990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other 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.

2009

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning . 2009, and ending , 20 C Name of organization D Employer identification number **B** Check if applicable: Please Address change label or Name change Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number print or Initial return type. Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-Application pending Number ▶ **G** Accounting Method: ☐ Cash ☐ Accrual • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ **H** Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, I Website: ▶ J Tax-exempt status (check only one) — ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or 527 990-EZ, or 990-PF). K Check Lift the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 1 1 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments . . . 4 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ [Gross revenue (not including \$ of contributions 6a Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c c 7a Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7h C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe ▶ 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors . . . 13 14 14 15 15 16 Other expenses (describe ▶ 16 17 17 18 18 Asset 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 Net 20 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. Part II (B) End of year (See the instructions for Part II.) (A) Beginning of year 22 Cash, savings, and investments 22 23 Land and buildings 23 24 24 Other assets (describe ▶ 25 Total assets 25 26 26 Total liabilities (describe ▶ Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 27

Form 990-EZ (2009) Page 2 Statement of Program Service Accomplishments (See the instructions for Part III.) Part III **Expenses** (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise organizations and section manner, describe the services provided, the number of persons benefited, and other relevant information for 4947(a)(1) trusts; optional each program title. for others.) 28) If this amount includes foreign grants, check here 28a (Grants \$ 29 29a (Grants \$) If this amount includes foreign grants, check here 30 (Grants \$ 30a) If this amount includes foreign grants, check here (Grants \$) If this amount includes foreign grants, check here 31a **Total program service expenses** (add lines 28a through 31a) 32 List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.) Part IV (b) Title and average hours per week devoted to position (d) Contributions to (c) Compensation (If not paid, (e) Expense account and (a) Name and address employee benefit plans & enter -0-.) deferred compensation other allowances

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	33		
	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		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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			
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			
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 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	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. ▶	100		
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		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		
-	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		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			\ <u></u>	
4.6			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
1E	Form 990-EZ	44		
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	4=		
	165, 1 Om 330 must be completed instead of Form 330-EZ	45	<u> </u>	

(a) Name and address of each employee paid more than \$100,000 devoted to position delerred compensation of other employees paid over \$100,000	ection 46–49b	III s	e trusts only. All answer question	aritab s mus	xempt chari table trusts r	a)(1) none empt chari	'(a)(1) nonex	and section 494	Section 501(c)(3) organiz 501(c)(3) organizations an and complete the tables f	VI	Part	
Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	Yes I										46	
18 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	3	4										
Did the organization make any transfers to an exempt non-charitable related organization?	7	4	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II									
b If "Yos," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trus employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter than \$100,000 of compensation from the organization. If there is none, enter than \$100,000 of compensation from the organization of the organization	3	4	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
Complete this table for the organization's five highest compensated employees (other than officers, true employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter than \$100,000 of compensation from the organization. If there is none, enter than \$100,000 of compensation from the organization of the position deferred compensation of the position	_	-		Did the organization make any transfers to an exempt non-charitable related organization?								
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter than \$100,000 f Total number of other employees paid over \$100,000												
(a) Name and address of each employee paid more than \$100,000 Total number of other employees paid over \$100,000											50	
(a) Name and address of each employee paid more than \$100,000 devoted to position delerred compensation of other employees paid over \$100,000	(e) Expense	T	The state of the s			25.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4				1		
f Total number of other employees paid over \$100,000	account and ner allowand				33 30 30 30			e paid more		(a) N		
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Complete this table for the organization's five highest compensated independent contractors who each receive \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) (c) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f												
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d Total number of other independent contractors each receiving over \$100,000 ▶ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of and belief-this true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any leading the signature of officer Douglas J. Rusch, Treasurer Type or print name and title Preparer's signature	Compensation	(c)	e of service	(b) Typ	(b						A CONTRACT	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any by Signature of officer Douglas J. Rusch, Treasurer											*******	
and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any least the complete of the com						ver \$100,00	ch receiving	dent contractors ea	number of other independen	Tota	d	
Sign Here Douglas J. Rusch, Treasurer	ny knowled	st of	ements, and to the best	and stat	ring schedules and	ng accompan an officer) is b	this return, including	are that I have examined complete. Declaration of	Inder penalties of perjury, I declare t			
Paid Preparer's signature Date Check if self-employed ▶ □ Preparer's Use Only Self-employed, Preparer's identifying number (self-employed ▶ □ Preparer's signature Firm's name (or yours if self-employed), Preparer's identifying number (self-employed)	·	10	2/16/1	1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Wensch	Signature of officer Douglas J. Rusch, Treasur			
Paid signature signature Self-employed ►□ Preparer's Use Only Us	See instruction	mber	Preparer's identifying num		Check if	Date				-		
Preparer's Use Only Firm's name (or yours if self-employed),	230 mondodo			signature self-								
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address, and ZIP + 4 Phone no. ▶										nly	Use Or	
May the IRS discuss this return with the preparer shown above? See instructions	s 🗆 No	1 v	▶ □	Friic	0.7636	structions	above? See in	ne preparer shown		he IRS	May t	

2009 WCFBA Special Events & Program Service Accomplishments

				Other	
	Stockton	Mesa	League	Tournaments	Total
Participant Fees	\$ 20,305.00	\$ 18,581.00	\$20,840.00	\$ 40,645.00	\$ 100,371.00
Costs:					
Fields	12,740.00	1,800.00	5,031.00	7,100.00	26,671.00
Banquet	2,958.00	4,270.00	2,001.00	15,732.00	24,961.00
Momentos	3,360.00	3,000.00	1,319.00	5,169.00	12,848.00
Umpires	1,800.00	1,800.00	5,821.00	5,005.00	14,426.00
Supplies	378.00	4,575.00	683.00	812.00	6,448.00
Insurance	240.00	240.00	1,222.00	720.00	2,422.00
Other	365.00	1,100.00	11.00	5,972.00	7,448.00
	21,841.00	16,785.00	16,088.00	40,510.00	95,224.00
	\$ (1,536.00)	\$ 1,796.00	\$ 4,752.00	\$ 135.00	\$ 5,147.00