Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

<u> </u>	For the	e 2019 calend	ar year, or tax year beginning	January 1	2019	and ending	Deco	mber 30 , 20	19
=	Check if		C Name of organization	January 1	, 2010,			er identification numb	
Ī	Address		Sisseton Youth Baseball Assoc. Inc.			i		47-469387 7	1561
Ē	Name ch		Number and street (or P.O. box if mail is not	delivered to street address)		Room/suite	E Telepho	one number	
	Initial ret	-	415 E. Cherry St.	don't or od to direct address,	LIEU .				
	Final retu	um/terminated	City or town, state or province, country, and	ZIP or foreign postal code		35	F Crown	Cumpton	
<u> -</u>	Amende		Sisseton SD 57262	zir or torcign postar oodo		()31	r Group Numb	Exemption er	Į
ふら		ion pending		6.4					
ا کرا	Websit	nting Method:	☑ Cash ☐ Accrual Other (spec	iiy) -				If the organization	_
5:			eck only one) - 2 501(c)(3) 501(c) (\ 4 C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7(-)(1)		•	o attach Schedule B), 990-EZ, or 990-PF)	
						527 (F	0/11/ 330	, 990-LZ, Or 990-1 1)	
			Corporation Trust To to line 9 to determine gross receipts.		Other	oro or if total	ecate		
			\$500,000 or more, file Form 990 instead	•	11 10 000,	iore, or ir total a	155515		00004
	Part I		e, Expenses, and Changes in N		· ·		ootruoti	s for Port IV	98084
05 =	raiti		_					· ·	· —
∼ੂ	च		the organization used Schedule C						70070
ලා <u> </u>	=1		ons, gifts, grants, and similar amount				` ` ⊢	1	79070
~ [ervice revenue ıncluding governmen	i lees and contracts .			⊢	2	
			ip dues and assessments				` `	3	4000
9	1 _	Investment					· · _	4	1001
Ω	5a		ount from sale of assets other than in	•	5a		∣,		_
Щ	b		or other basis and sales expenses .		5b			LICO IN CORP	RES
/	С		ss) from sale of assets other than inv	entory (subtract line 5b	from lin	ie 5a)	REC	ENED IN CORP	
₹	6	•	d fundraising events:					""	
SCANNED	, a		ome from gaming (attach Sched	ule G if greater than			ŀ	0 J 2 0 2020	
رب چ		\$15,000) .	· · · · · · · · · · · · · · · · · · ·		6a			Ular	
)21 S Revenue	b		me from fundraising events (not incl		of	contributions		C JUNH	
2021 Rev	!		aising events reported on line 1) (at					OGDEN, UTAH	
		sum of sucl	h gross income and contributions ex	(ceeds \$15,0QD)	6b		18013	\	
တ	С		t expenses from gaming and fundrai		6c		11162		
0~	d		e or (loss) from gaming and fundra	sing events (add lines	6a and	6b and subt	ract		
<u></u>		line 6c) .					· 6	id	6851
u.	7a	Gross sales	s of inventory, less returns and allow	ances	7a				
7	b		of goods sold		7b				
4 0	С	Gross profit	t or (loss) from sales of inventory (su	btract line 7b from line	7a) .		7	'c	
M	8	Other reven	nue (describe in Schedule O)				. [8	В	
പ_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,			<u></u>	> (9	86922
9	10	Grants and	similar amounts paid (list in Schedu	le O)			. 1	0	
4	11		id to or for members					1	
£ 2	12		her compensation, and employee be					2	
0 4 5 Expenses	13	Professiona	l fees and other payments to indepe	endent contractors 🔯 .			. 1	3	14880
_ <u>a</u>	. 14	Occupancy,	, rent, utilities, and maintenance .		BEC	EIVED IN CO	วกลโส	4	2594
ũ	15	Printing, pul	blications, postage, and shipping .		1	RS - OSC -	18 1	5	
l	16	Other exper	nses (describe in Schedule O) 🔯 .						46125
7	17	•	nses. Add lines 10 through 16				———		63599
20	18	Evenes or le	deficit) for the year (subtract line 17 t	rom line Q)	Į.		1		(6677)
<u>ت</u> - `	19	Net assets	or fund balances at beginning of v	ear (from line 27, colum	nn (A)) (must agree y	vịth, 🗀		
7~ Ö				•		DCDEM III	AD I	_ 1	
\sum_{sse}	-	end-of-year	figure reported on prior year's retur	n)	'	odpriv, o:	· 19	9 1º	17886
0.7707	20	end-oi-year	ligure reported on prior year's retur	'')	• •	,	1		17886
Net Asse	20 21	Other chang	figure reported on prior year's retur ges in net assets or fund balances (e or fund balances at end of year. Con	xplain in Schedule O) .			20 > 2	0	17886 8791)

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ĺ	Pa	rt II	Balance Sheets (see the instructions							
		<u> </u>	Check if the organization used Schedul	e O to respond to a	any question in this	Part II	<u> </u>		<u> </u>	
	~	•				(A) Beginning of year	L_,	(B) End	of year	
	22		h, savings, and investments			117886		_1	41209	
	23		d and buildings				23			
	24		er assets (describe in Schedule O)				24			
	25		al assets		_	117866	-		(400000)	
	26			· · · · · · · · · · · · · · · · · · ·	,	117866	26		(100000)	
2	27 220	Net	assets or fund balances (line 27 of colum Statement of Program Service Accor				21		(58791)	
U	r ai	· ·	Check if the organization used Schedule	•		-		Expe	nses	
	Wha:	t is the	organization's primary exempt purpose?			rartiii L		quired for	section	
			- , , , ,					(c)(3) and	501(c)(4) c, optional for	
			e organization's program service accompled by expenses. In a clear and concise r				othe		, optional loi	
			nefited, and other relevant information for e		le services provider	u, the number of		•		
1			a fund raising organization to renovate and		ity baseball complex			T		
								1		
	?	(Grant	s \$) If this amoun	t includes foreign gra	ants, check here .	▶ 🛚	28a		261224	.21
	29	We pro	vide uniforms, hats, etc. for baseball particip	ants						
							FIV	ED IN	CORRES	3
							IRS	- OS	ე - 26	
		(Grants	s \$) If this amount	t includes foreign gra	ants, check here .	▶ 🗆	29a		2375	
	30						OC.	720	2020	
							ΩG	DEN, I	HATU	
		(Grants		includes foreign gra		· · · • 📙	30ă			
		•	program services (describe in Schedule O)							
		(Grants	orogram service expenses (add lines 28a	includes foreign gra			31a 32	 	2/2500	
ı	Part		List of Officers, Directors, Trustees, and Ke					tions fo	263599	
i	rait		Check if the organization used Schedule							
-			Oneck if the organization used ochedule	1	(c) Reportable		ΤĖ	····	<u></u> -	
			(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC	contributions to employe benefit plans, and			d amount of pensation	
			- ··	devoted to position	(if not paid, enter -0-)			iner com	pensation	
Ī	Dean	Lehrke	Chairman				1			
-		ton SD		·	J)	0		0	
Ī	Viel H	uff, Vic	e-Chairman				1			
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(Gordo	n Niels	on, Secretary	2						
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	Part				_	1
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	is Par	Yes	No	_
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	1.03	~	<u>-</u>
?	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	1			- [?
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		\vdash	-	-
	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		-	-
	c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		V	-
	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		V	-
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a				
	b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		V	-
	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved				
	39	Section 501(c)(7) organizations. Enter:		ļ	ļ	
	a	Initiation fees and capital contributions included on line 9	4			
	ь 40а	Gross receipts, included on line 9, for public use of club facilities				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		\ \	?
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		/	
	41	List the states with which a copy of this return is filed ▶				
	42a		605 886		<u> </u>	
	h	Located at ► 415 E. Cerry St. Sisseton SD ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	5 72	Yes	No	
	D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	165	V	
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
		At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c			
		Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •		
				Yes	No	
		Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~	
	,	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V	
	C	Did the organization receive any payments for indoor tanning services during the year?	44c	\dashv	~	
		If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O]		
			44d 45a	\longrightarrow	~	
		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	+		
		meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	, [İ		

orm 990-E	Z (201 <u>9)</u>							age 4
•	•						Yes	No
46' Di	id the organization engage, directly or	indirectly, in political of	campaign activities of	n behalf of or i	n oppos	ition		
to	candidates for public office? If "Yes,"		, Part I	<u> </u>		. 46		~
art VI								
	All section 501(c)(3) organization	ns must answer que	estions 47-49b and	52, and con	iplete ti	ne tables	for line	es
	50 and 51.	·			-			
	Check if the organization used So	chedule O to respond	to any question in	this Part VI				\Box
							Yes	No
17 Di	id the organization engage in lobbying	activities or have a	section 501(h) election	on in effect di	urina the	tax	1:55	
ve	ear? If "Yes," complete Schedule C, Pa							J
•	the organization a school as described i					L	+	
	id the organization make any transfers						1	<u>,</u>
	"Yes," was the related organization a s						++	
	omplete this table for the organization's							1 ko
10 Ot	mployees) who each received more than	s five highest compen	saled employees (oil	nization If the	re is nor	ors, truste	done "	ı ney
	inployees) who each received more than	T \$100,000 of compen	isation from the orga	(d) Health be		ie, enter i	NOTIE.	
	(a) Name and title of each employee	(b) Average	(c) Reportable compensation	contributions to		(e) Estimat	ed amou	nt of
	(a) Name and the or each employee	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, ar		other cor	npensatii	on
		<u> </u>	,	compensa	ition			
		4		}				
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£ T-		(1400 000						
1 Co	otal number of other employees paid ov	's five highest compo	ensated independent			n received	moro	than
1 Co \$1	omplote this tablo for the organization 00,000 of compensation from the organization fro	's five highest compo anization. If there is no	nsated independent ne, enter "None."	contractors v		n received	moro	than
1 Co \$1	omplote this table for the organization	's five highest compo anization. If there is no	ensated independent	contractors v	/ho each	n received		thar
1 Co \$1	omplote this tablo for the organization 00,000 of compensation from the organization fro	's five highest compo anization. If there is no	nsated independent ne, enter "None."	contractors v	/ho each			thar
\$1	omplote this tablo for the organization 00,000 of compensation from the organization fro	's five highest compo anization. If there is no	nsated independent ne, enter "None."	contractors v	/ho each			thar
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\$1	omplote this tablo for the organization 00,000 of compensation from the organization fro	's five highest compo anization. If there is no	nsated independent ne, enter "None."	contractors v	/ho each			thai
1 Co \$1	omplote this tablo for the organization 00,000 of compensation from the organization fro	's five highest compo anization. If there is no	nsated independent ne, enter "None."	contractors v	/ho each			thai
1 Cc \$11	omplote this tablo for the organization 00,000 of compensation from the organization fro	's five highest compo	ensated independent ne, enter "None." (b) Type of serv	contractors v	/ho each			thai
1 Co \$1	omplote this table for the organization 00,000 of compensation from the orga (a) Name and business address of each independent	's five highest compo anization. If there is no dent contractor	nsated independent ne, enter "None." (b) Type of serv	contractors v	vho each	Compensati		thar
d Tot	omplote this table for the organization 00,000 of compensation from the orga (a) Name and business address of each independent	's five highest component anization. If there is no dent contractor actors each receiving calle A? Note: All seconds	nsated independent ne, enter "None." (b) Type of serv	contractors v	/ho each	Compensati	on	
d Tot Did cor	tal number of other independent contrad the organization completed Schedule A	's five highest componing anization. If there is no dent contractor actors each receiving on the A? Note: All sections, including accompany.	checked independent ne, enter "None." (b) Type of service of the	contractors v	t attach	Compensati	on No	D
d Tot Did cor	omplote this table for the organization 00,000 of compensation from the orga (a) Name and business address of each independent contracts and the organization complete Schedumpleted Schedule A	's five highest componing anization. If there is no dent contractor actors each receiving on the A? Note: All sections, including accompany.	checked independent ne, enter "None." (b) Type of service of the	contractors v	t attach	Compensati	on No	
d Tote Did correct,	complete this table for the organization on,000,000 of compensation from the organization from the organization from the organization states of each independent contract the organization complete Schedumpleted Schedule A	's five highest componing anization. If there is no dent contractor actors each receiving on the A? Note: All sections, including accompany.	checked independent ne, enter "None." (b) Type of service of the	contractors v	t attach	Compensati	on No	D
d Tote Did corer penaltic correct,	tal number of other independent contrad the organization completed Schedule A	's five highest componing anization. If there is no dent contractor actors each receiving on the A? Note: All sections, including accompany.	checked independent ne, enter "None." (b) Type of service of the	contractors v	t attach	Compensati	on No	D
d Tot Did correct,	tal number of other independent contrad the organization completed Schedule A	's five highest componing anization. If there is no dent contractor actors each receiving on the A? Note: All sections, including accompany.	checked independent ne, enter "None." (b) Type of service of the	contractors v	t attach	Compensati	on No	
d Tote Did corer penaltic correct,	tal number of other independent contrad the organization completed Schedule A	's five highest componing anization. If there is no dent contractor dent contractor actors each receiving on the A? Note: All secure officer) is based on all informations.	over \$100,000	contractors v	t attach	a ▶ Yes	on No	D
d Tote Did correr penaltic correct,	tal number of other independent contrad the organization completed Schedule A	's five highest componing anization. If there is no dent contractor actors each receiving on the A? Note: All sections, including accompany.	checked independent ne, enter "None." (b) Type of service of the	contractors v	t attach	a Yes owledge and	on No	D
d Tote Did correct,	tal number of other independent contra the organization completed Schedule A	's five highest componing anization. If there is no dent contractor dent contractor actors each receiving on the A? Note: All secure officer) is based on all informations.	over \$100,000	contractors v	t attach	a Yes owledge and	on No	D
d Tote Did correct.	tal number of other independent contra the organization completed Schedule A	's five highest componing anization. If there is no dent contractor dent contractor actors each receiving on the A? Note: All secure officer) is based on all informations.	over \$100,000	contractors v	t attach	a Yes owledge and	on No	D
d Tote Did correct.	tal number of other independent contra the organization completed Schedule A	's five highest component anization. If there is no dent contractor dent contractor actors each receiving or le A? Note: All sectors, including accompany, or officer) is based on all information.	over \$100,000	contractors v	t attach	a Yes owledge and	on No	D

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service

(C)

(D)

(E)

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.

▶ Go to www irs gov/Form990 for instructions and the latest information

	,,,,,			and the la-		1811011	Inspection
Name	Sisseton You	th Bas	A Moder	SSO	c	Employer identification	
Pa	art I Reason for Public Chari						
	organization is not a private foundati	••	-				
1			_		-		
2	C 3						
3							
4	A medical research organization	operated in c	ormanch n with a hos	oital desc	ribed r	section 170(b)(1)(A)	(in) Enter the
	hospital's name ~ to and state	,		•		- (-/(-/(-/	(17)
5	An organization operated for th section 170(b)(1)(A)(iv). (Complete Complete Comp		collage or university	owned o	or operate	ed to a governmen	tal unit described "
6	A federal, state, or local government	ment or govern	mental unit described	in sect i	on 170(b)(1)(A)(v)	
7	An organization that normally re	eceives a subs	itantial part of its sup	port from	n a gover	nmental unit or fron	n the general public
	described in section 170(b)(1)(A				_		
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An agricultural research organization	ation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a	land-grant college
	or university or a non-land-grant university	t college of agr	riculture (see instruction	ons). Ente	er the nar	ne, city, and state of	f the college or
10	🛮 An organization that normally re-	ceives (1) mor	e than 331/3% of its s	upport fro	om contri	butions, membershi	p fees, and gross
	receipts from activities related to support from gross investment i	o its exempt tu	nctions—subject to c related business taxa	ertain exi ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	in 331/3% of its
	acquired by the organization afti	er June 30, 19	75 See section 509 (a	a)(2). (Co	mplete Pa	art III)	00311103303
11	An organization organized and o	perated exclus	sively to test for publi	c safety.	See sec t	ion 509(a)(4).	
12	☐ An organization organized and o	perated exclus	ively for the benefit o	f, to perfe	orm the fi	unctions of, or to ca	rry out the purposes
	of one or more publicly support						
	Check the box in lines 12a through	gh 12d that des	scribes the type of su	porting o	organızatı	on and complete line	es 12e, 12f, and 12g
а	Type I. A supporting organiz	ation operated	l, supervised, or conti	olled by	its suppo	rted organization(s),	typically by giving
	the supported organization(s					he directors or trust	ees of the
	supporting organization You	ı must comple	ete Part IV, Sections	A and B	•		
b							
	control or management of th				epersons	that control or man	age the supported
	organization(s). You must co	omplete Part I	V, Sections A and C	•			
С	_ ·· •						ally integrated with,
	its supported organization(s)	(see instructio	ns). You must comp	lete Part	IV, Secti	ions A, D, and E.	
d	,,						
	that is not functionally integra						d an attentiveness
	requirement (see instructions	s). You must c	omplete Part IV, Sec	ctions A a	and D, ar	nd Part V.	
е	Check this box if the organize functionally integrated, or Ty						e II, Type III
f	Enter the number of supported org	ganizations .					
g	Provide the following information a	about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)	ļ.						
(B)		Ì			[.	l i	

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	Support Schedule for Organize (Complete only if you checked to		· · · · · · · · · · · · · · · · · · ·	· ·		/	Page 2
	(Complete only if you checked the Part III. If the organization fails to	ations Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(v	ri)
	Section A. Public Support Calendar year	he box on lin	e 5, 7, or 8 of	f Part I or if th	ne organizatio	on failed to qu	alify under
	Section A. Public Support	o qualify und	er the tests li	sted below, r	olease compl	ete Part (ÍI.)	•
				<u></u>		7	
	Gifts, grants, contributions, and	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)/2019	(f) Total
	members, contributions, and	1 2 2 3 3	10) 2010	(0) 2011	(0) 2010	(6)/2019	(i) Total
	membership fees received. (Do not include any "unusual greats.")	Ì	1	1		/	}
	include any "unusual grants.")		[1/	}
	Tax revenues levied for the	ļ	ļ		1		
	organization's benefit and either paid	j	}			/	
	to or expended on its behalf.		1			<i>Y</i>	
	The value of its benail			1		4	
	furnished by a governmental unit to the organization without charge		 		+ /	 	
	organization a governmental unit to the		}]	/	}	
	organization without charge		1	}	/		
	99 11100 4 11		ļ		 		
,	The portion of total contributions by each person (other than a						
	each person (other than a	•		<u>'</u>	1 . /	j i	
	government	•	1	1		1	
	Supported unit or publicly					[
	ine 1 that "SaidZation) included on		, ,			}	
	line 1 that exceeds 2% of the amount shown on line 11, column (f).			1	1./	'	-
				1	1.		
Se	CLION DE SUbtract line E from the		 	ļ,	/	ļi	
Ca	ction B. Total Support lendar year (or 6)		L		1	L	
7	lendar year (or fiscal year beginning in) >	1-1 0045			·····	,	
8	Amounts from line 4	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Ĭ	Ciross incom						
	payments received on securities loans, rents, royalties, and income from						
	ents to a on securities roans.					}	
_	Similar Source, and income from			/			
9	similar sources			/			
	Net income from unrelated business activities, whether constitutions			-/		 	
	activities, whether or not the business is regularly carried on						
10	is regularly carried on			<i>y</i>			
	Other income. Do not include gain or loss from the sale of capital assets		/				
11	(Explain in Danie of capital assets		/				
12	otal sur		/				
	Total support. Add lines 7 through 10 Gross receipts from related activities at						
13	Gross receipts from related activities, etc.	(see instruction	ons) . / .		<u> </u>	12	
	organizative years. If the Form 990 is for the	e organization	's first secon	d third fourth	or fifth tay ve	er as a section	n 501(c)(3)
Sect	First five years. If the Form 990 is for the organization, check this box and stop her	re	73 11131, SECON	u, illiu, lourill	, or man tax ye	tal as a section	11 301(c)(o) ► □
14							
15	Putting Support percentage for 2010 (mg.	rercentag	e /				
16	Public support percentage for 2019 (line 6 331/3% support percentage from 2018 Sch	o, column (f) di	vided by line 1	1, column (f))		14	<u>%</u>
_	support the same strong 2018 Sch	edule A, Part	ll∮line 14 .			15	<u>%</u>
Ь	and the second s	canon ala non	CHECK THE DUX	on line 13, an	nd line 14 is 33	1/3% or more,	check this
-	this box and stop here. The organization qual	ifies as a publi	icly supported	organization			▶ 🗆
4=	this box and stop here. The organization 10%-facts-and-circumstances test-20	zation did not	check a box o	n line 13 or 16	a. and line 15 i	is 331/3% or me	ore, check
17 a	and stop here. The organization	qualifies as a (oublicly suppor	rted organizati	on		▶□
	- W-155-A	. ,			• • • • • •		
						oa, or lod, and	Fundam in
	Organization mosts the "	co lie lacis	and-circumsta	inces" test, ch	eck this box a	na stop nere.	explain in
Ь		<i>u</i>					
	- /G-F5-2						
	15 is 10% or more, and if the organization memory of the organization of the organi	18. If the orga	inization did n	ot check a box	x on line 13, 10	6a, 16b, or 17a	a, and line
	explain in or more, and if the organization	tion/ meets the	e "facts-and-c	ircumstances"	test, check the	his box and s	top here.
8							
-	Supported Organization merivate for materials	<i>[</i>					▶ □
-							
	Private foundation. If the organization dictinuctions		ook on tille 10,	10a, 10b, 17a	, 0, 1,0,011608	unio DON ania :	. • 🗆
			• • • •	• • • • •	· · · · ·	· · · · ·	

	·						3-
Par							
	(Complete only if you checked t						nder Part II.
•	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)	
	ion A. Public Support				T 19 2010	1 1 1 2 2 2 2	T ==
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16409	3790	27529	64200	79070	190998
2	Gross receipts from admissions, merchandise	10409	3770	27527	04200	77070	170770
	sold or services performed, or facilities	}					1
	furnished in any activity that is related to the organization's tax-exempt purpose	}	21943	10891	15944	6851	55629
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513]				}	ļ
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	16409	25733	38420	80144	85921	246627
7a	Amounts included on lines 1, 2, and 3	10407	23733	30420	00144	03721	1 240027
	received from disqualified persons .		i				
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						*
8 8	Add lines 7a and 7b						
ecti	on B. Total Support		b		· 		· -
alen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	16409	25733	38420	80144	85921	246627
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.					1001	1001
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	16409	25733	38420	80144	86922	247628
14	First five years. If the Form 990 is for the organization, check this box and stop her	e		, third, fourth,	=		
	on C. Computation of Public Support Public support percentage for 2019 (line 8)			3 column (fi)		15	0/
5	Public support percentage for 2019 (line 8 Public support percentage from 2018 Sch					16	<u>%</u>
6 acti	on D. Computation of Investment Inc			· · · · · ·		1 10	70
7	Investment income percentage for 2019 (li			/ line 13 colum	nn (fl)	17	%
8	Investment income percentage for 2019 (ii Investment income percentage from 2018)					18	
9a	331/3% support tests—2019. If the organization to more than 331/3%, check this box a	zation did not c	heck the box	on line 14, and	d line 15 is mo	ore than 331/3%	, and line
b	331/3% support tests—2018. If the organization 18 is not more than 331/3%, check this b	ation did not che	eck a box on li	ne 14 or line 19	a, and line 16	is more than 3	3 ¹ /3%, and

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number			
Sisseton Youth Baseball Assoc. Inc.	474693877			
Part 1, #16 Upgrade and renovation expenses.				
Part II #26 Liabilities: Bank Loan necessary to make necessary renovations				
	••••			
·				