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Return of Organization Exempt From Income Tax

2010

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning, 2010, and ending, 20

Form header section containing organization name (AMATEUR SOFTBALL ASSOCIATION OF AMERICA), EIN (23-7132249), principal officer (RON RADIGONDA), and other identifying information.

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes sections for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

Part II Signature Block

Signature block section with fields for officer signature (Ron Radigonda), date (5/13/11), preparer name (Sara M. Mercer), and firm name (KPMG LLP).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

SCANNED JUN 20 2011

RECEIVED MAY 16 2011 OSC

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

THE AMATEUR SOFTBALL ASSOCIATION IS THE NATIONAL GOVERNING BODY OF SOFTBALL IN THE UNITED STATES. FOR MORE INFORMATION SEE SCHEDULE O, GENERAL STATEMENT 2.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 4,943,364 including grants of \$ _____) (Revenue \$ 6,007,928)
MEMBERSHIP - SEE SCHEDULE O, GENERAL STATEMENT 3

4b (Code _____) (Expenses \$ 1,434,684 including grants of \$ _____) (Revenue \$ 975,180)
HALL OF FAME STADIUM - HOSTS SOME OF THE BEST LOCAL, NATIONAL AND INTERNATIONAL SOFTBALL EVENTS IN THE WORLD. ANNUALLY, THE COMPLEX PLAYS HOST TO A WIDE VARIETY OF SOFTBALL EVENTS, INCLUDING THE NCAA WOMEN'S COLLEGE WORLD SERIES, BIG XII SOFTBALL CHAMPIONSHIPS, STATE HIGH SCHOOL CHAMPIONSHIPS AND MANY ASA NATIONAL EVENTS. IT ALSO HOSTS UMPIRE TRAINING CLINICS AND SCHOOLS TO BETTER PREPARE UMPIRES.

4c (Code _____) (Expenses \$ 581,785 including grants of \$ _____) (Revenue \$ 149,369)
NATIONAL TEAMS - AS THE NATIONAL GOVERNING BODY OF SOFTBALL THE ASA IS RESPONSIBLE FOR MAINTAINING, SELECTING AND TRAINING 4 USA NATIONAL SOFTBALL TEAMS FOR INTERNATIONAL COMPETITIONS. THESE ARE THE USA MEN'S AND JR. MEN'S FAST PITCH TEAMS AND THE USA WOMEN'S AND JR. WOMEN'S FAST PITCH TEAMS.

4d Other program services (Describe in Schedule O)

(Expenses \$ 550,014 including grants of \$ _____) (Revenue \$ 320,319)

4e Total program service expenses **▶** 7,509,847.

Part IV Checklist of Required Schedules

	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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
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		X
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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b 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		X
c 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		X
d 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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	X	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. []

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed [OK]
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. MARK LOEHRS 2801 N.E. 50TH; OKLAHOMA CITY, OK 73111 (405) 425-3445

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

Check if Schedule O contains a response to any question in this Part VII. X

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

- 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, if any 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 1										
(1) ANDY DOOLEY PRESIDENT	1.00	X					601.	0	0.	
(2) BEVERLY WILEY DIRECTOR	1.00	X					601.	0	0.	
(3) JOHN GOUVEIA DIRECTOR	1.00	X					601.	0	0.	
(4) JACK AARON DIRECTOR	1.00	X					601.	0	0.	
(5) E.T. COLVIN PRESIDENT ELECT	1.00	X					601.	0	0.	
(6) DICK GULMON DIRECTOR	1.00	X					0.	0	0.	
(7) WARREN JONES DIRECTOR	1.00	X					601.	0	0.	
(8) TONY LAWS DIRECTOR	1.00	X					601.	0	0.	
(9) AMY HILLENBRAND DIRECTOR	1.00	X					300.	0	0.	
(10) MICK RENNEISEN DIRECTOR	1.00	X					0.	0	0.	
(11) BILL PARKS DIRECTOR	1.00	X					401.	0	0.	
(12) LYNDSEY KLEIN DIRECTOR	1.00	X					0.	0	0.	
(13) MICHAEL WHITE DIRECTOR	1.00	X					0.	0	0.	
(14) JOEY RICH IMMEDIATE PAST PRESIDENT	1.00	X					0.	0	0.	
(15) JOE ALFONSE DIRECTOR	1.00	X					0.	0	0.	
(16) RON RADIGONDA EXECUTIVE DIRECTOR	40.00			X			135,536.	0	29,743.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees*(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) MARK LOEHRS CFO	40.00			X				80,123.	0.	30,295.
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								220,567.	0.	60,038.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								220,567.	0	60,038.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	43,624				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		43,624				
Program Service Revenue				Business Code				
	2a	MEMBERSHIP	711210	5,996,212	5,958,068	38,144		
	b	NATIONAL TEAMS	711210	149,369	149,369			
	c	HALL OF FAME STADIUM	711210	975,180	975,180			
	d	_____						
	e	_____						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		7,120,761				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,800			6,800	
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5	Royalties		1,427,811	0	0	1,427,811	
	6a	(i) Real		(ii) Personal				
		Gross Rents		78,800				
		Less rental expenses		3,084				
		Rental income or (loss)		75,716				
	d	Net rental income or (loss)		75,716		11,716	64,000	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						
		Less cost or other basis and sales expenses						
		Gain or (loss)						
	d	Net gain or (loss)		0			0	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events		0			0	
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
c	Net income or (loss) from gaming activities		0			0		
10a	Gross sales of inventory, less returns and allowances		a	580,384				
	Less cost of goods sold		b	260,065				
	Net income or (loss) from sales of inventory			320,319	99,439	220,880	0	
Miscellaneous Revenue			Business Code					
11a	_____							
b	_____							
c	_____							
d	All other revenue							
e	Total. Add lines 11a-11d		0					
12	Total revenue. See instructions		8,995,031	7,182,056	270,740	1,498,611		

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	280,605.	198,439.	82,166.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,047,253.	884,993.	162,260.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	91,620.	72,066.	19,554.	
9 Other employee benefits	299,837.	240,855.	58,982.	
10 Payroll taxes	117,843.	98,317.	19,526.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	86,878.		86,878.	
c Accounting	59,177.		59,177.	
d Lobbying	0.			
e Professional fundraising services See Part IV line 17	0.			
f Investment management fees	0.			
g Other	279,538.	114,076.	165,462.	
12 Advertising and promotion	456,894.	456,894.		
13 Office expenses	51,163.		51,163.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	298,095.	298,095.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	370,127.	370,127.		
20 Interest	26,854.	26,854.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	360,850.	360,850.		
23 Insurance	2,077,479.	1,956,905.	120,574.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a <u>HALL OF FAME COMPLEX</u>	728,616.	728,616.	0.	0.
b <u>REGISTRATION COSTS</u>	588,584.	588,584.	0.	0.
c <u>USOC OLYMPIC PROGRAMS</u>	465,037.	465,037.	0.	0.
d <u>NAT'L TOURNAMENT EXPENSES</u>	208,248.	208,248.	0.	0.
e <u>UBIT TAXES ACCRUED</u>	43,042.	43,042.	0.	0.
f All other expenses	791,684.	397,849.	393,835.	0.
25 Total functional expenses Add lines 1 through 24f	8,729,424.	7,509,847.	1,219,577.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,300,488.	1	1,982,457.
	2	Savings and temporary cash investments	250,000.	2	256,261.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	686,162.	4	515,007.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	256,731.	8	252,981.
	9	Prepaid expenses and deferred charges	452,076.	9	389,669.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	8,826,350.		
	10b	Less accumulated depreciation	4,426,877.		
	10c		4,567,525.	10c	4,399,473.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	115,722.	12	182,494.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets See Part IV, line 11	280,215.	15	272,355.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,908,919.	16	8,250,697.	
Liabilities	17	Accounts payable and accrued expenses	438,479.	17	611,508.
	18	Grants payable		18	
	19	Deferred revenue	205,050.	19	251,175.
	20	Tax-exempt bond liabilities	750,000.	20	610,000.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	116,532.	25	113,549.
	26	Total liabilities. Add lines 17 through 25	1,510,061.	26	1,586,232.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	6,398,858.	27	6,664,465.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	6,398,858.	33	6,664,465.
	34	Total liabilities and net assets/fund balances	7,908,919.	34	8,250,697.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,995,031.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,729,424.
3	Revenue less expenses Subtract line 2 from line 1	3	265,607.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,398,858.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,664,465.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	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?		X
3b	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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization AMATEUR SOFTBALL ASSOCIATION OF AMERICA	Employer identification number 23-7132249
--	---

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 following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Total. 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 Public support Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15		%
16a 33 1/3 % support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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 or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	716,766	843,407.	746,728	184,256	43,624	2,534,781
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	4,821,815	5,161,355	8,067,912	7,558,436	7,265,663	32,875,181
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 through 5	5,538,581	6,004,762	8,814,640.	7,742,692	7,309,287.	35,409,962
7a Amounts included on lines 1, 2, and 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 \$5,000 or 1% of the amount on line 13 for the year	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)						35,409,962

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	5,538,581.	6,004,762	8,814,640.	7,742,692.	7,309,287.	35,409,962
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,939,439	1,930,300	1,691,421.	1,471,024	1,498,613	8,530,757
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	9,470.	14,184	5,504.	3,147.	6,660	38,965
c Add lines 10a and 10b	1,948,909	1,944,484	1,696,925	1,474,171.	1,505,273	8,569,762.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	120,801.	92,755.	179,144	110,856	84,388	587,944.
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) ATCH .1.	32,000.	1,999	0	0	0	33,999
13 Total support. (Add lines 9, 10c, 11, and 12)	7,640,291	8,044,000	10,690,709.	9,327,719	8,899,948	44,601,667
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	79.39 %
16 Public support percentage from 2009 Schedule A, Part III line 15	16	77.51 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	19.21 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	21.01 %

- 19a 33 1/3 % support tests - 2010 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 - 2009. 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 ▶
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV **Supplemental information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions)

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISCELLANEOUS INCOME	32,000.	1,999.	0	0	0.	33,999
TOTAL	<u>32,000.</u>	<u>1,999.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>33,999.</u>

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

Employer identification number

AMATEUR SOFTBALL ASSOCIATION OF AMERICA

23-7132249

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

JSA
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XI V and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XI V

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,171,366.	923,723.	247,643.
c Leasehold improvements				
d Equipment		735,218.	407,792.	327,426.
e Other		6,919,766.	3,095,362.	3,824,404.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)				4,399,473.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	107,012.
(3) NAT'L TEAM CHILD CARE FUND	6,537.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	113,549.

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information (continued)

SUPPLEMENTAL INFORMATION 1

SCHEDULE D, PART III:

LINE 1A - COLLECTIONS: THE ASSOCIATION'S COLLECTIONS, WHICH WERE ALL ACQUIRED THROUGH CONTRIBUTION, ARE MADE UP OF HISTORICAL SOFTBALL MEMORABILIA AND ARTIFACTS AND ARE HELD FOR HISTORICAL AND EDUCATIONAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING EXISTENCE AND CONDITION ARE PERFORMED REGULARLY. AS PERMITTED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, THE ASSOCIATION'S COLLECTIONS ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. CONSISTENT WITH THIS RECOGNITION POLICY, THE ASSOCIATION'S FUTURE COLLECTION PURCHASES, IF ANY, WILL BE RECORDED AS DECREASES IN NET ASSETS IN THE YEAR ACQUIRED. THE ASSOCIATION'S COLLECTIONS ARE SUBJECTED TO A POLICY REQUIRING PROCEEDS FROM COLLECTION SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS.

LINE 4: THE ASSOCIATION'S COLLECTION CONSISTS OF OLD RULE BOOKS, NEWSPAPER CLIPPINGS OF GAMES AND PLAYERS, OLD ISSUES OF BALLS AND STRIKES MAGAZINES, GAME SCORECARDS, RECORD BOOKS, PLAYER JERSEYS, EQUIPMENT AND OTHER ITEMS. THESE HELP TO TELL THE STORY OF SOFTBALL'S BEGINNINGS AND EVOLUTION INTO ONE OF THE HIGHEST RECREATIONAL PARTICIPATION SPORTS IN AMERICA. IT IS THE ASSOCIATION'S DESIRE TO TELL THE HISTORY OF THE GAMES, PAST PLAYERS, AND INSPIRE A NEW GENERATION OF FUTURE PLAYERS.

Part XIV Supplemental Information (continued)

SUPPLEMENTAL INFORMATION 2

SCHEDULE D, PART XIV:

THE ASSOCIATION FOLLOWS ASC 740, WHICH ADDRESSES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ASSOCIATION'S TAX POSITIONS AND CONCLUDED THAT THE ASSOCIATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE ASSOCIATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2007.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990 ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

AMATEUR SOFTBALL ASSOCIATION OF AMERICA

Employer identification number

23-7132249

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RON RADIGONDA	(i) 135,536 (ii) 0	0 0	0 0	10,843 0	18,900 0	165,279 0	0 0
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

23-7132249

AMATEUR SOFTBALL ASSOCIATION OF AMERICA

GENERAL STATEMENT 1

FORM 990, BOX C: DOING BUSINESS AS

USA SOFTBALL

AMERICAN SOFTBALL ASSOCIATION

GENERAL STATEMENT 2

PART I, LINE 1 AND PART III, LINE 1: THE ORGANIZATION'S MISSION

VISION: AMATEUR SOFTBALL ASSOCIATION (ASA) WILL BE THE STANDARD OF

EXCELLENCE IN SOFTBALL

MISSION: THE AMATEUR SOFTBALL ASSOCIATION IS THE NATIONAL GOVERNING BODY

OF SOFTBALL IN THE UNITED STATES.

WE DEVELOP, ADMINISTER AND PROMOTE THE SPORT OF SOFTBALL TO PROVIDE

OPPORTUNITIES FOR PARTICIPATION AND THE BEST POSSIBLE EXPERIENCE FOR

THOSE INVOLVED.

VALUES:

*TEAMWORK

*FAIR PLAY

*COMMON GOOD

*PROMOTION AND EDUCATION

*SPORTSMANSHIP & CIVILITY

GOALS:

Name of the organization AMATEUR SOFTBALL ASSOCIATION OF AMERICA	Employer identification number 23-7132249
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*ENSURE OUR FUTURE SUCCESS AS THE LEADER IN SOFTBALL BY IMPROVING THE LEADERSHIP AND GOVERNANCE OF OUR ORGANIZATION.

*CONTINUE AND ENHANCE OUR LONG STANDING FOCUS ON THE PLAYER, THE QUALITY OF THE GAME, QUALITY OF SERVICE AND OVERALL SERVICE.

*BE ACCOUNTABLE TO EACH OTHER AND OUR SPORT IN OUR MUTUAL EFFORTS TO BE THE INTERNATIONAL LEADER IN THE SPORT OF SOFTBALL.

*FOCUS ON FINANCIAL AND ORGANIZATION EFFECTIVENESS THAT ENHANCES OUR SERVICE, PRODUCTS AND IMAGE.

*CRAFT EFFECTIVE EXTERNAL AND INTERNAL CONNECTIONS WITH OUR PLAYERS, OFFICIALS, PARENTS, AFFILIATES AND THE PUBLIC.

*CREATE AN INTERNATIONALLY RECOGNIZED, WORLD CLASS VENUE THAT MEETS OUR NEEDS, AND SUPPORTS OUR MISSION AND VISION.

GENERAL STATEMENT 3

PART III, LINE 4A AND 4D: PROGRAM SERVICE ACCOMPLISHMENTS

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MEMBERSHIP - MEMBERSHIP INCLUDES REGISTRATIONS, GOVERNANCE, CLINICS, SCHOOLS, NATIONAL TOURNAMENTS AND ACE COACHES CERTIFICATION.

*REGISTRATION REVENUES ARE USED TO PAY FOR THE EXPENSES OF ASA'S NATIONAL CHAMPIONSHIP TOURNAMENTS, EXPENSES OF ITS NATIONAL COUNCIL MEETING, AS WELL AS SPONSOR SOFTBALL CLINICS AND SCHOOLS.

*THE ASA NATIONAL COUNCIL IS COMPRISED OF APPROXIMATELY 290 VOTING MEMBERS FROM ALL ASPECTS OF THE SPORT. THE COUNCIL IS CHARGED WITH MAKING DECISIONS ON LEGISLATIVE CHANGES, RULE CHANGES AND IS SOLELY RESPONSIBLE FOR AWARDING NATIONAL CHAMPIONSHIPS TO HOST CITIES ACROSS THE COUNTY. ALL

Name of the organization AMATEUR SOFTBALL ASSOCIATION OF AMERICA	Employer identification number 23-7132249
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CODE AND PLAYING RULE AMENDMENTS ARE THEN VOTED ON BY THE ASA COUNCIL DURING THEIR ANNUAL MEETING.

*THE ASA CONDUCTS OVER 100 NATIONAL TOURNAMENTS ON AN ANNUAL BASIS IN WHICH 30,000 PLAYERS COMPETE ACROSS THE U.S. THE CITIES ARE SELECTED BY THE COUNCIL AT THE ANNUAL MEETING.

*THE ASA'S EQUIPMENT TESTING AND SPECIFICATIONS COMMITTEE EXAMINES THE CURRENT RULES AND SPECIFICATIONS GOVERNING VARIOUS ITEMS OF SOFTBALL EQUIPMENT. THIS COMMITTEE MAKES RECOMMENDATIONS TO THE ASA'S COUNCIL REGARDING EQUIPMENT CERTIFICATION PROCESS BY ASA. THE COUNCIL IS THE ULTIMATE DECISION MAKER OF ASA RULES AND REGULATIONS REGARDING CERTIFICATION OF EQUIPMENT.

PART III, LINE 4D, OTHER PROGRAM SERVICES:

MERCHANDISE OPERATIONS - THE ASA PROVIDES EDUCATIONAL TRAINING SUPPORT THROUGH VARIOUS PRODUCTS SUCH AS TRAINING DVD'S, BOOKS AND MANUALS. THESE ARE USED TO INCREASE THE KNOWLEDGE OF PLAYERS, COACHES AND UMPIRES RELATED TO THE PROPER SKILLS USED IN THE GAME OF SOFTBALL. OTHER ITEMS SUCH AS USA SOFTBALL REPLICAS, JERSEYS AND APPAREL ARE AVAILABLE IN THE HALL OF FAME GIFT SHOP.

REVENUE: \$320,319 EXPENSES: \$287,190 GRANTS: \$NONE

SPONSORSHIP/LICENSING - THE ASA GRANTS LICENSING AND SPONSORSHIP RIGHTS FOR VARIOUS SOFTBALL EVENTS AND EQUIPMENT USED IN THE SPORT OF SOFTBALL.

Name of the organization AMATEUR SOFTBALL ASSOCIATION OF AMERICA	Employer identification number 23-7132249
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IT CONDUCTS BALL AND BAT PERFORMANCE CERTIFICATION TESTING AS A PART OF AN ON GOING LICENSING PROCESS TO INSURE PRODUCT INTEGRITY.

REVENUE: \$NONE EXPENSES: \$262,824 GRANTS: \$NONE

GENERAL STATEMENT 4

PART VI: SECTION A. GOVERNING BODY AND MANAGEMENT

PART VI: QUESTION 6 AND 7A - IN ADDITION TO THE BOARD OF DIRECTORS, AMATEUR SOFTBALL ASSOCIATION OF AMERICA (ASA) HAS A COUNCIL OF OVER 290 MEMBERS. THE COUNCIL IS NOT INVOLVED IN THE DAY TO DAY OPERATIONS OF THE ORGANIZATION, HOWEVER IT DOES APPOINT A MAJORITY OF THE BOARD. THE COUNCIL DOES NOT OVERSEE THE OFFICERS OR MANAGEMENT OF THE ORGANIZATION. ALL DECISIONS REGARDING THE BUSINESS OPERATIONS OF ASA ARE MADE BY THE BOARD OF DIRECTORS. COUNCIL MEMBERS ARE RESPONSIBLE FOR VOTING ON CHANGES TO ASA'S CODE INCLUDING THE RULES OF SOFTBALL. ASA'S CODE AND A LISTING OF ALL COUNCIL MEMBERS ARE AVAILABLE ON ASA'S WEBSITE. COUNCIL MEMBERS RECEIVE NO COMPENSATION FROM ASA.

PART VI: QUESTION 11B - THE EXECUTIVE DIRECTOR AND CFO OF THE ORGANIZATION WILL REVIEW A DRAFT FORM 990. AFTER MANAGEMENT HAS REVIEWED FORM 990, THEY WILL FORWARD IT TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED. THE ORGANIZATION WILL THEN DISCUSS ANY ISSUES OR QUESTIONS THAT THE BOARD MAY HAVE. ONCE QUESTIONS/ISSUES HAVE BEEN DISCUSSED AND ADDRESSED, FORM 990 IS FILED.

GENERAL STATEMENT 5

Name of the organization AMATEUR SOFTBALL ASSOCIATION OF AMERICA	Employer identification number 23-7132249
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PART VI: SECTION B. POLICIES

PART VI: QUESTION 10A&10B:

THE UNITED STATES OLYMPIC COMMITTEE AND THE INTERNATIONAL SOFTBALL FEDERATION RECOGNIZES AMATEUR SOFTBALL ASSOCIATION (ASA) AS THE GOVERNING BODY OF AMATEUR SOFTBALL IN THE UNITED STATES. UPON QUALIFICATION, MEMBERSHIP IN ASA SHALL BE AVAILABLE TO STATE OR METRO ASSOCIATIONS ON A VOLUNTARY BASIS WHO AGREE TO BE GOVERNED BY THE OPERATING REGULATIONS (CODE) OF ASA. THERE ARE STATE AND METRO ASSOCIATIONS EACH OF WHICH ARE REPRESENTED BY A COMMISSIONER WHO ACTS AS A LIAISON BETWEEN SUCH AREA AND ASA. ASA CURRENTLY HAS MORE THAN 76 LOCAL ASSOCIATIONS. EACH LOCAL ASSOCIATION IS A TAX-EXEMPT ORGANIZATION. EACH ASSOCIATION MUST REGISTER AT LEAST 500 ADULT AND JUNIOR OLYMPIC SOFTBALL TEAMS. EACH LOCAL ASSOCIATION SHALL PAY AN ANNUAL AFFILIATION FEE OF \$1,000 AND BE RESPONSIBLE FOR MEMBERSHIP DUES. THE LOCAL ASSOCIATIONS ARE THEN ORGANIZED INTO 15 REGIONS.

PART VI: QUESTION 12C - THE BOARD IS REQUIRED TO ANNUALLY SIGN A CONFLICTS OF INTEREST STATEMENT. IF CONFLICTS ARE NOTED OR COME TO THE ATTENTION OF MANAGEMENT, THEY ARE ADDRESSED/DISCUSSED WITH MANAGEMENT AND/OR THE GOVERNING BODY, AND APPROPRIATE ACTION TAKEN. TOP MANAGEMENT PERFORMS A REVIEW OF OFFICERS AND STAFF FOR POTENTIAL CONFLICTS OF INTEREST. OFFICERS AND EMPLOYEES ARE ALSO BE REQUIRED TO SIGN A CONFLICTS OF INTEREST STATEMENT ON AN ANNUAL BASIS.

PART VI: QUESTION 15A - TOP OFFICIAL: ON AN ANNUAL BASIS, A 3-MEMBER

Name of the organization AMATEUR SOFTBALL ASSOCIATION OF AMERICA	Employer identification number 23-7132249
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COMPENSATION COMMITTEE OF THE GOVERNING BODY HAS BEEN DELEGATED AUTHORITY FOR REVIEWING THE EXECUTIVE DIRECTOR'S COMPENSATION. THE COMPENSATION COMMITTEE IS FREE FROM CONFLICT OF INTERESTS. THE COMMITTEE REVIEWS COMPARABILITY DATA, SUCH AS FORMS 990, COMPENSATION SURVEYS, AND OTHER INFORMATION GATHERED IN-HOUSE BY THE ORGANIZATION'S MANAGEMENT IN ORDER TO SET REASONABLE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE COMPARABILITY DATA IS GATHERED FOR PERSONS SIMILARLY QUALIFIED IN COMPARABLE POSITIONS AT OTHER SIMILAR TAX-EXEMPT ORGANIZATIONS. THE COMMITTEE DOCUMENTS ITS DISCUSSION AND RECOMMENDATIONS. ANY INCREASES OR RAISES OF THE EXECUTIVE DIRECTOR ARE APPROVED BY THE FULL BOARD OF DIRECTORS AND IS DOCUMENTED IN THE MEETING MINUTES.

PART VI: QUESTION 15B - OTHER TOP MANAGEMENT: ON AN ANNUAL BASIS, A 3-MEMBER COMPENSATION COMMITTEE OF THE GOVERNING BODY REVIEWS THE COMPENSATION OF ALL EMPLOYEES, INCLUDING TOP MANAGEMENT TO DETERMINE COMPENSATION ADJUSTMENTS. THE COMPENSATION COMMITTEE IS FREE FROM CONFLICTS OF INTERESTS. THE COMMITTEE DOCUMENTS ITS DISCUSSION AND RECOMMENDATIONS. ANY INCREASES OR RAISES ARE APPROVED BY THE BOARD OF DIRECTORS DURING THE BUDGET APPROVAL PROCESS. EVERY TWO YEARS, MANAGEMENT PURCHASES A DETAILED STATE COMPENSATION SURVEY THAT PROVIDES COMPENSATION AND BENEFIT INFORMATION BY JOB FUNCTION AND POSITION. THIS SURVEY PROVIDES A BENCHMARK FOR COMPENSATION AND BENEFITS FOR ALL EMPLOYEES OF AMATEUR SOFTBALL ASSOCIATION. THE SURVEY IS PROVIDED TO THE 3-MEMBER COMPENSATION COMMITTEE OF THE GOVERNING BODY DURING ITS ANNUAL REVIEW PROCESS.

Name of the organization AMATEUR SOFTBALL ASSOCIATION OF AMERICA	Employer identification number 23-7132249
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GENERAL STATEMENT 6

PART VI: SECTION C. DISCLOSURE

PART VI: QUESTION 19 - THE ORGANIZATION POSTS ITS ANNUAL AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE, ALONG WITH COPIES OF ITS TAX RETURNS. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

ATTACHMENT 1

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
RON RADIGONDA EXECUTIVE DIRECTOR	2.00
MARK LOEHRS CFO	12.00

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMATEUR SOFTBALL ASSOCIATION OF AMERICA

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Employer identification number
23-7132249

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ASA PROPERTIES, INC 2801 N.E. 50TH STREET OKLAHOMA CITY, OK 73111 73-1476596	UMPIRE UNIFORM	OK	N/A	C CORP	744,991	1,495,631	100.0000
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-i)	(c) Amount involved	(d) Method of determining amount involved
(1)	ASA PROPERTIES, INC.	A (IV)	64,000.	FMV/ARMS LENGTH
(2)	ASA PROPERTIES, INC.	A (III)	110,632.	FMV/ARMS LENGTH
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
				Yes	No		Yes	No		Yes	No
(1)	-----										
(2)	-----										
(3)	-----										
(4)	-----										
(5)	-----										
(6)	-----										
(7)	-----										
(8)	-----										
(9)	-----										
(10)	-----										
(11)	-----										
(12)	-----										
(13)	-----										
(14)	-----										
(15)	-----										
(16)	-----										

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)
