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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)

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A	or th	e 2009 calend	<u>ar year,</u>	or tax year beginning, 2009, and	ending			, 20
В	Check if	applicable	Please	C Name of organization		D Empl	oyer iden	tification number
	Address	change	use IRS label or	Boonsboro Area Athletic Association Inc.			52-	2053987
_	Name c	_	print or	Number and street (or P O box, if mail is not delivered to street address) Room	om/suite	E Telep	hone num	nber
=	Instial re Termina		type. See PO Box 122				301-	573-2439
=			Specific City or town, state or country, and ZIP + 4					otion
=		ed return tion pending	Instruc- tions.	Boonsboro, MD 21713 -0122			nber ▶	
_			orgonie		G Accour			✓ Cash ☐ Accrual
	• Se		_	rations and 4947(a)(1) nonexempt charitable trusts must attach npleted Schedule A (Form 990 or 990-EZ).	Other (specify) ▶	
					H Check	▶ <	ıf the org	anization is not
ı١	Webs	ite: ▶			require	ed to att	ach Sch	edule B (Form 990,
J	Гах-е	xempt status (check o	nly one) — ✓ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	990-E2	Z, or 99	0-PF)	
Κ	Check	▶ ☐ if th	e organi	zation is not a section 509(a)(3) supporting organization and its gross rec	eipts are n	ormally	not more	than \$25,000. A
				turn is not required, but if the organization chooses to file a return, be				
				e 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead o			- s	
	art I	Revenu	e. Ext	enses, and Changes in Net Assets or Fund Balances	(See the	ınstru	ctions 1	for Part I.)
	1			ts, grants, and similar amounts received	_		1	5139
	2			revenue including government fees and contracts			2	65726
	3			s and assessments			3	7275
	4	Investmen	•			• •	4	
	1 _						-	
	5			m sale of assets other than inventory 5a				
	1			er basis and sales expenses				
a				n sale of assets other than inventory (Subtract line 5b from line			5c	
Revenue	6			tivities (complete applicable parts of Schedule G). If any amount is from gaming,	Check here			
Š	1	a Gross revenue (not including \$ of contributions						
ď	:	reported of		·				
	1	b Less: dire	ct expe	nses other than fundraising expenses				
	1						6c	
	78	a Gross sale	es of inv	ventory, less returns and allowances VED 7a		36079		
	1	L		do cold " " " 76		32869		
	1 (c Gross pro	fit or (lo	os sold			7c	3210
	8	Other reve	enue (de	escribe ►)	8	
	9	Total reve	enue. A	dd lines 1, 2, 3, 4, bc, 6c, 2c, and 8		. ▶	9	81350
	10	Grants an	d sımıla	r amounts paid (attach schedule) E.M., U.T	 .		10	400
	11			or for members			11	
V.	12	Salaries, o	other co	empensation, and employee benefits			12	
Exnenses	13			and other payments to independent contractors			13	5025
٥	14	_			14	12259		
Ĭ	15	-	-	ions, postage, and shipping			15	1574
	16			describe ► See Attached Sheet 1		, ,	16	65027
	17			Add lines 10 through 16		′	17	84285
_	40			NO 11 (O 14 11) 47 () 1 (O)			18	-2935
Net Assets	19			nd balances at beginning of year (from line 27, column (A)) (m			10	
	3			e reported on prior year's return)	_		19	11046
	: 20		_	net assets or fund balances (attach explanation)			20	- 1,040
Ž	20		•	, , , , ,			21	8111
	` 21 Part			d balances at end of year. Combine lines 18 through 20 ets. If Total assets on line 25, column (B) are \$1,250,000 or more	e file For			
	ert.	Dalaile	G GIIE	(See the instructions for Part II.)		inning of		
_		0		•	(A) Beg			(B) End of year
				nvestments			11046 2	
			_				2	
		Other assets		·	<u> </u>		24	· I
	_	Total assets					1046 2	
	26	Total liabiliti	es (des	cribe (line 27 of column (B) must agree with line 21)	<u> </u>		0 20	
•	7	Not seedte A	r fund	natances (line 27 of collimp (H) must agree with line 21)	1	1	11046 2	7 0114

60111	======================================						raye z
Par		Expenses					
Wha	t is the organization's primary exempt purpose?	See Statement 2					ured for section
Desc	cribe what was achieved in carrying out the org	anization's exemp					c)(3) and 501(c)(4) hizations and section
manı	ner, describe the services provided, the number of	of persons benefite	ed, and o	other relevant info	rmation for		(a)(1) trusts, optional
each	program title.						hers)
28	The Organization serves the entire Boonsboro Area	by organizing, prov	iding and	encouraging youth	athletics		
	* 1 P - P - 101- 5 4b - H 4						
	(Grants \$) If this amount					28a	
29							
	(Grants \$) If this amount		rants, ch	eck here	. ▶ □	29a	
30							
				eck here		30a	
31						T	-
	(Grants \$) If this amount	includes foreign g	rants, ch	eck here	_ ▶ □	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)			▶	32	
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List ea	ich one e	ven if not compensa	ted. (See the	ınstruc	ctions for Part IV.)
	(a) Name and address	(b) Title and ave hours per wee		(c) Compensation (If not paid,	(d) Contribution employee benefit		(e) Expense account and
	(a) Name and address	devoted to pos	tion	enter -0)	deferred compe	nsation	other allowances
Vick	रा Wetzel	President	0	İ			
2840	6 Chestnut Grove Rd Keedysville, MD 21756-1818	rresident		-0-		-0-	-0-
Tiffa	any Hardy	Vice President	0				
2084	45 Reno Monument Rd Boonsboro, MD 21713-2758	Vice Fresident		-0-		-0-	-0-
Barl	b Ryan	Treasurer	0				
301	Chieftan Ln Boonsboro, MD 21713-2651	Treasurer		-0-		-0-	-0-
Jeni	nifer Dıllow	Secretary	0				
2313	3 Dargan Rd Sharpsburg, ₩D 21782-2121	Secretary		-0-		-0-	-0-
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Part	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		\
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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 why the organization did not report the income on Form 990-T.			
а	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		✓
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
ъ 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	_	✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file Form 1120-POL for this year?	37b		\
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
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		✓
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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ▶			
42a	The organization of books are in care of p	01-57	3-2439)
	Louison at 7	21713	-1856	
b				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	-	Yes	No
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	- 1	1
•	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here)	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		,		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	, ,		,
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		√
_	103, 1 Olivi 300 million de dompieted meleda of 1 Olivi 300 E.Z	45		

Form 990)-EZ (2009)					F	age 4
Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	xempt charita itable trusts mu	ble trusts only. A st answer questic	II sec ons 4	tion 6-49	b
46	Did the organization engage in direct or indirect	t political campaign activiti	es on behalf of c	r in opposition to		Yes	No
	candidates for public office? If "Yes," complete				46		1
47	Did the organization engage in lobbying activities	es? If "Yes," complete Sche	dule C, Part II		47	_	√
48	Is the organization a school as described in secti	on 170(b)(1)(A)(II)? If "Yes," o	omplete Schedule	eΕ	48		✓
49a	Did the organization make any transfers to an e	xempt non-charitable relate	ed organization?		49a		✓
b	If "Yes," was the related organization a section				49b	<u> </u>	✓
f Total number of o Total number of o Under penalties and belief, it is to signature All total number of o Under penalties and belief, it is to signature Preparer's Use Only Total the organization When the organization Wh	Complete this table for the organization's five h						
	employees) who each received more than \$100		the organization. (c) Compensation				
	(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	ac	Exper count a allowa	and
NONE		-					
		-					
-	Total number of other employees paid over \$10	0.000	0		·		
NONE	(a) Name and address of each independent contractor	r paid more than \$100,000	(b) T	/pe of service	(c) Co	mpensa	ation
d	Total number of other independent contractors	each receiving over \$100,0	00▶	0			
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accompan n of preparer (other than officer) is t	lying schedules and st pased on all information	atements, and to the bes	any kno	knowl	edge
	Signature of officer Randall C McClure, Treasurer	2		02/28/ Date	/10		
	Type or print name and title						
_	signature	Date	Check if self- employed ▶	Preparer's identifying num	nber (Se	e instruc	tions)
•	I Firm's name (or		E	N ▶			
May th	e IRS discuss this return with the preparer show	n above? See instructions	<u></u>	▶ [Yes m 990		Yo (2009)

2009	Federal Statements Boonsboro Area Athletic Associatio	Page 1 52-2053987
Statement 1 Form 990-EZ Part Other Expenses	t I Line 16	
Awards and Events Banking Fees Dues Fundraising Events Insurance Safety and Protectiv Sales and Use Tax Uniforms		\$ 6,164. \$ 268. \$ 575. \$ 15,900. \$ 2,907. \$ 21,601. \$ 1,601. \$ 16,011. \$ 65,027.

Statement 2

Form 990-EZ Part III

Organization's Primary Exempt Purpose

Organization serves the youth of the area in various athletic programs