Form 990

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

OMB No 1545-0047

2013

Open to Public Inspection

IIIIOIIIai	rvevenu	10 OCIVICO	► Information about Form 990 and its instructions is at www.IRS.gov/f	orm990			Inspection
A Fo	r the	2013 c	alendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2	2014			
		applicabl :hange	C Name of organization LITTLE LEAGUE BASEBALL WALLER SPORT ASSOCIATION		1		tification number
, ∧o. Γ Na		-	Doing Business As		51-025	6158	
∏ Init			Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 1435		E Telephon	e numb	er
		l return on pendir	City or town, state or province, country, and ZIP or foreign postal code WALLER, TX 77484				
, Api	piicatio	n penan	E November 1 of the control of the c		G Gross red		
			r Name and address of principal officer		his a group r ordinates?	eturn 1	for 「Yes ア No
					all subordin uded?	ates	ΓYes ΓNο
I Ta	x-exer	mpt statı	s	If"l	No," attach a	list (	see instructions)
y W	ebsit	e:► N	/A	H(c) Gro	up exemptio	n num	ber ►
К Гоп	m of o	rganizati	on Corporation Trust Association Other >	L Year of	formation 199	4 M:	State of legal domicile TX
Pa	rt I	Su	nmary				
	1		describe the organization's mission or most significant activities OVIDE YOUTH SPORTS TO OVER 600 YOUTH IN WALLER AND SURRO	UNDING	COUNTIES		
nce	1	_					
Ē							
Activities & Governance	2	Check	this box 🚩 if the organization discontinued its operations or disposed of n	nore than	25% of its r	net ass	ets
ب عرة	3	Numbe	r of voting members of the governing body (Part VI, line 1a)	SEC 360 SE	. ]	3	5
<u>es</u>	4	Numbe	r of independent voting members of the governing body (Part VI, line 1b)			4	5
Ĕ	5	Totalr	umber of individuals employed in calendar year 2013 (Part V, line 2a) .	* * *	n e	5	0
ਣੂ	1		umber of volunteers (estimate if necessary)			6	
			nrelated business revenue from Part VIII, column (C), line 12		G G	7a	0
	ь	Net un	related business taxable income from Form 990-T, line 34			7b	
		C	introduces and analysis (Dark VIIII line 4 b)	Pri	or Year	20	Current Year
ā	9		ributions and grants (Part VIII, line 1h)		156,1	37	192,946
Rayenue	10	_	stment income (Part VIII, column (A), lines 3, 4, and 7d)		130,1.	-	192,948
2	11		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,8	68	2,329
	12	Tota	I revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		190,1		195,275
	13	Gran	ts and similar amounts paid (Part IX, column (A), lines 1-3)				0
	14	Bene	ifits paid to or for members (Part IX, column (A), line 4)				0
SQ.	15	Sala 5-1	ries, other compensation, employee benefits (Part IX, column (A), lines				0
enses	16a		essional fundraising fees (Part IX, column (A), line 11e)			-	0
÷	h		fundraising expenses (Part IX, column (D), line 25) •28,504				
ă	17		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		182,9	80	183,347
	18		I expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		182,9		183,347
	19		nue less expenses Subtract line 18 from line 12		7,1		11,928
Net Assets or Fand Balances					ng of Curren Year	t	End of Year
LSS &	20	Tota	l assets (Part X, line 16) मा अह समार्थिक		86,7	17	95,318
Par Par	21	Tota	l liabilities (Part X, line 26)		60,8	32	57,505
	22	_	assets or fund balances Subtract line 21 from line 20		25,8	85	37,813
	22 t III	_	nature Block		25,8	85	37,813
Unde	rpen	alties c	f perjury, I declare that I have examined this return, including accompanyir belief, it is true, correct, and complete Declaration of preparer (other than				
prepa	rer h	as any	knowledge				
					2015-03-08		
Sign Here		100	nature of officer STIN STANDLEY TREASURER		Date		
			oe or print name and title  Print/Type preparer's name  Preparer's signature  Date	, i	. F . T	PTIN	
Paid	1		2015	-03-08 se	lf-employed	1714	
Pre		er	Firm's name LORETTO G MARTIN CPA	Fil	m's EIN ►		
Use	•		Firm's address ► 1660 KATY GAP RD APT 4105	Ph	one no		
		-	KATY, TX 77494	- 11			

May the IRS discuss this return with the preparer shown above? (see instructions) .

1000000

Page 2

1 Bnefly describe the organization's mission 10 PROVIDE YOUTH SPORTS TO OVER 600 YOUTH IN 2 Did the organization undertake any significant prograte the proform 990 or 990-E2? 3 Did the organization cease conducting, or make signiservices? 4 Describe the organization's program service accomplexpenses Section 501(c)(3) and 501(c)(4) organization to the total expenses, and revenue, if any, for each program to PROVIDE YOUTH SPORTS TO OVER 600 YOUTH IN WALLER A  4b (Code ) (Expenses \$  4c (Code ) (Expenses \$  4c (Code ) (Expenses \$  4d (Code ) (Expenses \$	Briefly describe the organization's mission  OVIDE YOUTH SPORTS TO OVER 600 YOUTH IN WALLER AND SURROUNDING COUNTIES  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services. If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  (Code ) (Expenses \$ 154,709 mcuduing grants of \$ ) (Revenue \$ )	the year which were not listed on  ow it conducts, any program  of its three largest program services, as me to report the amount of grants and allocation ed  of \$\$ (Revenue \$\$ UNTIES)	T Yes No  T Yes No  easured by  ns to others,
the prior Form 990 or 990-E  If "Yes," describe these new  Joid the organization cease of services?  If "Yes," describe these chain the total expenses section 501(c)(3) the total expenses, and reveint the total expenses, and reveint the total expenses and reveint the total expenses (Code	intake any significant program services during to 0-E2?  The services on Schedule O  The conducting, or make significant changes in how service accomplishments for each on the service accomplishments for each on the service reports of the service repor	the year which were not listed on  ow it conducts, any program  of its three largest program services, as me to report the amount of grants and allocation ed  of \$  UNTES  ) (Revenue \$  of \$	Yes   No     Yes   Vo     No     N
	rtake any significant program services during to D-EZ?	the year which were not listed on  ow it conducts, any program  of its three largest program services, as me to report the amount of grants and allocation  ed  of \$  UNTES  ) (Revenue \$  of \$	Yes   No   Yes   No   No to others,
	new services on Schedule O ie conducting, or make significant changes in h ie conducting, or make significant changes in h it is readile o it's program service accomplishments for each or it is service accomplishments for each or it is service required to the infany, for each program service reports if it is it	iow it conducts, any program  of its three largest program services, as me to report the amount of grants and allocation ed  of \$ ) (Revenue \$  of \$ ) (Revenue \$	easured by ns to others,
	n's program service accomplishments for each ()(3) and 501(c)(4) organizations are required t evenue, if any, for each program service reports (Expenses \$ 154,709 including grants	of its three largest program services, as me to report the amount of grants and allocation ed  of \$  UNTIES  (Revenue \$  of \$  ) (Revenue \$	easured by ns to others,
TO PROVIDE YOUTH SPORTS TO (Code )	(Expenses \$ 154,709	) (Revenue	
(Code )	OVER 600 YOUTH IN WALLER AND SUI	) (Revenue	
(Code )	) (Expenses \$ including grants of \$		
(Code )			
	) (Expenses \$ including grants of	of \$ ) (Revenue \$	
4d Other program services (Describe in Schedule O (Expenses \$	(Describe in Schedule O ) including grants of \$	) (Revenue \$	,
4e Total program service expenses	xpenses ► 154,709		

Part IV	Checklist of	f Required Schedules
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			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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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	3		No
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	4		No
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	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 188	6		No
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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI. 2	11a	Yes	
	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	11b		No
	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	11c		No
	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.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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)	17		No
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	18		No
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	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			_
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No	_
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No	
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	23	No	
	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 25a	24a	No	-47
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 🚁 .	24d		
	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 $I$	25a	No	
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	25b	No	
26	or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	No	_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No	
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	No	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
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 $IV$	28c	No	_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No	_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No	_
32	Schedule N, Part II	32	No	_
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	33	No	_
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No	_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	. No	_
b	If 'Yes' to line 35a, 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	35b		_
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	36	No	_
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No	_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	No	

_	rt V Statements Regarding Other IRS Filings and Tax Compliance			Page
Га	Check if Schedule O contains a response or note to any line in this Part V			_
	Check it Schedule o Contains a response of note to any line in this Fact V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   0			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	by this return	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		l No
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
F-	Was the assessment as a surface to a surface that the state of the sta	F-		N.
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No No
		5b		NO
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 🐛 🕟	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	facilities Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	Į		ļ
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Par	*** VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7 "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			
Se	ection A. Governing Body and Management			
	scion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	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?	2		No
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? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t ▶LITTLE LEAGUE BASEBALL WALLER SPORT 1112 AUSTIN ST HEMPSTEAD,TX 77445 (979)921-0200	he orga	anızatıo	n

Form	۵	۵	n	-	2	n	1	2	١
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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

# 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, or 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) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot rect	not box h ar or/tr	offic ustee	ss er	(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
(1) MARK CONTREAS		×		x				0	0	0
PRESIDENT (2) DAVID SIDES 1ST VICE PRE		х		х				0	0	0
(3) DUSTIN STANDLEY TREASURER		×		x				0	0	0
(4) CHRISTINE HERBERT SECRETARY		х		x				0	0	0
(5) JOHN GONZALES  2ND VICE PRE		х		x				0	0	്ഠ
N-										
				_						

(E)

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion ( han d on is	one l both	box, an	heck unless officer stee)	;	Report compen from organizat	table sation the tion (W-	(E) Reportable compensation from related organizations (W	_	organization and				
	for related organizations below dotted line)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-	MISC)	2/1099-MISC)		ganizati relate organiza	d			
					_		_				$\perp$					
				-			-				+					
			Г													
				_							$\perp$					
				_	-						+					
				$\vdash$	$\vdash$						+					
				_							-					
				$\vdash$	$\vdash$						+					
1b Sub-Total			•	•		-	js-									
c Total from continuation sheet d Total (add lines 1b and 1c) .							<b>►</b>				+					
2 Total number of individuals (in \$100,000 of reportable comp	cluding but not	limited	to th	ose			e) w	ho receive	d more tl	han			al a			
							_					Yes	No			
3 Did the organization list any f on line 1a? If "Yes," complete s	,									sated employee	3		No			
4 For any individual listed on lin organization and related organ	e 1a, is the sum lizations greatei	of repo	rtabl 150,	e co 000	mpe ? <i>If</i>	nsatio <i>"Yes,"</i>	n an comp	d other co plete Sched	mpensatı ule J for s	on from the						
individual	a receive or ac	crue co	 mpen	Isatı	• on fi	rom an	v un	· · related ord	 anızatıor	or individual for	4		No			
services rendered to the orga											5		No			
Section B. Independent Co  Complete this table for your fi		aneste.	d ind	ADA:	nder	t cont	acto	ore that roa	elved m	ore than \$100.000	) of					
compensation from the organi	zation Report c	ompens	ation	for	the	calend	arye	ear ending	with or w	thin the organizat	ion's t	tax year (C				
	lame and business	address							De	scription of services	$\pm$	Comper				
2 Total number of independent co \$100,000 of compensation from			t not	IIMI	ted t	o thos	e lis	ted above)	who rece	eived more than						

Form 99	0 (20	13)				Page <b>9</b>
Part V	4001	Statement of Revenue	a in this Dest WIII		1 0: A CI	
		Check if Schedule O contains a response or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
0	1a	Federated campaigns 1a				
ants	ь	Membership dues 1b				
Gr	c	Fundraising events 1c				
ifts, ar A	d	Related organizations 1d				ľ
<u>1</u>	e	Government grants (contributions)				
ons	f	All other contributions, gifts, grants, and 1f				
Contributions, Gifts, Grants and Other Similar Amounts	'	similar amounts not included above				
탈	g	Noncash contributions included in lines 1a-1f \$				
ang Co	h	Total. Add lines 1a-1f				
		Business Code				
Program Serwce Revenue	2a	PROGRAM SERVICE REVENUE	192,946	192,946		
₽e.	ь					
104	С					
Zer.	d					
E	e					
Ď	f	All other program service revenue				
	g	Total. Add lines 2a-2f	192,946			
	3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds >				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	b	Less rental expenses		Ĭ		
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
		(i) Securities (ii) Other				
	7a	Gross amount from sales of				
		assets other than inventory				
	ь	Less cost or other basis and				
		sales expenses Gain or (loss)				
	C d	Net gain or (loss)		ĺ		
	1	Gross income from fundraising				
ė,		events (not including				
Other Revenue		s of contributions reported on line 1c)				
ě		See Part IV, line 18		Y		
₩	١.	a l				
存	1	Less direct expenses b  Net income or (loss) from fundraising events				
_	1	Gross income from gaming activities				
		See Part IV, line 19				
	١.	2,329				
		Less direct expenses	2,329	(t		2,329
	1	Gross sales of inventory, less		7		
		returns and allowances .				
		a l				
	1	Less cost of goods sold b  Net income or (loss) from sales of inventory		4		
	Ť	Miscellaneous Revenue Business Code				
	11a					
	ь					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total revenue. See Instructions	195,275	192,946		2,329

# 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)

Jecu	on sortens) and sortenes organizations must complete an columns. An				
	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
C	Accounting	110		110	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	5,441	5,441		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,721	9,721		
23	Insurance	3,133	3,133		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	ALL STARS CAMP	30,752	30,752		
b	FUNDRAISING	28,504	ì		28,504
C	UNIFORMS	24,264	24,264		
d	OUTSIDE CONTRACTED SERVIC	18,393	18,393		
е	All other expenses	63,029	63,005	24	
25	Total functional expenses. Add lines 1 through 24e	183,347	154,709	134	28,504
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
		Check if Schedule o Contains a response of note to any line in this part X	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	17,157	1	25,459
	2	Savings and temporary cash investments		2	
	з	Pledges and grants receivable, net		3	-
	4	Accounts receivable, net	230	4	230
	5	Loans and other receivables from current and former officers, directors, trustees, key		÷	
		employees, and highest compensated employees. Complete Part II of Schedule L			
				5	
ts	6	Loans and other 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) Complete Part II of Schedule L			
Assets	١.,	Makan and Isana wasawakin nak		6	
As	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  226,971			
	Ь	Less accumulated depreciation 10b 157,342	69,330		69,629
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	86,717	16	95,318
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Q <sup>A</sup>	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	60,832	24	57,505
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D		25	
	26	Total liabilities. Add lines 17 through 25	60,832	26	57,505
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶     and complete   Ines 27 through 29, and lines 33 and 34.			
อบัต	27	Unrestricted net assets	25,885	27	37,813
89	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and			
Ä		complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
Š	31	Paid-in or capital surplus, or land, building or equipment fund		31	
ΑS	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	25,885	33	37,813
_	34	Total liabilities and net assets/fund balances	86,717	34	95,318

Total evenue (must equal Part VIII, column (A), line 12)  Total evenue (must equal Part VIII, column (A), line 12)  Total evenue (must equal Part VIII, column (A), line 25)  Total evenue less expenses Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Revenue less expenses Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net assets or fund balances at end of year (Compine lines 3 through 9 (must equal Part X, line 33, column (A))  Net changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in net assets or fund balances (explain in Schedule O)  Other changes in expanses  Claim (B)  Accounting method used to grapare the form 990  For any line in this Part XIII  Accounting method used to grapare the form 990  For any line are counting to reviewed on the year were completed or reviewed on the organization's financial statements compiled or reviewed by an independent accountant?  The organization changed the size of the year were completed or reviewed by an independent accountant?  Were the organization's financial statements audited by an independent accountant?  Expense basis concludated basis of Consolidated basis of Consolidated basis of Consolidated basis of the year were submitted to reviewed by an independent accountant?  For part & basis of Consolidated basis of Consolidated basis of the year were submitted to review the organization's financial statements audited by an independent accountant?  For part & basis of Consolidated basis of the year were submitted to review the organization changed either its oversight process or selection of an independent accountant?  For part & basis of Consolidated basis of the year were submitted to a part of the part part and part or and the area and accountant part of the part or and part or and the part of the part or part or part or part or a	Forn	Form 990 (2013)		Page 12
revenue (must equal Part VIII, column (A), line 12)	Pa	Charle of Schooling Contains a recent of the part in the Dart VI		
revenue (must equal Part VIII, column (A), line 25)				
expenses (must equal Part IX, column (A), line 25)	1	VIII, column (A), line 12)		95,27
realized gains (losses) on investments real statements and beginning of year (must equal Part X, line 33, column (A))	7			183.347
seets or fund balances at beginning of year (must equal Part X, line 33, column (A))	m	Subtract line 2 from line 1		11.928
realized gains (losses) on investments	4	beginning of year (must equal Part X, line 33, column (A))		25,885
the services and use of facilities	10			
rchanges in net assets or fund balances (explain in Schedule O)	φ			
rchanges in net assets or fund balances (explain in Schedule O)	7			
rchanges in net assets or fund balances (explain in Schedule O)	80			
Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII	6	or fund balances (explain in Schedule O)		
Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (8))		37,813
Accounting method used to prepare the Form 990   Cash   Accrual   Other    Schedule O  Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant?  If Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  If Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis   Consolidated basis   Both consolidated and separate basis    If Yes, 'check a box below to indicate whether the financial statements are separate basis    If Yes, 'check a box below to indicate whether the financial statements or indicated and separate basis    If Yes, 'check a box below to indicate whether the financial statements and selection of an independent accountant?    Schedule O   As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single A udit Act and OMB Circular A-133?  If Yes, 'and the organization degree previous and the organization did not undergo the required audit or audits. Explain why in Schedule O and describe any steps taken to undergo such audits.	Ра	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	S <b>€</b> S	
Accounting method used to prepare the Form 990   Cash   Accrual   Other    Schedule O  Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant?  If Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both    Separate basis   Consolidated basis   Both consolidated and separate basis    If Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both    Separate basis   Consolidated basis   Both consolidated and separate basis    If Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  If Yes, in line 2 a 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  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single A udit Act and OMB Circular A-133.  If Yes, if 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				S
Were the organization's financial statements compiled or reviewed by an independent accountant?  If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both    Separate basis   Consolidated basis   Both consolidated and separate basis   2b    If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both  If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both    Separate basis   Consolidated basis   Both consolidated and separate basis    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 and describe any steps taken to undergo such audits    If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audits, explain why in Schedule O and describe any steps taken to undergo such audits.	#	V Cash   Accrual   Other ing from a prior year or checked "Other		
If Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both    Separate basis	2		2a	ON
Were the organization's financial statements audited by an independent accountant?  If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both    Separate basis   Consolidated basis   Both consolidated and separate basis     Febasis   Consolidated basis   Separate basis   Consolidated basis   Consolidated basis   Consolidated basis   Consolidated basis     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  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?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such audits.		If Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed or a separate basis, consolidated basis, or both    Separate basis   Consolidated basis   Both consolidated and separate basis		
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Formalization consolidated basis  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  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?  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.	9		2b	S 0
F Separate basis   Consolidated basis   Both consolidated and separate basis    If "Yes," to line 2 a 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  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?  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.		If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		
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  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?  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.	U			
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?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits any steps taken to undergo such audits.		audit, review, or compliation of its nnancial statements and selection of an independent accountailt. If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1	
If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ď		33	
	ਧ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required and some steps taken to undergo such audits	3b	

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

OMB No 1545-0047

ШЕ			zation L WALLER SPO	PRT	-				Employer in		ication n	ımber			
Pai	rt I	Reas	on for Pu	blic Charity Stat	tus (All oro	anizations	must comp	lete this n			ions				
		zation is	not a privat	e foundation becaus	eitis (Forl	ines 1 throu	ah 11. check	only one bo	x )	Dude	ions.				
1				on of churches, or as											
2	Ė.			in section 170(b)(1					//-/						
3	Ė			perative hospital sei				n 170(b)(1)	(A)(iii).						
4	Ė			n organization operat						1)(A)(	iii). Ente	r the			
•	'			ty, and state	.ca iii conjan	ceron men a	opital acot			-/(/(	,				
5	Γ	An orga	nization op	erated for the benefit	of a college	or universit	y owned or o	perated by a	government	al unıt	describe	d in			
		sect ion	170(b)(1)(	A)(iv). (Complete P	art II )										
6	$\Gamma$	A feder	al, state, or	local government or	government	al unit desci	ribed in <b>secti</b>	on 170(b)(1	)(A)(v).						
7	<b>V</b>	An orga	anization tha	at normally receives	a substantia	I part of its :	support from	a governme	ntal unit or fr	om the	general	public	:		
	_			n 170(b)(1)(A)(vi).											
8			•	described in <b>section</b>			•								
9	Γ	_		at normally receives					•			-	S		
				ities related to its ex											
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
	_	•		janization after June	•				•						
10		•		ganized and operated			•								
11	Г			ganized and operated											
		the box	more public	ly supported organizations in the support of	ations descri	ided in secti	on 509(a)(1)	or section : s 11e throu	509(a)(2) 50 nh 11h	e <b>sec</b> t	ion 509(	a)(3).	Спеск		
				b Type II c						n-func	tionally	ntegra	ated		
е	Г			ox, I certify that the											
	·	other tl	nan foundati	on managers and oth	ner than one	or more pub	licly support	ed organızat	ions describe	ed in s	ection 50	9 (a)(	1 ) or		
_			509(a)(2)			forms the ID		T T		777					
f			rganization :his box	received a written de	etermination	from the 1K:	> that it is a	iype i, iype	il, or Type	III SU	pporting	organi	zation,		
g				2006, has the organi	zation accep	ted any dift	or contribution	on from any	of the				,		
-		followin	g persons?	,	·	, ,									
				irectly or indirectly o			-	persons des	cribed in (ii)			Yes	No		
				governing body of th		-	17				11g(i)				
			•	er of a person descri							11g(ii)				
				lled entity of a perso							11g(iii)				
h		Provide	the followi	ng information about	the supporte	ed organizati	on(s)								
(1	) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	the	(v) Did you	notify	(vi) Is	he	(	/ii) An	nount of		
	suppor	ted	` ,	organization	organizati		the organiz		organizati				etary		
OI	ganiza	ation		(described on	col (i) list		ın col (i) o		col (i) org			sup	port		
				lines 1-9 above or IRC section	your gove docume		suppor	τ′	ın the U	5 ′					
				(see	document.										
				instructions))	Voc	No	Voc	No	Yes	No	$\overline{}$				
					Yes	No	Yes	No	res	IAO					

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.)

$\overline{}$	ection A. Public Support						
Cal	endar year (or fiscal year beginning in) 🏲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	98,903	102,522	149,122	153,653	156,13	7 660,33
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	98,903	102,522	149,122	153,653	156,13	7 660,33
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						660,33
	ection B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	A mounts from line 4	98,903	102,522	149,122	153,653	156,137	660,33
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 )				50,886	33,868	84,75
11	Total support (Add lines 7 through 10)						745,09
12	Gross receipts from related activities	es, etc (see instr	uctions)			12	192,946
13	First five years. If the Form 990 is this box and stop here						
	ection C. Computation of Pub						
14	Public support percentage for 2013			11, column (f))		14	88 630 %
15	Public support percentage for 2012	Schedule A, Part	II, line 14			15	91 890 %
16a	33 1/3% support test—2013. If the cand stop here. The organization qua				ne 14 is 33 1/3%	or more, check t	this box
	33 1/3% support test—2012. If the obox and stop here. The organization 10%-facts-and-circumstances test—	qualifies as a pu	blicly supported o	rganization			heck this
	is 10% or more, and if the organization Part IV how the organization mee	on meets the "fa	cts-and-circums	tances" test, che	ck this box and s	top here. Explai	orted
b	organization  10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	ization meets the	"facts-and-circu	mstances" test,	check this box ar	nd stop here.	<b>▶</b> □
18	Explain in Part IV how the organizat supported organization <b>Private foundation.</b> If the organization					•	cly
	instructions	ion aid not theth	a box on line 13,	100,100,170,0	n 170, check this	, DOX and See	<b>▶</b> □

# 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.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
3	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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified						
b	persons Amounts included on lines 2 and 3 received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6 )						
	ction B. Total Support					r e	,
Cale	ndar year (or fiscal year beginning	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	in) ► A mounts from line 6						
							1
10a	Gross income from interest,					I.	
10a	dividends, payments received on securities loans, rents, royalties and income from similar						
10a b	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after						
b	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the						
b	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of						
ь с 11	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include						
ь с 11	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is	for the organizati	on's first, second	i, third, fourth, or	fifth tax year as	a 501(c)(3) orga	nization,
b c 111 12 13 14	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here			i, third, fourth, or	fifth tax year as	a 501(c)(3) orga	nization,
c 111 12 13 14 Se	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	lic Support P	ercentage		fifth tax year as		nization,
c 111 12 13 14 See 15	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here	lic Support Po	ercentage (f) divided by line		fifth tax year as	15	nization,
b c 111 12 13 14 See 15 16	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ction C. Computation of Pub Public support percentage from 2013	lic Support Po (line 8, column i .2 Schedule A, P	ercentage (f) divided by line art III, line 15	13, column (f))	fifth tax year as		nization,
b c 111 112 113 114 See 115 116 See See	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub Public support percentage for 2013 Public support percentage from 2016 cction D. Computation of Inventor of Inventor in the support percentage from 2016	lic Support Po (line 8, column i 2 Schedule A, P estment Inco	ercentage (f) divided by line art III, line 15 me Percenta	13, column (f))		15 16	nization,
c 111 12 13 14 Se 15 16 Se 17	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ction C. Computation of Pub Public support percentage for 2013 Public support percentage from 2010 Cotion D. Computation of Inventores	lic Support Po (line 8, column i .2 Schedule A, P estment Inco 2013 (line 10c, c	ercentage (f) divided by line art III, line 15 ime Percenta olumn (f) divided	13, column (f))  ge by line 13, colur		15 16	nization,
b c 111 12 13 14 See 15 16 See 17 18	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is check this box and stop here ection C. Computation of Pub Public support percentage for 2013 Public support percentage from 2016 cction D. Computation of Inventor of Inventor in the support percentage from 2016	lic Support Po (line 8, column i .2 Schedule A, P estment Inco 2013 (line 10c, c in 2012 Schedule	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided A, Part III, line	13, column (f))  ge by line 13, colur	nn (f))	15 16 17 18	<b>▶</b> □

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19 a, 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Facts And Circumstances Test
Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 84,754
	CTOC (TL COC COC L)

Schedule A (Form 990 or 990-EZ) 2013

# efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493099001495

# **SCHEDULE D**

(Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047

► Complete if the organization answered "Yes," to Form 990,

•	ment of the Treasury I Revenue Service	► Attach to Form 990. ► See separate	10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1 instructions. ► Information about Sched tions is at <u>www.irs.gov/form990</u> .		Open to Public Inspection
பா	me of the organi TLE LEAGUE BASEBAL SOCIATION			Employer identif	ication number
Pa	rt I Organi	izations Maintaining Donor Advation answered "Yes" to Form 990	vised Funds or Other Similar Fu		nts. Complete if the
	Organiz	ation answered Tes to Form 550	(a) Donor advised funds	(b) Funds a	nd other accounts
1	Total number at	t end of year			
2	Aggregate cont	ributions to (during year)			
3	Aggregate gran	its from (during year)			
4	Aggregate value	e at end of year			
5		ration inform all donors and donor advisor rganization's property, subject to the or	ors in writing that the assets held in dono ganization's exclusive legal control?	or advised	┌ Yes ┌ No
6	used only for cl	ation inform all grantees, donors, and d haritable purposes and not for the benef ermissible private benefit?	onor advisors in writing that grant funds fit of the donor or donor advisor, or for an	can be ny other purpose	ΓYes ΓNo
Pa			the organization answered "Yes" to	Form 990, Part	IV, line 7.
2	Preservation Protection Preservatio Complete lines	of natural habitat on of open space	anization (check all that apply) or education) Preservation of an Preservation of a c a qualified conservation contribution in the	ertified historic st	ructure
		To last ady of the tax year	ſ	Held at	the End of the Year
а	Total number o	f conservation easements		2a	
b	Total acreage r	restricted by conservation easements		2b	
c	Number of cons	servation easements on a certified histo	oric structure included in (a)	2c	
d		servation easements included in (c) acc ure listed in the National Register	quired after 8/17/06, and not on a	2d	
3	Number of cons the tax year ►_		red, released, extinguished, or terminate	d by the organizati	on during
4	Number of state	es where property subject to conservat	ion easement is located 🗠		
5		nization have a written policy regarding ( f the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violations,	and Yes No
6	Staff and volun	teer hours devoted to monitoring, inspe	cting, and enforcing conservation easen	nents during the ye	ear
7	A mount of expe	enses incurred in monitoring, inspecting	g, and enforcing conservation easements	during the year	
8	Does each con and section 17		d) above satisfy the requirements of sec	tion 170(h)(4)(B)(	ı)
9	balance sheet,		nservation easements in its revenue and e footnote to the organization's financial		
Pai	t IIII Organi		s of Art, Historical Treasures,	or Other Simila	ar Assets.
1a	If the organizat	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse	116 (ASC 958), not to report in its rever ets held for public exhibition, education, to its financial statements that describe	or research in furth	
b	works of art, his	tion elected, as permitted under SFAS 1 storical treasures, or other similar asse le the following amounts relating to thes	.16 (ASC 958), to report in its revenue : ets held for public exhibition, education, : e items	statement and bala or research in furth	ance sheet nerance of public
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1		<b>►</b> \$	
	(ii) Assets Incl	luded in Form 990, Part X			
2	If the organizat	tion received or held works of art, histor	rical treasures, or other similar assets fo 116 (ASC 958) relating to these items		
a	Revenues inclu	uded in Form 990, Part VIII, line 1		<b>►</b> \$	
b		ed in Form 990, Part X			

_	dule D (Form 990) 2013								Circila A		rage Z
Par	III Organizations Maintaining Colle										tinued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	, and other record	ds,ch	neck a					ignificant use of	ts	
a	Public exhibition		d	<u> </u>		n or exch	ange prog	rams			
b	Scholarly research		е	Г	Oth	ier					
c	Preservation for future generations										
4	Provide a description of the organization's colleger Part XIII	ctions and explai	ın hov	w they	furt	her the or	ganızatıor	ı's exe	mpt purpose in		
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b	e maintained as	part o	of the	orga	nization's	collection	1?		1000 6	No_
Pa	Part IV, line 9, or reported an amou	unt on Form 99	0, Pa	art X	, line	e 21.					
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?						r other ass	ets no	pt F	Yes	Г No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the	follov	wing t	able		Γ		Amou	nt	
С	Beginning balance							1c			
d	Additions during the year						ı	1d			
e	Distributions during the year						ı	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Form	1990. Part X. line	e 217	,			Ú,		Г	Yes	┌ No
ь	If "Yes," explain the arrangement in Part XIII				an he	es been no	ovided in	Dart Y	III waa aa aa aa aa	2011000000	Г
	rt V Endowment Funds. Complete if the	he organization	ans	were	d "	Yes" to F	orm 990	Part	IV. line 10.	S100000	
Γе	Endownient Funds, Complete ii d	(a)Current year		)Pnor		b (c)Tw	o years bac	k <b>(d)</b> TI	hree years back (e	Four year	ars back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance							1			
2	Provide the estimated percentage of the curren	t year end baland	ce (lii	ne 1g	, coli	umn (a)) h	eld as				
a	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Temporarily restricted endowment ▶										
	The percentages in lines 2a, 2b, and 2c should	equal 100%									
За	Are there endowment funds not in the possessi	on of the organiz	ation	that	are h	neld and a	dministere	ed for t	:he		
	organization by								3a(i)	Yes	No
	(i) unrelated organizations		•	• •	•			• •	3a(ii)		
ь	(ii) related organizations	listed as require	don:	Sched	 Iule	R?			3b		
4	Describe in Part XIII the intended uses of the								,		
Pa	rt VI Land, Buildings, and Equipment	t. Complete if	the c	orgar	ıızat	tion answ	ered 'Ye	s' to l	Form 990, Part	IV, lır	ne
_	11a. See Form 990, Part X, line 10				-1 6-	st or other	(b)Cost o	r other	(c) Accumulated	T (d) B	ok value
	Description of property					nvestment)	basis (o		depreciation	(4)	ok value
1a	Land ,	8 18 1901 BC 18 1	100					6,865			6,865
	Buildings	8	(0.5)	-			1			1	
C	Leasehold improvements		•							1	
	Equipment							20.425	4==		62.761
	Other	al Form 00/1 Dart	X col	umn	(A) 1	ine 10/c) )		20,106	157,342	1	62,764
100		we a contra warrant collect	- 12	w///////		( -/./					

<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
)Financial derivatives		
)Closely-held equity interests		
ther		
=		
tal. (Column (b) must equal Form 990, Part X, col (B) line 12)	► F	
rt Viii Investments—Program Related.	Complete if the organization	on answered 'Yes' to Form 990, Part IV, line :
See Form 990, Part X, line 13.	T #25 1 1	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		<u> </u>
	_	
tal. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>	
art IX Other Assets. Complete if the organizat	ion answered 'Yes' to Form 95	0, Part IV, line 11d See Form 990, Part X, line 15
(a) Des	cription	(b) Book value
Other Liabilities. Complete if the or		
Other Liabilities. Complete if the or Form 990, Part X, line 25.	ganization answered 'Yes'	
Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability		
Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability	ganization answered 'Yes'	
Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability	ganization answered 'Yes'	
Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability	ganization answered 'Yes'	
Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability	ganization answered 'Yes'	
Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability	ganization answered 'Yes'	
Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability	ganization answered 'Yes'	
Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability	ganization answered 'Yes'	
Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability	ganization answered 'Yes'	
	ganization answered 'Yes'	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability	ganization answered 'Yes'	
Part X Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability	ganization answered 'Yes'	
Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability	ganization answered 'Yes'	
Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability	ganization answered 'Yes'	
Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability	ganization answered 'Yes'	
Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability	ganization answered 'Yes'	
Other Liabilities. Complete if the or Form 990, Part X, line 25.  (a) Description of liability	ganization answered 'Yes'	

Sched	Schedule D (Form 990) 2013	Page 4	4
Par	Part XI Reconciliation of Retthe	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	l I
1	Total revenue, gains, and other	Total revenue, gains, and other support per audited financial statements	
7	Amounts included on line 1 but	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
æ	Net unrealized gains on investments	nents	
q	Donated services and use of facilities	clities	
U	Recoveries of prior year grants		
ъ	Other (Describe in Part XIII )		
a	Add lines 2a through 2d		I
ю	Subtract line 2e from line 1.	E	1
4	Amounts included on Form 990	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
0	Investment expenses not inclu	ot included on Form 990, Part VIII, line 7b . 4a	
Ф	Other (Describe in Part XIII )	4 <del>p</del>	
U	Add lines 4a and 4b	4с	1
n	al revenue Add lines	ro.	1
Par	Partixii Reconciliation of Expense if the organization answered	of Expenses per Audited Financial Statements With Expenses per Return. Complete on answered 'Yes' to Form 990. Part IV. line 12a.	υ
=	Total expenses and losses per audited financial statements	•	
7	Amounts included on line 1 but not on Form 990,	le 25	1
8	Donated services and use of facilities	culities	
Ф	Prior year adjustments		
U	Other losses		
P	Other (Describe in Part XIII )		
O	Add lines 2a through 2d		1
m	Subtract line $\mathbf{2e}$ from line $1$	8	1
4	Amounts included on Form 990, Part IX, line 25,	, Part IX, line 25, but not on line 1:	
Ø	Investment expenses not inclu	ot included on Form 990, Part VIII, line 7b 4a	
Ф	Other (Describe in Part XIII )	4p	
U	Add lines 4a and 4b		ĺ
2	expenses Add lines	3 and 4c. (This must equal Form 990, Part I, line 18)	Ī
Far	Parte Supplemental Information		1
Pro Part Infor	Provide the descriptions required for F Part V, line 4, Part X, line 2, Part XI, Information	red for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional	
	Return Reference	Explanation	Г
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Part XIII Supplemental Information (continued)

Explanation							
Return Reference							

Schedule D (Form 990) 2013

DLN: 93493099001495 As Filed Data efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(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 to provide any additional information.

P. Attach to Form 990 or 990-EZ.

2013
Open to Public Inspection

OMB No 1545-0047

► Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at

**Employer identification number** 

51-0256158

www.irs.gov/form990.

Name of the organization LITTLE LEAGUE BASEBALL WALLER SPORT ASSOCIATION 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	NO REVIEW WAS OR WILL BE CONDUCTED
FORM 990, PAGE 6, PART VI, LINE 19 NO DOCU	NO DOCUMENTS AVAILABLE TO THE PUBLIC
FORM 990, PART IX, LINE 24E	BLECTRICAL 16,220 0 0 DUES AND SUBSCRIPTIONS 11,754 0 0 FIBLD MAINTENANCE 11,466 0 0 SUPPLEUPLES 10,147 0 0 CONCESSIONS 3,375 0 0 TROPHIES & PLAQUES 3,237 0 0 JANITORIAL 2,809 0 0 INTEREST 1,139 0 0 WASTE REMOVAL 1,085 0 0 MISCALLANEOUS 960 0 0 OFFICE SUPPLIES 669 0 0 POST

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Form 4562

1 Department of the Treasury Internal Revenue Service (99)

**Depreciation and Amortization** (Including Information on Listed Property) DLN: 93493099001495 OMB No 1545-0172

► See separate instructions. ► Attach to your tax return. Attachment Sequence No 179

Name(s) shown on return

Business or activity to which this form relates INDIRECT DEPRECIATION

Identifying number

David Floation To Europea Cartain Dres	auto Unday Castion 170	
ASSOCIATION		51-0256158
ASSOCIATION		
LITTLE LEAGUE BASEBALL WALLER SPORT		

	OCIATION	LL WALLER SPO	Ki						51-0256158	
Pa		o Expense C						- "		
		ou have any lis		, comple	te Part V befo	re you com	olete Part I.			
	Maximum amount (se						8 1 3/8	1	500,000	
2	Total cost of section							2		
3	Threshold cost of sec	3	2,000,000							
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · · · · · · · · · · · · ·									
5	Dollar limitation for ta	ax year Subtrac	t line 4 from lin	e 1 Ifzer	o or less, enter	-0- If married	1			
	filing separately, see	instructions •		<u> </u>	• • • • •	978 S. 37 688 69	* * * *	5		
6	(a) [	Description of pr	operty		(b) Cost (bu		(c) Elected	ost		
	Listed property Enter i			* *	* * * *	. 7				
8	Total elected cost of	section 179 pro	perty Add amo	ounts in co	olumn (c), lines i	6and7 · ·		8		
9	Tentative deduction	Enter the small	er of line 5 or lii	ne 8 · ·				9		
10	Carryover of disallow	ed deduction fro	m line 13 of yo	ur 2012 F	orm 4562 •			10		
11	Business income limi	tation Enterthe	smaller of bus	iness inco	ome (not less th	an zero) or lın	e 5 (see			
	instructions) •						11.00	11		
12	Section 179 expense	12								
13 (	Carryover of disallowed	deduction to 20	014 Add lines	and 10,	less line 12	. 13				
	e: Do not use Part	II or Part III b	elow for liste	d proper	ty. Instead, u	se Part V.				
								roper	ty ) (See instructions )	
14	Special depreciation			(other th	an listed properi	ty) placed in s	ervice during			
	the tax year (see ins	The state of the s						14		
15								15		
	Other depreciation (i							16	7,55	
Par	I III MACRS De	preciation (I	o not includ		ction A	e instruction	15.)			
17	MACRS deductions f	orassets placed	in service in t			2013	2000	17	73	
18										
10	asset accounts, chec						► C			
	Section B-Asse						General De	reci	ation System	
	occion b 733		(c) Basis		I I I I I I I I I I I I I I I I I I I					
(	a) Classification of property	(b) Month and year placed in service	deprecia	tion estment	(d) Recovery period	(e) Conventi	on <b>(f)</b> Meth	od	(g)Depreciation deduction	
19a	3-year property									
b	5-year property						_			
	7-year property			10,020	7.0	НҮ	200 DI	3	1,431	
	10-year property					-				
	15-year property									
	20-year property	1			25 yrs		S/L			
	g 25-year property h Residential rental				27 5 yrs	мм	MM S/L			
	property				27 5 yrs	MM	S/L			
	Nonresidential real				39 yrs	ММ	S/L			
	property					ММ	S/L			
	Section	n C—Assets Pla	ced in Service D	ouring 201	3 Tax Year Using	the Alternat	ive Depreciation	on Sys	tem	
20a	Class life						S/L			
	12-year				12 yrs		S/L			
C	40-year				40 yrs	MM	S/L			

Summary (see instructions.)

21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 9,721

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

23

(f)

No

No

Form 4562 (2013) Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed?  $\Gamma_{
m Yes}$   $\Gamma_{
m No}$ 24b If "Yes," is the evidence written? Yes No (1) Business (f) (a) (b) (d) (q) (h) Basis for depreciation Elected Cost or other Method/ Depreciation/ Type of property (list Date placed in investment Recover section 179 (business/investment vehicles first) service basis period Convention deduction use only) cost percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 25 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use % % % 27 Property used 50% or less in a qualified business use S/L %n % S/L-% S/L 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (e) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 1 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 . . . . 34 Was the vehicle available for personal use Yes No Yes Yes No Yes during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? . . . . . . . . . . . . . . . . . 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions ) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization						
(a) Description of costs	(b) Date amortization begins	(c) A mortizable amount	(d) Code section	(e) A mortiz period percen	zation d or	<b>(f)</b> A mortization for this year
42 Amortization of costs that be	gins during your 2	2013 tax year (see instructi	ions)			
				1		
43 Amortization of costs that be	gan before your 2	013 tax year	30 3 5 5 5 E		43	
44 Total. Add amounts in colum	n (f) See the instr	ructions for where to report	20 30 00 00 00	0.000	44	

# efile GRAPHIC print - DO NOT PROCESS

TY 2013 GeneralDependencySmall

Name: LITTLE LEAGUE BASEBALL WALLER SPORT

ASSOCIATION

51-0256158 EIN

**Business Name or Person Name:** 

Taxpayer Identification Number:

Form, Line or Instruction

Reference:

Regulations Reference:

OUT OF BONUS DEPR-ALL PROP Description: YEAR ENDED: SEPTEMBER 30, 2014 51-0256158 LITTLE LEAGUE Attachment Information:

BASEBALL WALLER SPORT ASSOCIATION PO BOX 1435 WALLER, TX ALL ELIGIBLE DEPRECIABLE PROPERTY THE TAXPAYER ELECTS OUT 77484 ELECTING OUT OF BONUS DEPRECIATION ALLOWANCE FOR

OF FIRST-YEAR BONUS DEPRECIATION ALLOWANCE UNDER IRC

DEPRECIABLE PROPERTY ACQUIRED AFTER DECEMBER 31, 2007. SECTION 168(K) FOR ALL ELIGIBLE ASSET CLASSES OF

THIS ELECTION APPLIES TO ALL ELIGIBLE DEPRECIABLE PROPERTY

PLACED IN SERVICE DURING THE TAX YEAR.