



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-1150

2009

Open to Public  
Inspection

► 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

**A For the 2009 calendar year, or tax year beginning \_\_\_\_\_, 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.**

**WHITE BEAR BASEBALL ASSOCIATION**

Number and street (or P O box, if mail is not delivered to street address)

**PO BOX 10885****D Employer identification number****41-1582256****E Telephone number**  
**651-762-7658****F Group Exemption Number****G Accounting method.**  Cash  Accrual  
Other (specify) ►

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

**I Website:** ► **WHITEBEARBASEBALL.HARDBALLSYSTEMS.COM****J Tax-exempt status** (check only one) —  501(c)(3) ▶ (insert no)  4947(a)(1) or  527**H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).****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. ► \$ **159,621******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	1 500
	2 Program service revenue including government fees and contracts	2 114,633
	3 Membership dues and assessments	3
	4 Investment income	4
	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)	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 44,488
	b Less: direct expenses other than fundraising expenses	6b 8,114
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8 Other revenue (describe ► _____)	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ► _____	9 151,507
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
	13 Professional fees and other payments to independent contractors	13 22,458
	14 Occupancy, rent, utilities, and maintenance	14 4,344
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe ► <b>SEE STATEMENT 1</b> )	16 103,567
	17 Total expenses. Add lines 10 through 16. ► _____	17 130,369
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 21,138
	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 48,355
	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20. ► _____	21 69,493

**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
22 Cash, savings, and investments	15,528	22 41,010
23 Land and buildings	23	
24 Other assets (describe ► <b>SEE STATEMENT 2</b> )	32,827	24 28,483
25 Total assets	48,355	25 69,493
26 Total liabilities (describe ► _____)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48,355	27 69,493

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

Form 990-EZ (2009)

9P

**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

What is the organization's primary exempt purpose?

**SEE STATEMENT 3**

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 YOUTH BASEBALL OFFERED TO BOYS AND GIRLS AGES 7-19. LITTLE LEAGUE PROGRAM  
FOR YOUTH AGES 9-10. OVER 500 PARTICIPANTS IN 4 LEAGUES AND OVER 40 TEAMS.

(Grants \$  ) If this amount includes foreign grants, check here

28

118,401

29

(Grants \$  ) If this amount includes foreign grants, check here

29

30

(Grants \$ ) If this amount includes foreign grants, check here

30

**31 Other program services (attach schedule)**

**(Grants \$** **) If this amount includes foreign grants, check here**

31

---

**32 Total program service expenses (add lines 28a through 31a) . . .**

32

118,401

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(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 & deferred compensation	(e) Expense account and other allowances
JOHN PETERSON	PRESIDENT	1.00	0	0
AL KILGORE	VICE PRESIDENT	1.00	0	0
ROGER CHRISTOPHERSON	TREASURER	1.00	0	0
JAY BRUNNER	SECRETARY	1.00	0	0
RICK CALDECOTT	DIRECTOR	1.00	0	0
SHAWN MCMURTRY	DIRECTOR	1.00	0	0
KEVIN SCHMIT	DIRECTOR	1.00	0	0
CHUCK KRAMLINGER	DIRECTOR	1.00	0	0
LARRY FITZPATRICK	DIRECTOR	1.00	0	0
HOWARD MCNERTNEY	DIRECTOR	1.00	0	0
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**Part V Other Information (Note the statement requirements in the instructions for Part 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	33	<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a 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?	35a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b	<input type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instr	► <u>37a</u>	
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or 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	40b	<input checked="" type="checkbox"/>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	► _____	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	► _____	
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	► _____	
41 List the states with which a copy of this return is filed ► <b>NONE</b>		
42a The organization's books are in care of ►	Telephone no ►	
Located at ►		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	► <u>43</u> ► <input type="checkbox"/>	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	<input checked="" type="checkbox"/>
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	45	<input checked="" type="checkbox"/>

**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.

		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	46	<input checked="" type="checkbox"/>
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	49b	
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 & 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 ► \_\_\_\_\_

<b>Sign Here</b>	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 ► <i>Mark Prokosch</i>	Date ► <i>6/2/10</i>	Type or print name and title ► <i>President</i>
<b>Paid Preparer's Use Only</b>	Preparer's signature ► <i>David M. Poth CPA</i>	Date ► <i>6/2/10</i>	Check if self-employed ► <input type="checkbox"/> <b>P00593324</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <i>BOYUM &amp; BARENSCHEER PLLP 7800 METRO PARKWAY, STE 200 MINNEAPOLIS, MN 55425</i>		EIN ► <b>41-6192096</b>
			Phone no ► <b>952-854-4244</b>
May the IRS discuss this return with the preparer shown above? See instructions ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

## Public Charity Status and Public Support

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

OMB No 1545-0047

2009

**Open to Public  
Inspection**

**Department of the Treasury  
Internal Revenue Service**

**Employer identification number**  
**41-1582256**

**Name of the organization**

## WHITE BEAR BASEBALL ASSOCIATION

**Employer identification number**  
**41-1582256**

**Part I** **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )  
3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )  
6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )  
8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  
9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)  
10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other  
e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  
g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the

**h** Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

**Schedule A (Form 990 or 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 any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <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						► <input type="checkbox"/>

**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 line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	

**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 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 any "unusual grants")		3,500	9,855	2,196	500	16,051
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		70,044	81,986	100,454	114,633	367,117
3 Gross receipts from activities that are not an unrelated trade or business under section 513					44,488	44,488
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		73,544	91,841	102,650	159,621	427,656
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 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.)						427,656

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		73,544	91,841	102,650	159,621	427,656
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		135	1,158	154		1,447
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		135	1,158	154		1,447
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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 lines 9, 10c, 11, and 12.)		73,679	92,999	102,804	159,621	429,103
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	99.66 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a <b>33 1/3 % support tests—2009.</b> 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 ► <input checked="" type="checkbox"/>		
b <b>33 1/3 % support tests—2008.</b> If the organization did not check a box on line 14 or line 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 ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**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.

**Special Events Schedule**

Name \_\_\_\_\_

**Employer Identification Number**

# WHITE BEAR BASEBALL ASSOCIATION

41-1582256

	(A)	(B)	(C)	Others	Total
Gross receipts	<b>28,480</b>	<b>16,008</b>	0	0	<b>44,488</b>
Less contributions	0	0	0	0	0
Gross revenue	<b>28,480</b>	<b>16,008</b>	0	0	<b>44,488</b>
Less direct expenses	<b>5,696</b>	<b>2,418</b>	0	0	<b>8,114</b>
Net income (loss)	<b>22,784</b>	<b>13,590</b>	0	0	<b>36,374</b>

Description: (A) **SALE OF FUNDRAISING CARDS**

(B) 14 AA TOURNAMENT/CONCESSION

(C) \_\_\_\_\_

Others \_\_\_\_\_

.801865 WHITE BEAR BASEBALL ASSOCIATION

41-1582256

FYE: 12/31/2009

## Federal Statements

### Special Events Direct Expenses

Description	Amount
COLUMN A	\$
SALE OF FUNDRAISING CARDS	<u>5,696</u>
SELLER EXPENSE	
SUBTOTAL	<u>5,696</u>
COLUMN B	
14 AA TOURNAMENT/CONCESSION	<u>2,418</u>
INDEPENDANT CONTRACTORS	
SUBTOTAL	<u>2,418</u>
TOTAL	<u>8,114</u>

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES  
REPORTED ON FORM 990-EZ, PAGE 1, LINE 6B.

801865 WHITE BEAR BASEBALL ASSOCIATION

41-1582256

FYE: 12/31/2009

## Federal Statements

### Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
TEAM & LIABILITY INSURANCE	4,736
REGISTRATION & EQUIPMENT	67,947
UNIFORMS & FIELD MAINT.	30,028
BANK FEES	516
IRS PENALTY	340
TOTAL	<u>\$ 103,567</u>

### Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
LESS ACCUMULATED DEPRECIATION	\$ 37,171	\$ 37,171
	4,344	8,688
	<u>32,827</u>	<u>28,483</u>

## Federal Statements

### Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

#### Description

TO PROMOTE UNDERSTANDING, RESPECT, TEAMWORK, AND HEALTH LIFESTYLE FOR THE BOYS AND GIRLS AGES 7-19 THROUGH THE LESSONS OF BASEBALL.

.801865 WHITE BEAR BASEBALL ASSOCIATION

41-1582256

FYE: 12/31/2009

## Federal Asset Report

### Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>											
1	Concession Stand Equipment	1/01/08	6,270				6,270	5	MO S/L	1,254	1,254
2	Batting Cage	1/01/08	<u>30,901</u>				<u>30,901</u>	10	MO S/L	<u>3,090</u>	<u>3,090</u>
	<b>Total Other Depreciation</b>		<u>37,171</u>				<u>37,171</u>			<u>4,344</u>	<u>4,344</u>
	<b>Total ACRS and Other Depreciation</b>		<u>37,171</u>				<u>37,171</u>			<u>4,344</u>	<u>4,344</u>
	<b>Grand Totals</b>		37,171				37,171			4,344	4,344
	<b>Less: Dispositions and Transfers</b>		0				0			0	0
	<b>Less: Start-up/Org Expense</b>		0				0			0	0
	<b>Net Grand Totals</b>		<u>37,171</u>				<u>37,171</u>			<u>4,344</u>	<u>4,344</u>

Form 4562

Department of the Treasury  
Internal Revenue Service  
(99)Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment  
Sequence No 67

Name(s) shown on return

WHITE BEAR BASEBALL ASSOCIATION

Identifying number  
41-1582256

Business or activity to which this form relates

## INDIRECT DEPRECIATION

## 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	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6				
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 2008 Form 4562	10		
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	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 2010. 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 instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,344

## 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 2009	17	0
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 2009 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						
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		39 yrs.	MM		S/L	
			MM		S/L	

## Section C—Assets Placed in Service During 2009 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	4,344
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	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form 4562 (2009)

THERE ARE NO AMOUNTS FOR PAGE 2