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Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form
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 foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

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

OMB No. 1545-1150

2011

Open to Public Inspection

Ch api		011 calendar year, or tax year beginning $OCTOBER\ \ 01$, 2011, and ending $\ SEPTEME$	BER 3	0,2012
	eck if plicable	C Name of organization D Emplo	oyer iden	tification number
7	dress ch	ange LITTLE MISS KICKBALL TIP-O-TEX LEAGUE	•	74-2202777
│ _{Na}	me chan	Number & street (or P.O box, if mail is not delivered to street addr.) Room/suite E Telepton	hone num	ber
┥ .	tial returi			
⊣ .	minated	b o pov nove	(95	6)371-0379
\dashv	ended r		Exemption	
	plication nding		per ► 7	
		ng Method: X Cash Accrual Other (specify) ► H Check ► X		
		e:▶ N/A required to	-	
		npt status (check only one) X 501(c)(3) 501(c)()		
		if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and		•
		than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may	y pe requir	ea (see instructions)
		organization chooses to file a return, be sure to file a complete return		
		55b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a		
		olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		72,394
Pai	it 1	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst		
	,	Check if the organization used Schedule O to respond to any question in this Part I	. <u></u>	
	1	Contributions, gifts, grants, and similar amounts received	1	25,991
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	10,870
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory		
	Ь	Less, cost or other basis and sales expenses	7	
ь	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
R E V	6	Gaming and fundraising events		
¥		Gross income from gaming (attach Schedule G if greater than		
Ē N U	-	\$15,000)		
Ë	h	Gross income from fundraising events (not including \$ of contributions	1	
	"	from fundraising events reported on line 1) (attach Schedule G if the		
		sum of such gross income and contributions exceeds \$15,000) 6b 14,018		
	1 .		- 1	
	1 .	2500; throst oxponess non-garring tree to the first fi	-	
	a			40 465
		line 6c)	6d	13,167
		Gross sales of inventory, less returns and allowances	4	
		Less cost of goods sold	-	
	l c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	7,120
	1			
	8	Other revenue (describe in Schedule O)	8	10,385
	I .	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	8 9	67,533
	8	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		
F	8 9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 OFFICE OFFI	9	67,533
EX	8 9 10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 OFFICE OFFI	9 10	67,533
EXPE	8 9 10 11	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 10 11	67,533
EXPER	8 9 10 11 12	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 10 11 12	67,533
EXPESSE	8 9 10 11 12 13 14	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Salanes, other compensation, and employee benefits Professional fees and other payments to independent contractors. Occupancy, rent, utilities, and maintenance	9 10 11 12 13	67,533 5,215
EXPERSES	8 9 10 11 12 13 14 15	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Salanes, other compensation, and employee benefits Professional fees and other payments to independent contractors. Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping	9 10 11 12 13 14	67,533 5,215 3,098
EXPERSES	8 9 10 11 12 13 14 15 16	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Salanes, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O)	9 10 11 12 13 14 15	67,533 5,215 3,098 55,544
EXPERSES	8 9 10 11 12 13 14 15 16 17	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Salanes, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16	9 10 11 12 13 14 15 16 17	3,098 55,544 63,857
	8 9 10 11 12 13 14 15 16 17	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Salanes, other compensation, and employee benefits Professional fees and other payments to independent contractors. Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9).	9 10 11 12 13 14 15 16	67,533 5,215 3,098 55,544
	8 9 10 11 12 13 14 15 16 17	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Salanes, other compensation, and employee benefits Professional fees and other payments to independent contractors. Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9). Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	9 10 11 12 13 14 15 16 17	3,098 55,544 63,857 3,676
	8 9 10 11 12 13 14 15 16 17 18	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Salanes, other compensation, and employee benefits Professional fees and other payments to independent contractors. Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9). Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	9 10 11 12 13 14 15 16 17 18	3,098 55,544 63,857
EXPENSES ASSETS	8 9 10 11 12 13 14 15 16 17	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Salanes, other compensation, and employee benefits Professional fees and other payments to independent contractors. Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9). Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	9 10 11 12 13 14 15 16 17	3,098 55,544 63,857 3,676

JVA

Forn	1990-EZ (2011)		P	age 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			İ
	change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	if "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. [37a]			
b		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a]	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:	1		
а				ĺ
b	Gross receipts, included on line 9, for public use of club facilities	1		Ĺ
40a		1		ĺ
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			İ
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	1	-	ĺ
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			ĺ
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b	ĺ	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			Ė
	4955, and 4958			Ė
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			į
e	An			É
	transaction? If "Yes," complete Form 8886-T	40e	1	Х
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ See attachment #4 Telephone no ▶			
	Located at ▶ ZIP + 4 ▶			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			Ė
	and Financial Accounts.		:	į
c	As a second of the second of t	42c		х
J	If "Yes," enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here			L
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			_ [
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a	Ì '	x
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
D	completed instead of Form 990-EZ	44b		x
_	D. I. I.	44c		X
c	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	770	-	<u> </u>
d	explanation in Schedule O	44d		ĺ
4	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x
45a	·	730	-	<u>^</u>
45b	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," Form 990 and Schedule R may need to be completed instead of	45b		x
	Form 990-EZ (see instructions)	990-	F7 "	
JVA	11 990EZ3 TWF 990 Copyright Forms (Software Only) - 2011 TW FORT		(-011

LITTLE MISS KICKBALL TIP-O 74-2202777

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16 Did the		th		.f	F	Yes No
	organization engage, directly or indirect	• • • • • • • • • • • • • • • • • • • •	9	• •	46	X
Part VI	dates for public office? If "Yes," comple					
Fait Vi	Section 501(c)(3) organization 501(c)(3) organizations and section 4 and 52, and complete the tables for	4947(a)(1) nonexempt	charitable trusts must	empt cnaritable tr answer questions 47-49	usts only. A	Ail section
	Check if the organization used Sche	dule O to respond to	any question in this Pai	t VI		Г
						Yes No
	organization engage in lobbying activiti "Yes," complete Schedule C, Part II				47	x
	ganization a school as described in se					Х
	organization make any transfers to an e		_			X
	was the related organization a section	_				X
· ·	te this table for the organization's five h	=	· ·		•	
	ees) who each received more than \$10	(b) Title and Ave		. If there is none, enter ' (d) Health benefits, con	tnub	
	(a) Name and title of each employee paid more than \$100,000	hours per wee	k compensation (Form	s utions to employee benefit	plans, (C) Estim	ated amount o ompensation
NONE	pard more than \$100,000	devoted to posi	tion W-2/1099-MISC)	and deferred compensati	ion Stilei Ct	
NONE						
						
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		- -		· · · · · · · · · · · · · · · · · · ·		
		1				
f Total n	umber of other employees paid over \$1	00.000				
	umber of other employees paid over \$1		ndonondant contracto	- who each received m	oro than	
51 Comple	umber of other employees paid over \$1 te this table for the organization's five h	nighest compensated		s who each received m	ore than	
51 Comple \$100,00	te this table for the organization's five hoo of compensation from the organization	nighest compensated on. If there is none, er	iter "None."			
51 Comple \$100,00	te this table for the organization's five h	nighest compensated on. If there is none, er			ore than	n
51 Comple \$100,00 (a) Name and	te this table for the organization's five hoo of compensation from the organization	nighest compensated on. If there is none, er	iter "None."			n
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51 Comple \$100,00 (a) Name and	te this table for the organization's five hoo of compensation from the organization	nighest compensated on. If there is none, er	iter "None."			п
51 Comple \$100,00 (a) Name and NONE	te this table for the organization's five him of compensation from the organization address of each independent contractor paid	nighest compensated on. If there is none, er more than \$100,000	ter "None." (b) Type of service			n
51 Comple \$100,00 (a) Name and NONE	te this table for the organization's five him of compensation from the organization address of each independent contractor paid	nighest compensated on. If there is none, er more than \$100,000	ter "None." (b) Type of service \$100,000 ▶	e		n
51 Comple \$100,00 (a) Name and NONE d Total ni 52 Did the	te this table for the organization's five him of compensation from the organization address of each independent contractor paid amber of other independent contractors organization complete Schedule A? No	nighest compensated on. If there is none, er more than \$100,000 seach receiving over ote: All section 501(c)	ter "None." (b) Type of service \$100,000 ▶	e	(C) Compensation	
d Total no nonexe	umber of other independent contractors organization complete Schedule A? No mpt charitable trusts must attach a compt charitable trusts must attach a compt	s each receiving over the: All section 501(c)	(b) Type of service \$100,000	e (47(a)(1)	(C) Compensation	es X No
d Total ni 52 Did the nonexe	umber of other independent contractors organization complete Schedule A? No mpt charitable trusts must attach a composition of perjury, I declare that I have examined this	s each receiving over the: All section 501(c) pleted Schedule A	(b) Type of service \$100,000	947(a)(1)	(C) Compensation	es X No
d Total ni 52 Did the nonexe	umber of other independent contractors organization complete Schedule A? No mpt charitable trusts must attach a comof perjury, I declare that I have exampled this is domplete. Declaration of perjury, I declare that I have exampled this is domplete. Declaration of perjury of their than	s each receiving over the: All section 501(c) return, including accompany officer) is based on all interested on all int	(b) Type of service \$100,000	947(a)(1)	(C) Compensation	es X No
d Total no source true, correct, an	umber of other independent contractors organization complete Schedule A? No mpt charitable trusts must attach a complete. Declaration of pleparer other than decomplete.	s each receiving over the: All section 501(c) return, including accompany officer) is based on all interested on all int	(b) Type of service \$100,000	947(a)(1)	(C) Compensation Y€ nowledge and be	es X No
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SCHEDULE A (Form 990 or 990-EZ)

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer Identification number** LITTLE MISS KICKBALL TIP-O-TEX LEAGUE 74-2202777

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	ert 1			ty Status (All organ ecause it is: (For lines 1					tructions.			-	
4	o, g,	ı	•	•	_		•	,					
'	Н			association of churche		ea in sec i	ion 170(b)	(1)(A)(I).					
2	Н			(1)(A)(II). (Attach Sche									
3	Н	•	•	ervice organization des						_			
4	Ц		arch organization opei	ated in conjunction wit	th a hospit	al describe	ed in sect	ion 170(b)	(1)(A)(III).	Enter th	e hospit	al's na	me,
		city, and state											
5	Ш		operated for the ben Complete Part II.)	efit of a college or univ	ersity own	ed or ope	rated by a	governme	ntal unit d	lescribed	i ın sect	ion	
6	П	A federal, state	, or local government	or governmental unit d	escribed i	n section	170(b)(1)(A)(v).					
7		_	that normally receive	s a substantial part of i Part II.)	ts support	from a go	vernmenta	al unit or fr	om the ge	neral pui	blic des	cribed	in
8	П			on 170(b)(1)(A)(vi). (C	omplete P	art II.)							
9	X			s (1) more than 33 1/3			m contribu	itions mer	nbershin f	ees and	aross		
•				xempt functionssubj					•	-	_		
		•		e and unrelated busine		•		. ,					
				ne 30, 1975 See secti o		•		•					
10	П	An organization	organized and opera	ted exclusively to test f	ior nublic s	eafoty Soc	section (500/2\/4\					
11	Н	_	•	ted exclusively to test t	-	•			to carny o	ut the			
••	ш	_	•	ported organizations of	· ·	•		-	•		tion		
				es the type of support									
											Othor:		
_		a ∐ Type I	b ∐ Type			-	integrated			Type III-(Jiner		
е	Li		•	organization is not co		•			•		otion		
		509(a)(1) or sec		gers and other than on	e or more	publicly st	apported o	nyamzauo	ns describ	Jeu III Se	Clion		
f				determination from the				or Type III	supportin	g			_
		•											· L
g		Since August 1	7, 2006, has the orgar	nization accepted any g	gift or cont	ribution fro	om any of t	the					
		following perso	ns?										
				y controls, either alone						,		Yes	No
		and (iii) bel	ow, the governing boo	dy of the supported org	ganızatıon'	?					11g(i)		X
		(II) A family me	ember of a person des	scribed in (i) above? .							11g(li)		X
		(III) A 35% con	trolled entity of a perso	on described in (i) or (i	ı) above?						11g(ill)		X
h		Provide the foll	owing information abo	ut the supported organ	nization(s)					•			
					Ī				(vI)	ls the			
(l)	Nam	e of supported	(II) EIN	(III) Type of organization			1		organizatio		1	Amou	
	orę	ganization		I *			organizatio		_	ed in the	´ S	uppor	t
				above or IRC section (see Instructions))	governing	document?	OT YOUR S	support?	υ.	S ?	1		
				,,,	Yes	No	Yes	No	Yes	No			
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For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

JVA

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.)

Sec	tion A. Public Support					·	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	32,784	46,231	31,527	29,447	36,861	176,850
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	397	354				751
3	Gross receipts from activities that are not an unrelated trade or business under section 513	31,971	20,835	36,025	33,944	35,533	158,308
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	65,152	67,420	67,552	63,391	72,394	335,909
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	360	160				520
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	360	160				520
8	Public support (Subtract line 7c from line 6.)						335,389
	tion B. Total Support				·		
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	65,152	67,420	67,552	63,391	72,394	335,909
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses		}				
_	acquired after June 30, 1975		 				
С 11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	65,152	67,420	67,552	63,391	72,394	335,909
14	First five years. If the Form 990 is for the or organization, check this box and stop here		<u></u>		k year as a section		▶ ∏
	tion C. Computation of Public Sup					T .= 1	
15	Public support percentage for 2011 (line 8, c					15	99.85 %
16	Public support percentage from 2010 Sched			<u>, , , , , , , , , , , , , , , , , , , </u>		16	99.73 %
	tion D. Computation of Investmen			40. column (f)		1 47 1	0 00 %
17	Investment income percentage for 2011 (line					17	0.00 %
18 102	Investment income percentage from 2010 Se 33 1/3 % support tests 2011. If the organ	oneuule A, Paff oration did not a	m, me i/ check the boy o	 Ine 14 and lin			
19a	not more than 33 1/3 %, check this box and						
ь	33 1/3 % support tests 2010. If the organ						
-	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did r						

990 PRIMARY EXEMPT PURPOSE

<u>Attachment</u>	1: page 1 - 990-EZ Page 2	, Part III		
Open to Public Inspection	For calendar year 2011 or tax period beginning	10-01	, and ending	09-30-2012.
Name of Organization	s KICKBALL TIP-O-TEX LEAGU	JE		Employer Identification Number 74 – 2202777
		mary Purpose		
Organized	Little League Sport for Yo	oung Kids.		
1				
16				

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 2: page 1 - 990-EZ Page 2, Part III Open to Public 09-30-2012. Inspection For calendar year 2011 or tax period beginning 10 - 01 - 2011, and ending Name of Organization **Employer Identification Number** LITTLE MISS KICKBALL TIP-O-TEX LEAGUE 74-2202777 Part III - Statement of Program Service Accomplishments Grants and allocations Amount includes foreign grants | Program service expenses 68,718 **Exempt Purpose Achievements** Each League Is An Organized Sport for Young Girls Ages 8 to 18 To Participate In and To Promote And Develop Fitness, TeamWork and Cooperation Skills.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

	3: page 1 - 99	0-EZ Page 2,	Part IV		
Open to Public		1	0 01 0011 .	. 00 20	2012
	or calendar year 2011 or tax	period beginning 1	0-01-2011, and		
Name of Organization	KICKBALL TIP-	ר_יייביע ז.פאמוופ		74-22027	ification Number
	ame and Title	(B) Average hours per	(C) Compensation	(D) Cont. to employee	
(A) N	arrie arro Tille	week devoted to postion	(Form W-2/1099-MISC)	ben. plans & def comp.	(E) Expense account & other compensation
JANIE I SHE	ARS	PRESIDENT/TLC	(if not paid, enter -0-)	bon. plane a der comp.	d other compensusor
24 W LOS EB		10.00			
BROWNSVILLE			0	o	0
ART ROSALES		VICE	J	Ĭ	· ·
4105 MEAD L		PRESIDENT			
Brownsville		10.00	0	o	0
MARY VILLAR		TREASURER	J	Ĭ	J
1321 BLUE W		10.00			
Brownsville			0	o	0
HECTOR ZAMA		2ND VICE	_		•
1435 ACACIA		PRESIDENT			
BROWNSVILLE		5.00	0	o	0
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990 BOOKS ARE IN CARE OF

Attachment 4 - 990-EZ Page 3, Part V, Line 42a	
Open to Public Inspection For calendar year 2011 or tax period beginning 10-01 , and ending	09-30-2012.
Name of Organization	Employer Identification Number
	74-2202777
Part V - Line 42a	
Individual Name	
LITTLE MISS KICKBALL TIP-O-TEX LEAGUE	
Street Address	CIRCLE
.	
U.S. Address	
Zip code 78520 City BROWNSVILLE State	e <u>TX</u>
Foreign Address	
Crty	
Province or State	
Country	······ · · · · · · · · · · · · · · · ·
Postal code	
Phone Number	(956) 371-2086
Fax Number	

2011 DETAIL STATEMENTS

'LITTLE MISS KICKBALL TIP-O-TEX 74-2202777

Page 1

	- ~50 -
STATEMENT #1 - Gross income from fundraising (990-EZ PG 1 Line 6	b)
LEAGUE FUNDRAISING	
TOTAL CARRIED TO 990-EZ PG 1 Line 6b	14,018
STATEMENT #2 - Other revenue (990-EZ PG 1 Line 8)	
TEAM SPONSORS	
TOTAL CARRIED TO 990-EZ PG 1 Line 8	10,385
STATEMENT #3 - Grants and similar amts paid (990-EZ PG 1 Line 10)
CHARTER FEES 915	
VALERIE GARZA - 500	
PATRICIA N PADILLA - 500	
BIANCA PEREZ - 500	
SAMANTHA SAENZ - 500	
YVONE GARCIA - 500	
BIANCA ESPINOSA - 500	
CELIA MARIA RUIZ500	
ALEXSANDRA CASANOVA - 800	
TOTAL CARRIED TO 990-EZ PG 1 Line 10	5,215
STATEMENT #4 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)	
FIELD MAINTENANCE	
REPAIRS	
TOTAL CARRIED TO 990-EZ PG 1 Line 14	2,114
STATEMENT #5 - Other expenses (EOEZ Pg 1 Line 16)	
TELEPHONE	
OPERATING EXPENSE	
UNIFORMS	
TOURNAMENT FEES	
TRAVEL & LODGING	
MEALS	
TROPHIES	
INSURANCE	
BANK CHARGES	
TEAM FUND	
REGISTRATION REFUNDS	
TOTAL CARRIED TO EOEZ Pg 1 Line 16	55,544

2011 990 - ADDITIONAL DETAIL STATEMENTS

LITTLE MISS KICKBALL TIP-O-TEX LEAGUE 74-2202777

FORM 990-EZ PG 1 LINE 14 ADDITIONAL DETAILS

FORM 4562

984

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2011

Department of the Treasury Internal Revenue Service (99)

► 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 Identifying number LITTLE MISS KICKBALL TIP-O-TEXFOR FORM 990-EZ LINE 14 74-2202777 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 2 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.... 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, 500,000 6 (a) Description of property (b) Cost (busn, use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7..... Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 500,000 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 . . . Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2011 17 984 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -- Assets Placed In Service During 2011 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depr. (d) Recovery (f) Method (e) (g) Depreciation (a) Classification of property yéar placed in (business/investment use period Convention deduction service only -- see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25 yrs. S/L 25-year property 27.5 yrs. MM S/L Residential rental property 27.5 yrs MM S/L 39 yrs. MM S/L Nonresidential real property MM S/L Section C -- Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs S/L 40 yrs. S/L c 40-year 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 984 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