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2012

Open to Public Inspection

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 foundation)

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

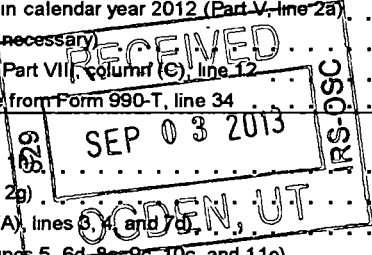
Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 2012, and ending 20

Form 990 header section containing organization name (AMATEUR SOFTBALL ASSOCIATION OF AMERICA), address (2801 N.E. 50TH, OKLAHOMA CITY, OK 73111), principal officer (RON RADIGONDA), and identification numbers.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, membership counts, revenue (Total revenue: 10,029,619), and expenses (Total expenses: 9,926,182).



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.

Signature block containing signature of Ron Radigonda, Executive Director, dated 8/27/13.

Preparer information section for Sara M. Mercer, KPMG LLP, dated 8/26/2013.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)

SCANNED SEP 19 2013

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission.

THE AMATEUR SOFTBALL ASSOCIATION IS THE NATIONAL GOVERNING BODY OF SOFTBALL IN THE UNITED STATES. FOR MORE INFORMATION SEE SCHEDULE O, GENERAL STATEMENT 2.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 5,730,097. including grants of \$ ) (Revenue \$ 6,876,878. )

MEMBERSHIP - SEE SCHEDULE O, GENERAL STATEMENT 3

4b (Code: ) (Expenses \$ 1,964,011. including grants of \$ ) (Revenue \$ 1,131,902. )

HALL OF FAME STADIUM - HOSTS SOME OF THE BEST LOCAL, NATIONAL AND INTERNATIONAL SOFTBALL EVENTS IN THE WORLD. ANNUALLY, THE COMPLEX PLAYS HOST TO A WIDE VARIETY OF SOFTBALL EVENTS, INCLUDING THE NCAA WOMEN'S COLLEGE WORLD SERIES, BIG XII SOFTBALL CHAMPIONSHIPS, STATE HIGH SCHOOL CHAMPIONSHIPS AND MANY ASA NATIONAL EVENTS. IT ALSO HOSTS UMPIRE TRAINING CLINICS AND SCHOOLS TO BETTER PREPARE UMPIRES.

4c (Code ) (Expenses \$ 636,685. including grants of \$ ) (Revenue \$ 184,670. )

NATIONAL TEAMS - AS THE NATIONAL GOVERNING BODY OF SOFTBALL THE ASA IS RESPONSIBLE FOR MAINTAINING, SELECTING AND TRAINING 4 USA NATIONAL SOFTBALL TEAMS FOR INTERNATIONAL COMPETITIONS. THESE ARE THE USA MEN'S AND JR. MEN'S FAST PITCH TEAMS AND THE USA WOMEN'S AND JR. WOMEN'S FAST PITCH TEAMS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 482,819. including grants of \$ ) (Revenue \$ 194,607. )

4e Total program service expenses 8,813,612.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, sub-questions (1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, governance decisions, meeting documentation, and officer reachability.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation review, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed.
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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 the organization.

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII  X

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDY DOOLEY PAST PRESIDENT	1.00	X					601.	0	0	
(2) BEVERLY WILEY DIRECTOR	1.00	X					601.	0	0	
(3) JOHN GOUVEIA DIRECTOR	1.00	X					0	0	0	
(4) JACK AARON DIRECTOR	1.00	X					601.	0	0	
(5) E.T. COLVIN PRESIDENT	1.00	X					601.	0	0	
(6) DICK GULMON DIRECTOR	1.00	X					0	0	0	
(7) WARREN JONES DIRECTOR	1.00	X					601.	0	0	
(8) TONY LAWS DIRECTOR	1.00	X					601.	0	0	
(9) AMY HILLENBRAND DIRECTOR	1.00	X					368.	0	0	
(10) MICK RENNEISEN DIRECTOR	1.00	X					0	0	0	
(11) BILL PARKS DIRECTOR	1.00	X					0	0	0	
(12) MICHAEL WHITE DIRECTOR	1.00	X					0	0	0	
(13) JOE ALFONSE DIRECTOR	1.00	X					0	0	0	
(14) KAITLIN COCHARAN DIRECTOR	1.00	X					0	0	0	



**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . .	1a			
	b Membership dues . . . . .	1b			
	c Fundraising events . . . . .	1c			
	d Related organizations . . . . .	1d			
	e Government grants (contributions) . . . . .	1e			
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f 45,065.			
	g Noncash contributions included in lines 1a-1f \$ . . . . .				
h Total. Add lines 1a-1f . . . . .		45,065.			
Program Service Revenue	Business Code				
	2a MEMBERSHIP . . . . .	711210	6,812,878.	6,800,778.	12,100.
	b NATIONAL TEAMS . . . . .	711210	184,670.	184,670.	
	c HALL OF FAME STADIUM . . . . .	711210	1,131,902.	1,131,902.	
	d RENTAL INCOME . . . . .	711210	64,000.	64,000.	
	e PUBLICATION INCOME . . . . .	711210	19,725.		19,725.
	f All other program service revenue . . . . .				
g Total. Add lines 2a-2f . . . . .		8,213,175.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . .		52,573.		52,573.
	4 Income from investment of tax-exempt bond proceeds . . . . .		0		
	5 Royalties . . . . .		1,543,924.		1,543,924.
		(i) Real (ii) Personal			
	6a Gross rents . . . . .				
	b Less: rental expenses . . . . .				
	c Rental income or (loss) . . . . .				
	d Net rental income or (loss) . . . . .		0		
	7a Gross amount from sales of assets other than inventory . . . . .	(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses . . . . .				
	c Gain or (loss) . . . . .				
	d Net gain or (loss) . . . . .		0		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	a			
	b Less: direct expenses . . . . .	b			
	c Net income or (loss) from fundraising events . . . . .		0		
9a Gross income from gaming activities. See Part IV, line 19 . . . . .	a				
b Less: direct expenses . . . . .	b				
c Net income or (loss) from gaming activities . . . . .		0			
10a Gross sales of inventory, less returns and allowances . . . . .	a 448,110.				
b Less: cost of goods sold . . . . .	b 273,228.				
c Net income or (loss) from sales of inventory . . . . .		174,882.	4,801.	170,081.	
Miscellaneous Revenue		Business Code			
11a _____					
b _____					
c _____					
d All other revenue . . . . .					
e Total. Add lines 11a-11d . . . . .		0			
12 Total revenue. See instructions . . . . .		10,029,619.	8,186,151.	201,906.	1,596,497.

**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 Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 . . . . .	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	271,821.	192,655.	79,166.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	1,205,223.	1,021,051.	184,172.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	99,979.	78,912.	21,067.	
9 Other employee benefits . . . . .	226,195.	185,435.	40,760.	
10 Payroll taxes . . . . .	133,702.	111,967.	21,735.	
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	89,594.		89,594.	
c Accounting . . . . .	67,505.		67,505.	
d Lobbying . . . . .	0			
e Professional fundraising services See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	0			
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	242,301.	99,186.	143,115.	
12 Advertising and promotion . . . . .	456,922.	456,922.		
13 Office expenses . . . . .	390,199.	256,977.	133,222.	
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	140,348.		140,348.	
17 Travel . . . . .	308,464.	308,464.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	370,643.	370,643.		
20 Interest . . . . .	20,542.	20,542.		
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	385,611.	385,611.		
23 Insurance . . . . .	2,946,847.	2,825,068.	121,779.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a HALL OF FAME COMPLEX	1,119,022.	1,119,022.		
b NATIONAL TEAMS EXPENSE	511,325.	511,325.		
c REGISTRATION COSTS	510,091.	510,091.		
d UBIT TAXES ACCRUED	24,302.	24,302.		
e All other expenses	405,546.	335,439.	70,107.	
25 Total functional expenses. Add lines 1 through 24e	9,926,182.	8,813,612.	1,112,570.	
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	1,965,539.	<b>1</b>	2,219,374.
	<b>2</b> Savings and temporary cash investments	0	<b>2</b>	0
	<b>3</b> Pledges and grants receivable, net	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net	1,158,372.	<b>4</b>	436,581.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> 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	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	326,091.	<b>8</b>	307,831.
	<b>9</b> Prepaid expenses and deferred charges	101,472.	<b>9</b>	93,037.
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 9,485,724.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 5,128,725.	4,145,202.	<b>10c</b> 4,356,999.
	<b>11</b> Investments - publicly traded securities	0	<b>11</b>	0
	<b>12</b> Investments - other securities See Part IV, line 11	171,285.	<b>12</b>	169,843.
	<b>13</b> Investments - program-related See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	295,163.	<b>15</b>	253,531.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	8,163,124.	<b>16</b>	7,837,196.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	327,742.	<b>17</b>	381,772.
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	228,550.	<b>19</b>	217,680.
	<b>20</b> Tax-exempt bond liabilities	465,000.	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	114,299.	<b>25</b>	106,774.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	1,135,591.	<b>26</b>	706,226.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	7,027,533.	<b>27</b>	7,130,970.
	<b>28</b> Temporarily restricted net assets	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b>	7,027,533.	<b>33</b>	7,130,970.	
<b>34</b> <b>Total liabilities and net assets/fund balances.</b>	8,163,124.	<b>34</b>	7,837,196.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,029,619.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,926,182.
3	Revenue less expenses Subtract line 2 from line 1	3	103,437.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,027,533.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,130,970.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 1 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? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a 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? . . . . .
- b 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization

AMATEUR SOFTBALL ASSOCIATION OF AMERICA

Employer identification number

23-7132249

**Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions.**

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(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  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**h Provide the 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 instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. 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.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts 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); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2011 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2012; 16b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; 17b 10%-facts-and-circumstances test - 2011; 18 Private foundation.

**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)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	746,728.	184,256.	43,624.	50,732.	45,065.	1,070,405.
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	8,067,912.	7,558,436.	7,265,663.	7,465,642.	8,269,505.	38,627,158.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	8,814,640.	7,742,692.	7,309,287.	7,516,374.	8,314,570.	39,697,563.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6)						39,697,563.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	8,814,640.	7,742,692.	7,309,287.	7,516,374.	8,314,570.	39,697,563.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,691,421.	1,471,024.	1,498,613.	1,590,636.	1,660,496.	7,912,190.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	5,504.	3,147.	6,660.	6,064.	2,389.	23,764.
c Add lines 10a and 10b	1,696,925.	1,474,171.	1,505,273.	1,596,700.	1,662,885.	7,935,954.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	179,144.	110,856.	84,368.	16,030.	45,989.	436,407.
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.)	10,690,709.	9,327,719.	8,898,948.	9,129,104.	10,023,444.	48,069,924.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	82.58 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	81.12 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	16.51 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	17.83 %

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Name of the organization

Employer identification number

AMATEUR SOFTBALL ASSOCIATION OF AMERICA

23-7132249

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a [X] Public exhibition
b [ ] Scholarly research
c [ ] Preservation for future generations
d [ ] Loan or exchange programs
e [ ] Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [ ] Yes [X] No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21? [ ] Yes [ ] No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. [ ]

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13)		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15)	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	103,075.
(3) NAT'L TEAM CHILD CARE FUND	3,699.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25)	106,774.

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.  X



**Part XIII Supplemental Information (continued)**

## SUPPLEMENTAL INFORMATION 1

## SCHEDULE D, PART III:

LINE 1A - COLLECTIONS: THE ASSOCIATION'S COLLECTIONS, WHICH WERE ALL ACQUIRED THROUGH CONTRIBUTION, ARE MADE UP OF HISTORICAL SOFTBALL MEMORABILIA AND ARTIFACTS AND ARE HELD FOR HISTORICAL AND EDUCATIONAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING EXISTENCE AND CONDITION ARE PERFORMED REGULARLY. AS PERMITTED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, THE ASSOCIATION'S COLLECTIONS ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENT OF FINANCIAL POSITION. CONSISTENT WITH THIS RECOGNITION POLICY, THE ASSOCIATION'S FUTURE COLLECTION PURCHASES, IF ANY, WILL BE RECORDED AS DECREASES IN NET ASSETS IN THE YEAR ACQUIRED. THE ASSOCIATION'S COLLECTIONS ARE SUBJECTED TO A POLICY REQUIRING PROCEEDS FROM COLLECTION SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS.

LINE 4: THE ASSOCIATION'S COLLECTION CONSISTS OF OLD RULE BOOKS, NEWSPAPER CLIPPINGS OF GAMES AND PLAYERS, OLD ISSUES OF BALLS AND STRIKES MAGAZINES, GAME SCORECARDS, RECORD BOOKS, PLAYER JERSEYS, EQUIPMENT AND OTHER ITEMS. THESE HELP TO TELL THE STORY OF SOFTBALL'S BEGINNINGS AND EVOLUTION INTO ONE OF THE HIGHEST RECREATIONAL PARTICIPATION SPORTS IN AMERICA. IT IS THE ASSOCIATION'S DESIRE TO TELL THE HISTORY OF THE GAMES, PAST PLAYERS, AND INSPIRE A NEW GENERATION OF FUTURE PLAYERS.

**Part XIII Supplemental Information (continued)**

## SUPPLEMENTAL INFORMATION 2

SCHEDULE D, PART X, LINE 2:

THE ASSOCIATION FOLLOWS ASC 740, WHICH ADDRESSES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ASSOCIATION'S TAX POSITIONS AND CONCLUDED THAT THE ASSOCIATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE ASSOCIATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2009.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

AMATEUR SOFTBALL ASSOCIATION OF AMERICA

Employer identification number  
23-7132249

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA			PROGRAM SERVICES	WNT CANADA CUP	51,538.
(2) SOUTH AMERICA			PROGRAM SERVICES	MEN'S WORLD CHAMPION	120,074.
(3) NORTH AMERICA			PROGRAM SERVICES	WOMEN'S WORLD CHAMPION	98,148.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					269,760.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)					269,760.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2012

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▲

3 Enter total number of other organizations or entities. . . . . ▲

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No

Schedule F (Form 990) 2012

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

AMATEUR SOFTBALL ASSOCIATION OF AMERICA

Employer identification number

23-7132249

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>1b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>4a</b> Receive a severance payment or change-of-control payment?		X
<b>4b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
<b>4c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>5a</b> The organization?		X
<b>5b</b> Any related organization?		X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>6a</b> The organization?		X
<b>6b</b> Any related organization?		X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	RON RADIGONDA EXECUTIVE DIRECTOR	141,543	0	0	11,323	7,409	160,275	0
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

23-7132249

**AMATEUR SOFTBALL ASSOCIATION OF AMERICA**

GENERAL STATEMENT 1

FORM 990, BOX C: DOING BUSINESS AS

USA SOFTBALL

AMERICAN SOFTBALL ASSOCIATION

GENERAL STATEMENT 2

PART I, LINE 1 AND PART III, LINE 1: THE ORGANIZATION'S MISSION

VISION: AMATEUR SOFTBALL ASSOCIATION (ASA) WILL BE THE STANDARD OF  
EXCELLENCE IN SOFTBALL.

MISSION: THE AMATEUR SOFTBALL ASSOCIATION IS THE NATIONAL GOVERNING BODY  
OF SOFTBALL IN THE UNITED STATES.

WE DEVELOP, ADMINISTER AND PROMOTE THE SPORT OF SOFTBALL TO PROVIDE  
OPPORTUNITIES FOR PARTICIPATION AND THE BEST POSSIBLE EXPERIENCE FOR  
THOSE INVOLVED.

VALUES:

\*TEAMWORK

\*FAIR PLAY

\*COMMON GOOD

\*PROMOTION AND EDUCATION

\*SPORTSMANSHIP & CIVILITY

GOALS:

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\*ENSURE OUR FUTURE SUCCESS AS THE LEADER IN SOFTBALL BY IMPROVING THE LEADERSHIP AND GOVERNANCE OF OUR ORGANIZATION.

\*CONTINUE AND ENHANCE OUR LONG STANDING FOCUS ON THE PLAYER, THE QUALITY OF THE GAME, QUALITY OF SERVICE AND OVERALL SERVICE.

\*BE ACCOUNTABLE TO EACH OTHER AND OUR SPORT IN OUR MUTUAL EFFORTS TO BE THE INTERNATIONAL LEADER IN THE SPORT OF SOFTBALL.

\*FOCUS ON FINANCIAL AND ORGANIZATION EFFECTIVENESS THAT ENHANCES OUR SERVICE, PRODUCTS AND IMAGE.

\*CRAFT EFFECTIVE EXTERNAL AND INTERNAL CONNECTIONS WITH OUR PLAYERS, OFFICIALS, PARENTS, AFFILIATES AND THE PUBLIC.

\*CREATE AN INTERNATIONALLY RECOGNIZED, WORLD CLASS VENUE THAT MEETS OUR NEEDS, AND SUPPORTS OUR MISSION AND VISION.

GENERAL STATEMENT 3

PART III, LINE 4A AND 4D: PROGRAM SERVICE ACCOMPLISHMENTS

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MEMBERSHIP - MEMBERSHIP INCLUDES REGISTRATIONS, GOVERNANCE, CLINICS, SCHOOLS, NATIONAL TOURNAMENTS AND ACE COACHES CERTIFICATION.

\*REGISTRATION REVENUES ARE USED TO PAY FOR THE EXPENSES OF ASA'S NATIONAL CHAMPIONSHIP TOURNAMENTS, EXPENSES OF ITS NATIONAL COUNCIL MEETING, AS WELL AS SPONSOR SOFTBALL CLINICS AND SCHOOLS.

\*THE ASA NATIONAL COUNCIL IS COMPRISED OF APPROXIMATELY 270 VOTING MEMBERS FROM ALL ASPECTS OF THE SPORT. THE COUNCIL IS CHARGED WITH MAKING DECISIONS ON LEGISLATIVE CHANGES, RULE CHANGES AND IS SOLELY RESPONSIBLE FOR AWARDING NATIONAL CHAMPIONSHIPS TO HOST CITIES ACROSS THE COUNTY. ALL

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CODE AND PLAYING RULE AMENDMENTS ARE THEN VOTED ON BY THE ASA COUNCIL DURING THEIR ANNUAL MEETING.

\*THE ASA CONDUCTS OVER 100 NATIONAL TOURNAMENTS ON AN ANNUAL BASIS IN WHICH 30,000 PLAYERS COMPETE ACROSS THE U.S. THE CITIES ARE SELECTED BY THE COUNCIL AT THE ANNUAL MEETING.

\*THE ASA'S EQUIPMENT TESTING AND SPECIFICATIONS COMMITTEE EXAMINES THE CURRENT RULES AND SPECIFICATIONS GOVERNING VARIOUS ITEMS OF SOFTBALL EQUIPMENT. THIS COMMITTEE MAKES RECOMMENDATIONS TO THE ASA'S COUNCIL REGARDING EQUIPMENT CERTIFICATION PROCESS BY ASA. THE COUNCIL IS THE ULTIMATE DECISION MAKER OF ASA RULES AND REGULATIONS REGARDING CERTIFICATION OF EQUIPMENT.

PART III, LINE 4D, OTHER PROGRAM SERVICES:

MERCHANDISE OPERATIONS - THE ASA PROVIDES EDUCATIONAL TRAINING SUPPORT THROUGH VARIOUS PRODUCTS SUCH AS TRAINING DVD'S, BOOKS AND MANUALS. THESE ARE USED TO INCREASE THE KNOWLEDGE OF PLAYERS, COACHES AND UMPIRES RELATED TO THE PROPER SKILLS USED IN THE GAME OF SOFTBALL. OTHER ITEMS SUCH AS USA SOFTBALL REPLICAS, JERSEYS AND APPAREL ARE AVAILABLE IN THE HALL OF FAME GIFT SHOP.

REVENUE: \$174,882      EXPENSES: \$227,796      GRANTS: \$NONE

SPONSORSHIP/LICENSING - THE ASA GRANTS LICENSING AND SPONSORSHIP RIGHTS FOR VARIOUS SOFTBALL EVENTS AND EQUIPMENT USED IN THE SPORT OF SOFTBALL. IT CONDUCTS BALL AND BAT PERFORMANCE CERTIFICATION TESTING AS A PART OF AN ON GOING LICENSING PROCESS TO INSURE PRODUCT INTEGRITY.

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REVENUE: \$NONE

EXPENSES: \$255,022

GRANTS: \$NONE

## GENERAL STATEMENT 4

## PART VI: SECTION A. GOVERNING BODY AND MANAGEMENT

PART VI: QUESTION 2 - THE FOLLOWING OFFICERS OR DIRECTORS OF AMATEUR SOFTBALL ASSOCIATION OF AMERICA HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BY VIRTUE OF THEIR POSITIONS AS OFFICERS OR DIRECTORS OF ASA PROPERTIES, INC., A WHOLLY OWNED SUBSIDIARY:

JACK AARON

RON RADIGONDA

MARK LOEHRS

## GENERAL STATEMENT 5

## PART VI: SECTION A. GOVERNING BODY AND MANAGEMENT

PART VI: QUESTION 6 AND 7A - IN ADDITION TO THE BOARD OF DIRECTORS, AMATEUR SOFTBALL ASSOCIATION OF AMERICA (ASA) HAS A COUNCIL OF OVER 270 MEMBERS. THE COUNCIL IS NOT INVOLVED IN THE DAY TO DAY OPERATIONS OF THE ORGANIZATION, HOWEVER IT DOES APPOINT A MAJORITY OF THE BOARD. THE COUNCIL DOES NOT OVERSEE THE OFFICERS OR MANAGEMENT OF THE ORGANIZATION. ALL DECISIONS REGARDING THE BUSINESS OPERATIONS OF ASA ARE MADE BY THE BOARD OF DIRECTORS. COUNCIL MEMBERS ARE RESPONSIBLE FOR VOTING ON CHANGES TO ASA'S CODE INCLUDING THE RULES OF SOFTBALL. ASA'S CODE AND A LISTING OF ALL COUNCIL MEMBERS ARE AVAILABLE ON ASA'S WEBSITE. COUNCIL MEMBERS RECEIVE NO COMPENSATION FROM ASA.

PART VI: QUESTION 11B - THE EXECUTIVE DIRECTOR AND CFO OF THE

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ORGANIZATION WILL REVIEW A DRAFT FORM 990. AFTER MANAGEMENT HAS REVIEWED FORM 990, THEY WILL FORWARD IT TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED. THE ORGANIZATION WILL THEN DISCUSS ANY ISSUES OR QUESTIONS THAT THE BOARD MAY HAVE. ONCE QUESTIONS/ISSUES HAVE BEEN DISCUSSED AND ADDRESSED, FORM 990 IS FILED.

GENERAL STATEMENT 6

PART VI: SECTION B. POLICIES

PART VI: QUESTION 10A & 10B:

THE UNITED STATES OLYMPIC COMMITTEE AND THE INTERNATIONAL SOFTBALL FEDERATION RECOGNIZES AMATEUR SOFTBALL ASSOCIATION (ASA) AS THE GOVERNING BODY OF AMATEUR SOFTBALL IN THE UNITED STATES. UPON QUALIFICATION, MEMBERSHIP IN ASA SHALL BE AVAILABLE TO STATE OR METRO ASSOCIATIONS ON A VOLUNTARY BASIS WHO AGREE TO BE GOVERNED BY THE OPERATING REGULATIONS (CODE) OF ASA. THERE ARE STATE AND METRO ASSOCIATIONS EACH OF WHICH ARE REPRESENTED BY A COMMISSIONER WHO ACTS AS A LIAISON BETWEEN SUCH AREA AND ASA. ASA CURRENTLY HAS MORE THAN 76 LOCAL ASSOCIATIONS. EACH LOCAL ASSOCIATION IS A TAX-EXEMPT ORGANIZATION. EACH ASSOCIATION MUST REGISTER AT LEAST 500 ADULT AND JUNIOR OLYMPIC SOFTBALL TEAMS. EACH LOCAL ASSOCIATION SHALL PAY AN ANNUAL AFFILIATION FEE OF \$1,000 AND BE RESPONSIBLE FOR MEMBERSHIP DUES. THE LOCAL ASSOCIATIONS ARE THEN ORGANIZED INTO 15 REGIONS.

PART VI: QUESTION 12C - THE BOARD IS REQUIRED TO ANNUALLY SIGN A CONFLICTS OF INTEREST STATEMENT. IF CONFLICTS ARE NOTED OR COME TO THE ATTENTION OF MANAGEMENT, THEY ARE ADDRESSED/DISCUSSED WITH MANAGEMENT

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AND/OR THE GOVERNING BODY, AND APPROPRIATE ACTION TAKEN. TOP MANAGEMENT PERFORMS A REVIEW OF OFFICERS AND STAFF FOR POTENTIAL CONFLICTS OF INTEREST. OFFICERS AND EMPLOYEES ARE ALSO BE REQUIRED TO SIGN A CONFLICTS OF INTEREST STATEMENT ON AN ANNUAL BASIS.

PART VI: QUESTION 15A - TOP OFFICIAL: ON AN ANNUAL BASIS, A 3-MEMBER COMPENSATION COMMITTEE OF THE GOVERNING BODY HAS BEEN DELEGATED AUTHORITY FOR REVIEWING THE EXECUTIVE DIRECTOR'S COMPENSATION. THE COMPENSATION COMMITTEE IS FREE FROM CONFLICT OF INTERESTS. THE COMMITTEE REVIEWS COMPARABILITY DATA, SUCH AS FORMS 990, COMPENSATION SURVEYS, AND OTHER INFORMATION GATHERED IN-HOUSE BY THE ORGANIZATION'S MANAGEMENT IN ORDER TO SET REASONABLE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE COMPARABILITY DATA IS GATHERED FOR PERSONS SIMILARLY QUALIFIED IN COMPARABLE POSITIONS AT OTHER SIMILAR TAX-EXEMPT ORGANIZATIONS. THE COMMITTEE DOCUMENTS ITS DISCUSSION AND RECOMMENDATIONS. ANY INCREASES OR RAISES OF THE EXECUTIVE DIRECTOR ARE APPROVED BY THE FULL BOARD OF DIRECTORS AND IS DOCUMENTED IN THE MEETING MINUTES.

PART VI: QUESTION 15B - OTHER TOP MANAGEMENT: ON AN ANNUAL BASIS, A 3-MEMBER COMPENSATION COMMITTEE OF THE GOVERNING BODY REVIEWS THE COMPENSATION OF ALL EMPLOYEES, INCLUDING TOP MANAGEMENT TO DETERMINE COMPENSATION ADJUSTMENTS. THE COMPENSATION COMMITTEE IS FREE FROM CONFLICTS OF INTERESTS. THE COMMITTEE DOCUMENTS ITS DISCUSSION AND RECOMMENDATIONS. ANY INCREASES OR RAISES ARE APPROVED BY THE BOARD OF DIRECTORS DURING THE BUDGET APPROVAL PROCESS. EVERY TWO YEARS, MANAGEMENT

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PURCHASES A DETAILED STATE COMPENSATION SURVEY THAT PROVIDES COMPENSATION AND BENEFIT INFORMATION BY JOB FUNCTION AND POSITION. THIS SURVEY PROVIDES A BENCHMARK FOR COMPENSATION AND BENEFITS FOR ALL EMPLOYEES OF AMATEUR SOFTBALL ASSOCIATION. THE SURVEY IS PROVIDED TO THE 3-MEMBER COMPENSATION COMMITTEE OF THE GOVERNING BODY DURING ITS ANNUAL REVIEW PROCESS.

## GENERAL STATEMENT 7

## PART VI: SECTION C. DISCLOSURE

PART VI: QUESTION 19 - THE ORGANIZATION POSTS ITS ANNUAL AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE, ALONG WITH COPIES OF ITS TAX RETURNS. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

## GENERAL STATEMENT 8

## PART VII: SECTION B. INDEPENDENT CONTRACTORS

NAME AND BUSINESS ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DOWNEY CONTRACTING LLC 3217 N.E. 63RD ST. OKLAHOMA CITY, OK 73121	CONSTRUCTION	\$428,886

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ See separate instructions.

Open to Public  
Inspection

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**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ASA PROPERTIES, INC. 2801 N.E. 50TH STREET OKLAHOMA CITY, OK 73111 73-1476596	UMPIRE UNIFORM	OK	N/A	C CORP.	761,126.	1,766,455.	100.0000		X
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
					1a	1b
(1)	ASA PROPERTIES, INC.	A (IV), J	64,000.	FMV/ARMS LENGTH	X	
(2)	ASA PROPERTIES, INC.	A (III)	116,106.	FMV/ARMS LENGTH		X
(3)	ASA PROPERTIES, INC.	P	152,609.	FMV/ARMS LENGTH		X
(4)						
(5)						
(6)						

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512.514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) _____													
(2) _____													
(3) _____													
(4) _____													
(5) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)