D)	(E)			(F)		
	Name and title	Average Position							Reportable	Reportable		Es	tımate	ed
		hours	(ct	neck	all t	that	арр	ly)	compensation	compensation	J	am	ount	of
		per	-				T .		from	from related			other	
		week	individual trustee or director					ļ	the	organizations	1	•	pensa	
			601	te		l	Safe		organization	(W-2/1099-MIS	2)		om th	
			ruste	T Tues		8	age.	İ	(W-2/1099-MISC)		l	_	anızat	
			ag I	nstitutional trustee		8	S st C	₌					relat	
		Ì	Į į	att	Officer	Key employee	Highest compensated employee	Former				orga	ınızatı	ons
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	Total						<u> </u>		0.		0.			0.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	,000 in reportable	'			_
	compensation from the organization											ı		0
											_		Yes	No
3	Did the organization list any former officer			, ke	y en	nplo	yee,	or I	highest compensated er	nployee on	- 1			
	line 1a? If "Yes," complete Schedule J for s										L	3		X
4	For any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	atioi	n an	d ot	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes	," со	mpl	ete 3	Sch	edul	e J	for such individual		L	4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	from	any	y un	relat	ted organization for serv	ices rendered to				
	the organization? If "Yes," complete Sched	lule J for such	pers	on								5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	ract	ors 1	that received more than	\$100,000 of comp	pensa	ation f	rom	
	the organization NONE									·				
	(A)								(B)			(C	 ;)	
	Name and business	address							Description of s	ervices	Co		nsatio	ก
										 +				
		-								-			-	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

41-1600249 Page 9 Form 990 (2009) FAIRFAX BASEBALL ASSOCIATION Part VIII Statement of Revenue (D) Revenue excluded from (C) (B) (A) Related or Unrelated Total revenue tax under sections 512, 513, or 514 exempt function business revenue revenue 1 a Federated campaigns Contributions, gifts, grants and other similar amounts 1a 1b **b** Membership dues c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 6,271. 6,271. 2 a BASEBALL/CONCESSIONS 711210 Program Service Revenue f All other program service revenue 6,271. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 261. 261. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (ı) Real 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) ▶ 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ▶ 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 22,465. Other b Less: direct expenses 11,300. 11,165. 11,165. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See a 153,369. Part IV, line 19 ь 154,276. **b** Less: direct expenses c Net income or (loss) from gaming activities <907.> <907.⊳ 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 16,790. 16,790. Total revenue. See instructions. Form **990** (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do	All other organizations must complete include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			····	· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				······
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	-			· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees).				
а	Management				
p	Legal				
С	Accounting	<u> </u>			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	71.	71.		
13	Office expenses				
14	Information technology		 -		
15	Royalties			****	
16	Occupancy			<u>.</u>	
17	Travel			·-	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)	C 050	6 050		
a	CONCESSIONS	6,870.	6,870.		
b	COMMITTEE OPERATING EXP	3,000.	3,000.		- ·
C	GROUNDSKEEPING	1,594.	1,594.		
d	DONATIONS	1,170.	1,170.		
e	REPAIRS	1,062.	1,062.		
f	All other expenses	996.	996.	_	
<u>25</u>	Total functional expenses. Add lines 1 through 24f	14,763.	14,763.	0.	0.
26	Joint costs. Check here				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	-	8,834.	1	10,733.
	2	Savings and temporary cash investments		21,353.	2	21,614.
	3	Pledges and grants receivable, net			3	<u></u>
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors,	trustees kev			<u> </u>
	•	employees, and highest compensated employees. Com	•			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined	under section			
	•	4958(f)(1)) and persons described in section 4958(c)(3)(8				
	1	Part II of Schedule L	-, ,		6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		516.	8	297.
As	9	Prepaid expenses and deferred charges		75.	9	75.
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	ь	<u> </u>	 		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11		12		
	13	Investments - program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	··· .
	16	Total assets. Add lines 1 through 15 (must equal line 34	1)	30,778.	16	32,719
	17	Accounts payable and accrued expenses	.1	401.	17	315.
	18	Grants payable		2020	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Ø	21	Escrow or custodial account liability Complete Part IV of	f Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, truste				
Ē		highest compensated employees, and disqualified persi	- · · · · ·		İ	
Ĭ		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated thin	d parties		23	
	24	Unsecured notes and loans payable to unrelated third p	•		24	_
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		401.	26	315.
		Organizations that follow SFAS 117, check here	X and complete			
S		lines 27 through 29, and lines 33 and 34.	•			
ĕ	27	Unrestricted net assets		24,146.	27	27,165.
ala	28	Temporarily restricted net assets			28	
D E	29	Permanently restricted net assets		6,231.	29	5,239.
ᆵ		Organizations that do not follow SFAS 117, check he	re 🕨 🔲 and			
<u></u>		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
\ss(31	Paid-in or capital surplus, or land, building, or equipmen	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, c			32	
Ž	33	Total net assets or fund balances		30,377.	33	32,404.
	34	Total liabilities and net assets/fund balances		30,778.	34	32,719.

	<u> </u>	600249	Pa	ge 12
Pa	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	_ [
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	<u> </u>	X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		<u></u>

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2009

lame of the organization	of the organization								
FAIRFAX	BASEBALL ASSOCIAT	ION				41-1600249			
Part I Fundraising Activities. required to complete this part.	Complete if the organization answer	red "Y	es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not		
Indicate whether the organization raise	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursi	ion of ion of fundra (includ	non-go govern Ising of Ing of Ional f	overnment grants nment grants events fficers, directors, true undraising services?	•	Yes			
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
			· · · · ·						
									
		ļ				-			
						· · · · · · · · · · · · · · · · · · ·			
						••			
-									
Cotal	>		***						
3 List all states in which the organization	n is registered or licensed to solicit	funds (or has	been notified it is ex	emp	t from registrati	on or licensing		
									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009 FAIRFAX BASEBALL ASSOCIATION 41-1600249 Page 2 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. (c) Other events (a) Event #1 (b) Event #2 (d) Total events WAFFLE (add col. (a) through BREAKFAST TWINS NIGHT col. (c)) (total number) (event type) (event type) 2,060. 22,465. Gross receipts 1,354 19,051 2 Less: Charitable contributions 1,354. 19,051. 2,060. 22,465. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 1,104. 8,720 1,476, 11,300. Other direct expenses 11,300; 10 Direct expense summary Add lines 4 through 9 in column (d) 11,165 11 Net income summary Combine line 3, column (d), and line 10 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 (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming Revenue (a) Bingo col. (a) through col. (c)) bingo/progressive bingo Gross revenue Cash prizes **Direct Expenses** Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: MN 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 gamirig licenses revoked, suspended or terminated during the tax year? X 10a b If "Yes," explain 11 Does the organization operate gaming activities with nonmembers? X 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer chantable gaming?

Schedule G (Form 990 or 990-EZ) 2009 FAIRFAX BASEBALL ASSOCIATION 41-1600	24	9 Pa	age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility 13a % 13b 100.00% 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
Name ► MARCIA SEIBERT-VOLZ Address ► PO BOX 479 - FAIRFAX, MN 55332			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		х
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 of the third party.			
Name >			
Address 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		х
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.



FAIRFAX BASEBALL ASSOCIATION	41-1600249
FORM 990, PART VI, SECTION B, LINE 11: THE 990 AND 990T A	RE PRSENTED AT A
MEETING. THE RETURNS ARE REVIEWED BY THE OFFICERS AND DI	RECTORS PRIOR TO
FILING.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO	THE PUBLIC UPON
WRITTEN REQUEST.	