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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

A For the 2008 calendar year, or tax year beginning MAY 15, 2008, and ending MAY 14, 2009

B Check if applicable
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.	C Name of organization AUSTINTOWN GIRLS SOFTBALL LEAGUE	D Employer identification number 83 1355991
Doing Business As Number and street (or P.O. box if mail is not delivered to street address) P.O. Box 4742		E Telephone number (330) 792-1190
City or town, state or country, and ZIP + 4 AUSTINTOWN, OHIO 44515		G Gross receipts \$

F Name and address of principal officer JENNIFER MILLER AUSTINTOWN, OH 44511	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)

J Website: ► **AGSLSOFTBALL.COM**K Type of organization Corporation Trust Association Other ► L Year of formation **1973** M State of legal domicile **OHIO**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **SOFTBALL LEAGUE - REC.
FOR GIRLS AGES 6-18 IN OUR COMMUNITY**

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its assets.

3 Number of voting members of the governing body (Part VI, line 1a)

3 17

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

5 Total number of employees (Part V, line 2a)

5

6 Total number of volunteers (estimate if necessary)

6 17

7a Total gross unrelated business revenue from Part VIII, line 12, column (C)

7a

b Net unrelated business taxable income from Form 990-T, line 34.

7b

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)		
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,000. -	18,000 -
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,000. -
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (A), line 25) ►		11,000 -
	17 Other expenses (Part IX, column (A), lines 1a-11d, 11f-24f)		
	18 Total expenses—Add lines 13-17 (must equal Part IX, column (A), line 25)		6,000 -
	19 Revenue less expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	4,000	6,000
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20	4,000	6,000

Part II Signature Block

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.

Sign Here

Signature of officer
Jennifer MillerDate
MAY 15, 2012

Signature of officer

Type or print name and title
JENNIFER MILLER, SECRETARYPaid
Preparer's
Use OnlyPreparer's
signature

Date

Check if
self-
employedPreparer's identifying number
(see instructions)Firm's name (or yours
if self-employed),
address, and ZIP + 4

EIN

Phone no.

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2008)