DLN: 93493091007345

Form 990

**Return of Organization Exempt From Income Tax** 

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

2012

benefit trust or private foundation) Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013 D Employer Identification number B Check if applicable LITTLE LEAGUE BASEBALL INC Address change 74-6062662 Doing Business As Name change Westbury American Little League Inc Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number (713) 723-1701 Amended return City or town, state or country, and ZIP + 4 Houston, TX 77235 Application pending Name and address of principal officer H(a) Is this a group return for Doug Goldstein affiliates? 4427 McDermed Dr Houston, TX 77035 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ▶ Website: ► http://www.westburyll.org/ K Form of organization Corporation Trust Association Other L Year of formation 1962 M State of legal domicile TX Part I Summary 1 Briefly describe the organization's mission or most significant activities Provide youth baseball opportunities for children from ages 4-12 Governance 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 20 Activities & 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 😨 😨 1 5 1 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . 6 6 Total number of volunteers (estimate if necessary) . . . . . 50 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 🗽 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) . . 0 0 Revenue 0 167,362 Program service revenue (Part VIII, line 2g) . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 82,588 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 0 249.950 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 35,325 33.137 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . Total fundraising expenses (Part IX, column (D), line 25) ≥20,015 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 192,603 249,506 225,740 284,831 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -225.740 -34.881 d Balances **Beginning of Current** End of Year Year 131.952 121,760 20 Total assets (Part X, line 16) . . 21 3.293 0 Total liabilities (Part X, line 26) . . . . . . 22 Net assets or fund balances Subtract line 21 from line 20 . 128,659 121,760 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2015-02-24 Signature of officer Sign Here Roger Mendelovitz Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check ☐ If Paid Firm's name 🕨 Firm's EIN 🕨 Preparer Firm's address 🕨 **Use Only** 

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

1 Bretify describe this organization's mission  1 Dold the organization undertake any significant program services during the year which were not listed on the prior form 990 of 950-E2 .  2 Dold the organization undertake any significant program services during the year which were not listed on the prior form 990 of 950-E2 .  3 Dold the organization case conducting, or make significant changes in how it conducts, any program services or screening so in Schoding or make significant changes in how it conducts, any program services or screening the conducting or make significant changes in how it conducts, any program services or screening the total expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others we provides recreational basebal for approximately 330 children from age 4-12.  4 Code 1) (Expenses \$ michaling gamts of \$ ) (Revenue \$ )  4 Code 1) (Expenses \$ michaling gamts of \$ ) (Revenue \$ )  4 Code 1) (Expenses \$ michaling gamts of \$ ) (Revenue \$ )  4 Code 1) (Expenses \$ michaling gamts of \$ ) (Revenue \$ )  4 Code 1) (Expenses \$ 0 michaling gamts of \$ ) (Revenue \$ )  4 Code 1) (Expenses \$ 0 michaling gamts of \$ ) (Revenue \$ )	1 1	Check if Schedule O contains a resp	Check if Schedule O contains a response to any question in this Part III	*********	* * * * *
	H 2				
	~	Did the organization undertake any signific	ant program services during the yeal	r which were not listed on	
					Γ Yes √ No
	m	Did the organization cease conducting, or n services?	nake significant changes in how it co 		T Yes ✓ No
(Code     ) (Expenses \$ 264.816 including grants of \$     ) (Revenue       (Code     ) (Expenses \$ including grants of \$     ) (Revenue       (Code     ) (Expenses \$ including grants of \$     ) (Revenue       (Code     ) (Expenses \$ including grants of \$     ) (Revenue       (Code     ) (Expenses \$ including grants of \$     ) (Revenue \$	4	Describe the organization's program servic expenses Section 501(c)(3) and 501(c)(4 the total expenses, and revenue, if any, for	e accomplishments for each of its th ) organizations are required to repor each program service reported	iree largest program services, as t the amount of grants and alloca	measured by itions to others,
(Code ) (Expenses \$ including grants of \$ ) (Revenue (Code ) (Expenses \$ including grants of \$ ) (Revenue (Expenses \$ 0 including grants of \$ ) (Revenue \$ (Expenses \$ 0 including grants of \$ ) (Revenue \$ \$ }	14	(Code ) (Expenses \$ Westbury provides recreational baseball for approxi	٥	) (Revenue \$	273,342 )
(Code ) (Expenses \$ including grants of \$ ) (Revenue  Other program services (Describe in Schedule O ) (Expenses \$ 0 including grants of \$ ) (Revenue \$	₽		including grants of \$		•
(Code       ) (Expenses \$ including grants of \$       ) (Revenue         Other program services (Describe in Schedule O)       0 including grants of \$       0) (Revenue \$					
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Other program services (Describe in Schedule O ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue					
	2	Other program services (Describe in Sche (Expenses \$ 0 incl	edule O) Iuding grants of \$	0)(Revenue\$	( 0
4e Total program service expenses ► 264,816	ا ہو ا	Total program service expenses ►	264,816		

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	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 I	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, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		Νo
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νo
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
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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	Yes	
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?	20ь		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," 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)			
a	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
С	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</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 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
34	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	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			୮
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	Yes	
2-	gaming (gambling) winnings to prize winners?	10	162	
28	Tax Statements, filed for the calendar year ending with or within the year covered			
	by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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
Ь				
	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	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
h	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	-		_
ט	were not tax deductible?	6Ь	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
		1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
f	contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		No
	Form 1098-C?	711		INO
	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		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	130		
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	i	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		110
-	,			1

Par	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 to any question in this Part VI	b belo es in	w, and Schedu	for a ule O.
		· ·	-	- 4
Se	ction 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		165	110
	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
	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
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	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 F	evenu	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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	Yes	
	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		
С	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?			
a	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
Ь	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 ►TX			
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 ▶Roger Mendelovitz PO Box 31392 Houston, TX (713)723-1701	he orga	inizatio	n

Form	990	(201	21

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

### 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

Name and Title	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	ess 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) Doug Goldstein	20			×				0	0	C
President	0				_					
(2) Matt Cohen	20			x				0	0	0
VP Baseball (3) Chester Jacinto	20	_	-	-	_					
VP Marketing	0			×				0	o	C
(4) Roger Mendelovitz	20		$\vdash$	1	$\vdash$					
VP Finance	20			×				0	0	C
(5) Jeff Newman	20									
VP Operation	0			<u> </u>	×			0	0	
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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 l	one l both	box,	heck unless officer stee)	3	(D Repor comper from organiza	table sation the tion (W-	(E) Reportable compensation from related organizations (W	-   '	(F) Estima mount o compens from t	ited fother sation the
		for related organizations below dotted line)	Individual trusties or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
-												-		
_														
	_											-		
												+		
												1		
-								<b> </b>				4		
1b c	Sub-Total	s to Part VII. S	· · · ection /	٠.	* *		si Si	en In				+		
d	Total (add lines 1b and 1c) .						¥	Þ		C		0		0
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not ensation from th	lımıted e organ	to the	ose on <b>⊳</b> (	liste )	d abov	e) w	ho receive	d more ti	nan			
						_					1		Yes	No
3	Old the organization list any fe on line 1a? If "Yes," complete S						,					3		No
4	For any individual listed on line organization and related organ individual											4		No
5	Did any person listed on line 1 services rendered to the organ									anızatıor	or individual for	5		No
											į.			
1	ction B. Independent Co Complete this table for your fiv compensation from the organiz	ve highest comp											tax year	
		(A) lame and business									(B) scription of services		(C Compe	)
_														
	F-1-1		4 •											
	Fotal number of independent co \$100,000 of compensation fron			. not	ıımıt	.ea t	o thos	e 1151	lea above)	wno rece	ived more than			

Form 99	_					Page <b>9</b>
Part	2001	Statement of Revenue Check if Schedule O contains a response to any question	n in this Part VIII .			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
ম ম	1a	Federated campaigns 1a 0				
ant	ь	Membership dues 1b				
بي و الإ	c	Fundraising events 1c 0				
ifts,	d	Related organizations 1d 0				
 E	e	Government grants (contributions) 1e 0				
Sil	l f	All other contributions, gifts, grants, and 1f 0				
inti her	Ι.	similar amounts not included above	-			
Ē	9	Noncash contributions included in lines 1a-1f \$				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	0			
		Business Code				
E TE	2a	Baseball Registration 62411	83,681	83,681	0	0
æ	Ь	3				
931	c					
Ze Ze	d					
Ē	e					
Program Serwce Revenue	f	All other program service revenue	83,681	0	0	83,681
	g	Total. Add lines 2a-2f	167,362			
	3	Investment income (including dividends, interest, and other similar amounts)			1	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents Less rental				
	ь	expenses				
	C	Rental income 0 or (loss)	9			
	d	Net rental income or (loss)				
	7a	(i) Securities (ii) Other				
		from sales of assets other				
	ь	than inventory Less cost or	-			
		other basis and sales expenses				
	c	Gain or (loss) 0	0			
	d	Net gain or (loss)				
ψ	8a	Gross income from fundraising events (not including			1	
Other Revenue		\$0				
şe.		of contributions reported on line 1c) See Part IV, line 18				
-		a 176,231				
Ě	l l	Less direct expenses b 93,643	82,588			82,588
•	C 9a	Net income or (loss) from fundraising events	62,300			82,300
		See Part IV, line 19				
	Ι.	a	4			
	c b	Net income or (loss) from gaming activities	-			
		Gross sales of inventory, less				
		returns and allowances .				
	Ь.	Less cost of goods sold b	-			
	1	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	ь					
	c	\$				
	d	All other revenue				
	e	Total. Add lines 11a-11d	0			
	12	Total revenue. See Instructions	249,950	83,681		166,269

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)

	Check if Schedule O contains a response to any question in this Pai	t1X		# # 1# 1#7 # 1¥	,
	ot include amounts reported on lines 6b, o, 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	35,325	35,325		
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)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	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				
13	Office expenses	2,558	2,558		
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	3,599	3,599		
22	Depreciation, depletion, and amortization				
23	Insurance				
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)				
а	None	0	0	0	0
ь					
С					
d					
е	All other expenses	243,349	223,334		20,015
25	Total functional expenses. Add lines 1 through 24e	284,831	264,816	0	20,015
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)				

### Form 990 (2012) Page **11 Balance Sheet** Part X (A) (B) End of year Beginning of year Cash—non-interest-bearing . . . . . . . . . . 1 58,684 48,714 1 2 Savings and temporary cash investments . . . . . . 72,046 2 72,046 3 Pledges and grants receivable, net . . . 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 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 6 Notes and loans receivable, net 7 7 8 Inventories for sale or use . . . 8 q Prepaid expenses and deferred charges $\ldots$ $\ldots$ $\ldots$ 9 1,000 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D b Less accumulated depreciation . . . . 10c 11 Investments—publicly traded securities . . . . . 11 Investments—other securities See Part IV, line 11 . . . . . . 12 12 13 Investments—program-related See Part IV, line 11 . . . . . . . . . . 13 14 Intangible assets . . . . . . . . . . . . . . . . 14 Other assets See Part IV, line 11 . . . . . . . . . 15 1,222 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 131,952 16 121,760 17 Accounts payable and accrued expenses . . . . . 3.293 17 0 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 26 Total liabilities. Add lines 17 through 25 . . . 3.293 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . 30 0 30 0 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . . 0 0 31 32 128,659 Retained earnings, endowment, accumulated income, or other funds 32 121,760

¥

33

34

121,760

121,760

128,659

131,952

33

34

Form	Form 990 (2012)		Page <b>12</b>
Pai	Part XI Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	141	٠
Ħ	Total revenue (must equal Part VIII, column (A), line 12)		249,950
7	Total expenses (must equal Part IX, column (A), line 25)		284,831
m	Revenue less expenses Subtract line 2 from line 1		-34,881
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		128,659
Ŋ	Net unrealized gains (losses) on investments 5		0
9	Donated services and use of facilities		0
^	Investment expenses		0
œ	Prior period adjustments		0
6	Other changes in net assets or fund balances (explain in Schedule O) 9		27,982
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))		121,760
Par	Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		*
			Yes No
	Accounting method used to prepare the Form 990 🔽 Cash 🦵 Accrual 🗂 Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	23	No
	below to indicate whether the financians on solidated basis, or both		
Ф	Separate basis   Consolidated basis   Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	2 <b>b</b>	N N
	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		-
U	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?	30	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
8	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?	3a	o Z
Р	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	ЗЪ	
		ĬĔ.	Form 990 (2012)

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**SCHEDULE A** 

(Form 990 or 990EZ)

Department of the Treasury

## **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.

OMB No 1545-0047

itemai	Revenue	e Service	► Attach to Form 990 or Form 990-EZ. ► See separate instruction	ons.	Inspe	ction
		ne organizat	ion	Employer identif	ication numb	er
шш	LEAGU	JE BASEBALL IN	C	74-6062662		
Da	rt I	Peason	for Public Charity Status (All organizations must complete this pa		tions	
_			a private foundation because it is (For lines 1 through 11, check only one box			
1	Г		convention of churches, or association of churches described in section 170(b)	•		
2		A school o	escribed in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3			or a cooperative hospital service organization described in section 170(b)(1)(	A)(iii).		
4	Γ		research organization operated in conjunction with a hospital described in <b>sect</b> name, city, and state	ion 170(b)(1)(A)(	(iii). Enter the	2
5	Г		ation operated for the benefit of a college or university owned or operated by a	governmental unit	described in	
		section 17	O(b)(1)(A)(iv). (Complete Part II )			
6		A federal,	state, or local government or governmental unit described in section 170(b)(1)	(A)(v).		
7	Γ		ation that normally receives a substantial part of its support from a governmen	tal unit or from the	e general pub	lıc
	_		in section 170(b)(1)(A)(vi). (Complete Part II)			
8	খ		ity trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II ) ation that normally receives (1) more than 331/3% of its support from contribu	itians mambarshi	n food and ar	
9	j*	-	om activities related to its exempt functions—subject to certain exceptions, ar	-	-	055
			: from gross investment income and unrelated business taxable income (less s			.c
			y the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part		om businesse	:5
10		•	ation organized and operated exclusively to test for public safety. See section	•		
11	<u>'</u>		ation organized and operated exclusively to test of public safety "See section"		v out the nurn	nees of
••	•	one or mor	re publicly supported organizations described in section 509(a)(1) or section 5 at describes the type of supporting organization and complete lines 11e throug type I b Type II c Type III - Functionally integrated d T	09(a)(2) See <b>sec</b> h 11h	tion 509(a)(3	i). Check
е	Γ		ng this box, I certify that the organization is not controlled directly or indirectly foundation managers and other than one or more publicly supported organization (2)			
f			nization received a written determination from the IRS that it is a Type I, Type	II, or Type III su	pporting orga	nization,
g		following p			-	
			on who directly or indirectly controls, either alone or together with persons des	cribed in (ii)	Ye	s No
			low, the governing body of the supported organization?		11g(i)	
			ly member of a person described in (i) above?		11g(ii)	-
		• •	6 controlled entity of a person described in (i) or (ii) above?		11g(iii)	
h		Provide th	e following information about the supported organization(s)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	(iv) Is organizat col (i) lis your gove docume	ion in ted in erning	(v) Did you the organi in col (i) o suppor	zation of your	(vi) Is to organizatic col (i) organizatic col (i) organizatic col (i) organizatic col (ii) organizatic col (iii) organizatic col (i	on in anized	(vii) A mount of monetary support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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.)

S	ection A. Public Support						
Cal	endar year (or fiscal year beginning in) 📂	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its						
3	behalf The value of services or facilities						
4	furnished by a governmental unit to the organization without charge <b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6 —	Public support. Subtract line 5 from line 4						
	ection B. Total Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on				(		
	securities loans, rents, royalties and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or not the business is regularly carried						
	on						
10	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV )		10				
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	es, etc (see inst	ructions)			12	
13	First five years. If the Form 990 is f this box and stop here						ızatıon, check
S	ection C. Computation of Pub						
14	Public support percentage for 2012	(line 6, column (	(f) divided by line	11, column (f))		14	
15	Public support percentage for 2011					15	
16a	33 1/3% support test—2012. If the cand stop here. The organization qua				ine 14 is 33 1/3%	or more, check t	his box
b	33 1/3% support test-2011. If the				and line 15 is 33	1/3% or more, ch	
	box and <b>stop here.</b> The organization						►□
17a	10%-facts-and-circumstances test- is 10% or more, and if the organizat						1
	in Part IV how the organization mee						
1140	organization						►□
Ь	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						lv
	supported organization				. 52, 42.	<del>-</del>	" ▶□
18	Private foundation. If the organization	on did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	

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) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	28,304	28,304	40,049	43,527		26,540	166,724
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	Gross receipts from activities that are not an unrelated trade or							
4	business under section 513 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				l l			
6	Total. Add lines 1 through 5	28,304	28,304	40,049	43,527		26,540	166,724
7a	Amounts included on lines 1, 2, and 3 received from disqualified							-
ь	persons A mounts included on lines 2 and 3						1	
	received from other than							
	disqualified persons that exceed the greater of \$5,000 or 1% of the						- 1	
	amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)							166,724
	ction B. Total Support				·	75		
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2	012	(f) Total
9	A mounts from line 6	28,304	28,304	40,049	43,527		26,540	166,724
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar			184	6		6	196
	sources							
b	Unrelated business taxable income (less section 511 taxes)							
	from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b	0	0	184	6		6	196
11	Net income from unrelated business activities not included in line 10b, whether or not the						-	
12	business is regularly carried on Other income Do not include							
12	gain or loss from the sale of capital assets (Explain in Part							
13	IV) Total support. (Add lines 9, 10c, 11, and 12)	28,304	28,304	40,233	43,533		26,546	166,920
14	First five years. If the Form 990 is f	or the organization	on's first, second,	third, fourth, or f	ifth tax year as a	501(c)(	3) organ	
Se	check this box and stop here ction C. Computation of Publ	ic Support Pe	rcentage					•
15	Public support percentage for 2012			13, column (f))		15		99 883 %
16	Public support percentage from 201	1 Schedule A, Pa	art III, line 15			16		99 885 %
Se	ction D. Computation of Inve							
17	Investment income percentage for 2				n (f))	17		0 117 %
18	Investment income percentage from				lina 1 E ia mara 4	18	204 224	0 115 %
19a b	33 1/3% support tests—2012. If the more than 33 1/3%, check this box a 33 1/3% support tests—2011. If the	nd <b>stop here.</b> The	e organization qua	alifies as a public	ly supported org	anızatıon		▶[
	is not more than 33 1/3%, check this							•₹

Ine	(S	
Supplemental Information. Complete this part to provide the explanations required by Part II, line	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (So	
Part	rma	
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Part IV		
Par		

Facts And Circumstances Test	Explanation		

Schedule A (Form 990 or 990-EZ) 2012

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SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service	Complete if the organization answ- more than \$15,000 on Form			Part IV, lines 17, 18, or 19, o 190-EZ filers are not required ! -EZ. See separate instruction		panization entered te this part.	Open to Pu Inspection	blic
Name of the organization LITTLE LEAGUE BASEB						Employer iden	tification numb	er
LITTLE LEAGUE BASED	ALL INC					74-6062662		
Part I Fundraisi	ng Activities. Complete	ıf the or	ganızatı	on answered "Yes" t	to Forn	n 990, Part IV,	, line 17.	
1 Indicate whether th	e organization raised funds t	hrough an	y of the f	following activities Che	eck all t	hat apply		
a Mail solicitation	ns	-	e	Solicitation of non	-goverr	ment grants		
<b>b</b> Internet and en	nail solicitations		f	□ Solicitation of gov	ernmen	t grants		
c   Phone solicitat	ions		g	□ Special fundraisin	g event	s		
d In-person solic	itations							
	n have a written or oral agree sted in Form 990, Part VII)						┌ Yes	┌ No
	highest paid individuals or a at least \$5,000 by the orga		ındraıser	s) pursuant to agreeme	ents und	ier which the fun	draiser is	
(i) Name and address	s of (ii) Activity	(iii)	Did	(iv) Gross receipts	(v) A	mount paid to	(vi) A mount p	aid to
individual		fundrais custo		from activity		retained by) aiser listed in	(or retained organizati	
or entity (fundraise	''	conti			lullul	col (i)	organizati	OII
		contrib						
1		Yes	No					
2								
3							.51	
4								
5								
6								
7								
8								
9								
10								
Total		. , ,	<b>&gt;</b>					
3 List all states in wh	ich the organization is regist	tered or lic	ensed to	l o solicit funds or has be	en noti	fied it is exempt	from registratio	n or

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(a) Event #1  Annual Auction (event type)	(b) Event #2	(c) O ther events  (total number)	(d) Total events (add col (a) through col (c))
ξ	1	Gross receipts	47,63	2		47,632
Revenue	2	Less Contributions		0		0
æ	3	Gross income (line 1	47.63			
	_	minus line 2)	47,63			47,632
	4	Cash prizes		0		0
Ses Ses	5	Noncash prizes		0		C
Expenses	6	Rent/facility costs		0		C
ă	7	Food and beverages		0	0	C
Direct	8	Entertainment	6,98	9	0	6,989
Δ	9	Other direct expenses		0		C
	10	Direct expense summary Add lin	nes 4 through 9 ın columr	n (d)	* * * * * * <b>*</b>	(6,989
	11	Net income summary Combine II	ne 3, column (d), and line	e 10		40,643
Par	t II	Gaming. Complete if the oil \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue		\$15/000 CH TOTH 330 EZ/ III	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
꼰	1	Gross revenue				
8 <del>6</del> 8	2	Cash prizes				
Direct Expenses	3	Non-cash prizes				
വ ദ	4	Rent/facility costs				
<u> </u>	5	Other direct expenses				
-	6	Volunteer labor	☐ Yes ☐ No	Г Yes Г Nо	Г Yes Г No	
	7	Direct expense summary Add line	-			
	8	Net gaming income summary Com	nbine lines 1 and 7 in col	umn (d)		
9	Ent	er the state(s) in which the organiza	ation operates gaming ac	tivities		
а		the organization licensed to operate	gaming activities in eac	h of these states?		Yes No
b		No," explain				
	*****		******************************			
10a		re any of the organization's gaming	licenses revoked, suspe	nded or terminated during	the tax year?	Yes No

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12 Is the organization a grantor beneficiary	ry ortriistaa ofa triist or a mambar ofa nartnarshin or othar antity
	ח רומארבב חו
formed to administer charitable gaming?	13 · · · · · · · · · · · · · · · · · · ·
13 Indicate the percentage of gaming activity operated in	
a The organization's facility	13a
<b>b</b> An outside facility	136
14 Enter the name and address of the per	ss of the person who prepares the organization's gaming/special events books and records
Name 📭	
Address 🕨	
440000000000000000000000000000000000000	property of the state of the st
revenue?	
b If "Yes," enter the amount of gaming r	If "Yes," enter the amount of gaming revenue received by the organization **
amount of gaming revenue retained by the third party	
c If "Yes," enter name and address of the third party	e third party
Name 📭	
Address 📭	
Gaming manager information	
Name 📭	
Gaming manager compensation 🟲 💲	
Description of services provided 🕨 🚅	
☐ Director/officer	T Employee
<ul> <li>a Is the organization required under star retain the state daming license?</li> </ul>	Is the organization required under state law to make charitable distributions from the gaming proceeds to
<b>b</b> Enter the amount of distributions require the organization's own exempt active	ler exempt organizations or spent
	10 . H
Identifier	Return Reference Explanation

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

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.

2012

OMB No 1545-0047

DLN: 93493091007345

Open to Public Inspection

> Name of the organization LITTLE LEAGUE BASEBALL INC

Employer identification number 74-6062662

Identifier	Return Reference	Explanation
F990_P06_S0B_L11b	F990_P06_S0B_L11b	email
F990_P06_S0C_L19	F990_P06_S0C_L19	These are expendeitures from our operations as well as the expenses for our annual auction for fundraising
F990_P09_S00_L24e	F990_P09_S00_L24e Form 990, Part IX, Line 24e	these are baseball expenses and the 20,000 is for fundraising
F990_P11_S00_L09	F990_P11_S00_L09   Form 990, Part XI, Line 9	These are assets raised during the year through non-operational functions

# TY 2012 Reasonable Cause Explanation efile GRAPHIC print - DO NOT PROCESS

Name: LITTLE LEAGUE BASEBALL INC

**EIN:** 74-6062662

**Software ID:** 12000197

Software Version: v1.00

Explanation: Previous Treasurer moved out of state and we were unable to get

files to complete tax return