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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2008

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

Open to Public InspectionDepartment of the Treasury
Internal Revenue Service

▶ 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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

P.O. Box 4742

Room/suite

City or town, state or country, and ZIP + 4

AUSTINTOWN, OHIO 44515**D** Employer identification number83 17355991**E** Telephone number(330) 792-1190**G** Gross receipts \$**F** Name and address of principal officer 4263 MAUREEN DR.JENNIFER MILLER AUSTINTOWN, OH 44511**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☒ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**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**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SOFTBALL LEAGUE - REC. FOR GIRLS AGES 6-18 IN OUR COMMUNITY</u>			
	2 Check this box <input type="checkbox"/> 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)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of employees (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	Revenue	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	
7b		Net unrelated business taxable income from Form 990-T, line 34.		
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	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)	<u>18,000. -</u>	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>18,000. -</u>	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>1,000. -</u>	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (A), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>11,000 -</u>	
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).	<u>6,000 -</u>	
	19	Revenue less expenses. Subtract line 18 from line 12		
	20	Total assets (Part X, line 16)	Beginning of Year <u>4,000</u>	End of Year <u>6,000</u>
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>4,000</u>	<u>6,000</u>

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

Jennifer Miller

Signature of officer

Date

MAY 15, 2012JENNIFER MILLER, SECRETARY

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer'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)

SCANNED JUN 21 2012

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