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Amended

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

	A For the 2012 calendar year, or tax year beginning , 2012, and ending ,														
	В	Check if applicable C Name of organization Ashburn Girls Softball League D Employer Identification								fication Nu	mber				
		Ac	ddress change	Doing Business A							54-1	651	744		
		Na	ame change	Number and stre	et (or PO box if m	ail is not delivere	d to street addr)		Room/su	ııte	E Telepho	ne numl	ber		
\$107		In	itial return	PO Box 555							(703	3) 2	09-617	71	
7		Пте	erminated	City, town or cou				State ZIP	code + 4		, , , , , , , , , , , , , , , , , , ,				
7		XA	mended return	Ashburn				VA 20	0146		G Gross re	ceints	\$ 291	,421.	
>		\vdash	pplication pending	F Name and addre	ss of principal offic	er		VA Z		(a) Is this	a group return				X No
		٠. <i>،</i>	processor postaring	Steve Tunney			shburn	VA 20	1147	I(b) Are all	affiliates incli attach a list	uded?	f	Yes	No
20.	1	Tax-	exempt status	X 501(c)(3)	501(c) () ◀ (insert r		1)(1) or	527	If 'No,'	attach a list	(see ins	tructions)	_	_
<u>.</u>			`) (11136111	0) 1 1 1 1 1 1 1	1/(1/01		I(a) Crous	exemption nu	mbar ►			
= 3	<u></u>		n of organization	W.AGSL.org	1		ner •	I v							
) [<u> </u>	rt I	Summar		Trust Ass	ociation Oti	ier	L Year	or Formatio	on 200	5 IN 5	tate of it	egal domicil	e VA	
	Га	1		y be the organization	on's mission o	r most signific	cant activities	mb a		· + - :					
		•		_		_					on pror	note	s_and_	supp	orts
3	Se Se			nal and to											
J	nar		fundamen	<u>in</u> Ashbur tals of so	fthall o	purpurpurpurpurpurpurpurpurpurpurpurpurp	osbin and	ie-Wesi	icipal	tion i	in tone		orte-		
	Ver	2	Check this ho	x ► Tif the o	roanization dis	continued its	operations or	disposed	of more	than 25!	Mot its no	1 250	or r 2 -		
	ဒ္	3	Number of vo	x ►if the of	the aovernina	body (Part V	l. line 1a)	uisposcu	STATE	TE UN		3	.13		13
	∞ 7	4	Number of inc	dependent voting	members of t	ne governing	body (Part VI	line 1b)	REC	EIVE	D	4		-	12
	Activities & Governance	5	Total number	of individuals en	nployed in cale	endar year 20	12 (Part V, Iır	e 2a)			1	5			
	.≩	6		of volunteers (es					JUL '	09 20	14	6			70
	¥			ed business rever			•					7a			0.
_		b	Net unrelated	business taxable	e income from	Form 990-T,	line 34			JKANC		7b			
		_							O	UDENP	rior Year		Curr	rent Yea	
	e l			and grants (Part										281,	
	Revenue	9		rice revenue (Par		2.4	7 1\								<u>739.</u>
	Ę,	10		come (Part VIII,						-					
	_	11 12		e (Part VIII, colur : – add lines 8 th				۱۵ امام ۱۵							629.
-	\dashv	13		milar amounts pa				4), line 12	.)	 				285,	
				· ·			•							3,	000.
		15	Salarios othe	other compensation, employee benefits (Part IX, column (A), line 4)											
	es	15 Ocianes, other compensation, employee benefits (Part IX, ColumnicA)-illes:50-10)													
	Expenses	16a Professional fundraising fees (Part IX, column (A), line (e)							၂ဗ္ဗါ	1 1 2 7 7	4 1 1 m 19 2 m - 5 =				 ,
	×	b	Total fundrais	ing expenses (Pa	art IX, column	(D), line 25)	<u> </u>	7 2019,	<u>0825.</u>	7.3 T-	TO THE TOTAL OF THE SERVICE OF THE S			43 T	
	ш	17		es (Part IX, colur			24e)	•	اری			İ		247,	456.
		18	Total expense	expenses Add lines 13-17 (must equal Part IX, column-(A)-line-25)									250,	456.	
		19	Revenue less	expenses Subtr	act line 18 from	m line 12		A' ()	ļ ļ					34,	549.
	8 8									Beginnir	ng of Current	Year	End	of Yea	
	Asset Balar	20		(Part X, line 16)							28,0	57.		62,	606.
	Fight A	21	Total liabilities	s (Part X, line 26	()										
	ᄙ	22	Net assets or	fund balances S	Subtract line 2	from line 20	•				28,0	57.		62,	606.
ſ	Pa	rt II a	Signatur	e Block	•						•				
-	Jnde	r penal	ties of perjury, I de	eclare that I have examine (other than officer)	nined this return, in	cluding accompa	nying schedules a	nd statement	s, and to th	e best of m	y knowledge	and beli	ef, it is true	, correct, a	and
-	comp	ilete Di	eciaration of prepa	rev (other than officer)	is based on all inf	ormation of which	preparer has any	knowledge			- 11	<u> </u>			
)				Van	t /_	/ ~					7/1/	<u> </u>			
	Sig	n	Signatu	re of oncer	y P >	S				Da	ite '				
	Hei	re		ve Tunney		<i></i>									
, –			7,	print name and title									Danie		
•			Print/Type p	reparer's name	Pre	parer's algnature		Da			Check X	ıf	PTIN		
	Pai			W. Erskine		Vin A	fskine		6/24/	1.4	self-employe	d	P00442	2427	
		pare													
1	US	e On	Firm's addre	ess 10500	Sager Ave	. Ste B					Firm's EIN	54-	<u>-17653</u>	328	
_				Fairfa	x		VA	22030			Phone no	(703	3) <u>27</u> 8	-1040	0
Ī	Mav	the I	RS discuss the	s return with the	nrenarer show	n above? (se	e instructions	`					X Ye		No

	990 (2012) Ashburn'Girl's Softball League	54-16	651744	Page 2
Par				
	Check if Schedule O contains a response to any question in this Part III			X
1	Briefly describe the organization's mission:			
	The organization promotes and supports recreational and tourname			
	level softball to girls residing in Ashburn, VA. The purpose o	<u>f_the_</u>		
	See Form 990, Page 2, Part III, Line 1 (continued)		- 	
	Did the organization undertake any significant program services during the year which were not listed on t	ho prior		
2	Form 990 or 990-EZ?	ne prior	Yes	X No
	If 'Yes,' describe these new services on Schedule O			<u>~</u> •
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ices?	Yes	No No
_	If 'Yes,' describe these changes on Schedule O			F)
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of the service service reported.	es, as me ount of gra	easured by exp ants and alloc	penses cations to
	(Code) (Expenses \$ 65,821. including grants of \$ 0.) (F	Revenue	\$ 6	5,821.)
	TOURNAMENT FEES are required to allow the girls to compete at a			
	higher level as the year progresses.			
	maginar notar as one hour broductions			
	O (Code) (Expenses \$ 43,978. including grants of \$ 0.) (F			
	TRAVEL for travel teams for tournaments, sometimes including overnight stays in the summer months and on week-ends.			
4 c	(Code) (Expenses \$ 38,381. including grants of \$ 0.) (FUNIFORMS: The AGSL provides team uniforms for all recreational and tournament team members and coaches.		\$ <u> </u>	8,381.)
				- -
			- -	
4 0	Other program services (Describe in Schedule O)			
	(Expenses \$ 85,597. including grants of \$ 3,000.) (Revenue \$		85 , 597.	
BAA	e Total program service expenses ► 233,777. TEEA0102 08/08/12		Form	n 990 (2012)
SHM	1 EEAU102 08/08/12		1 0111	(2012)

	Checklist o	/ D	~
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11-25 M INV 1	CHECKIISLU	n Reguirea	acheumes

· _ ·			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	_ 3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a		х
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 Ь	<u> </u>	

Form 990 (2012) Ashburn Girl's Softball League
Part IV Checklist of Required Schedules (continued)

			res	ИО
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	-25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 ((2012)

-	Check if Schedule O contains a response to any question in this Part V			Г				
			Yes	No				
1 :	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 0							
ı	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1 c						
2 8	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a							
1	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)							
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х				
1	o If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b						
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
ı	olf 'Yes,' enter the name of the foreign country							
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х				
١	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X				
•	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c						
6 8	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х				
ı	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b						
7	Organizations that may receive deductible contributions under section 170(c).							
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?								
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file								
	Form 8282?	7 c		Х				
	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d							
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х				
ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g						
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			X				
۵	Sponsoring organizations maintaining donor advised funds.	8		^				
٠,	Did the organization make any taxable distributions under section 4966?							
		9 a		X				
	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9 b		Х				
		-	1					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	ĺ						
	Gross income from members or shareholders							
	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)							
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	of f 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		l					
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
a	Is the organization licensed to issue qualified health plans in more than one state?	13 a						
	Note. See the instructions for additional information the organization must report on Schedule O							
t	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
C	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b						

Par		low, ar	nd foi	-						
	a 'No' response to līne 8a, 8b, or 10b below, describe the circumstances, processes, or cha	nges i	n							
	Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI			k]						
Sec	ion A. Governing Body and Management									
			Yes	No						
1 a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members	3								
	of the governing body, or if the governing body delegated broad									
	authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1 b									
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2								
_	officer, director, trustee or key employee?	2		Х						
3	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents			.,						
-	since the prior Form 990 was filed?	5		X						
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6	Х							
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more									
	members of the governing body?	7 a	Х							
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
a	The governing body?	8 a	Х							
t	b Each committee with authority to act on behalf of the governing body?									
9	9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O									
Sec	ion B. Policies (This Section B requests information about policies not required by the Internal Re	venue		e.)						
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10 a		Х						
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	<u> </u>						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X						
		128								
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b								
(Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c								
13	Did the organization have a written whistleblower policy?	13		Х						
14	Did the organization have a written document retention and destruction policy?	14		X						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official	15 a		Х						
t	Other officers of key employees of the organization	15 b		X						
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)									
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X						
t	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b								
Sec	ion 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 (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply	vaılable	for pu	iblic						
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avaithe public during the tax year.	ılable to								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ınızatıon	i							
		571)_3								
BAA	TEEA0106 08/08/12	Form	990	(2012)						

Form 990 (2012)	Ashburn	'Girle	Softhall	League
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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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee									
(C)										
(A) Name and Title (B) Average			n (do x, uni er an	not d less p	check ersor	more the	nan i an	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director			Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099 MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Steve Shroyer	20.00									
President		Х		Х				230.	0.	0.
(2) John Oakes	5.00	[
Vice President		X		Х				115.	0.	0.
_(3)_Mark_Borcherding	5.00	1								
Treasurer		Х		Х				0.	0.	0.
_ (4) Jennifer_Sharp	5.00	l .								
Secretary		X		Х				115.	0.	0.
_(5) Desiree Smallwood	5.00	1								
Director		Х						0.	0.	0.
_(6)_Steve_Tunney	3.00	1						_		
Director	1	X						0.	0.	0.
	10.00	1						_	_	_
Director	 	Х						0.	0.	0.
_(8)_Scott_Engle	5.00	1							_	_
Director	0.00	Х						115.	0.	0.
(9) Jim Scott	2.00									
Director (10) Dan Boyle	5.00	Х						0.	0.	0.
Director	3.00	х						o.	0.	0
(11) Holli McKinley	5.00		-						0.	0.
Director	-1-3-00	х						0.	0.	0
(12) Chris Keyser	5.00							U.		0.
Director	-	Х					,	310.	0.	0.
(13) Jason Belser	5.00				<u> </u>			510.		
Director		х						٥.	0.	0.
(14) Lisa Sharkey	5.00								0.	<u> </u>
Director	-	х						115.	0.	0.
	'					<u>'</u>				

Part VII Section A. Officers, Directors, Trus	T	Key 	Em			es, a	anc	Highest Com	pensated Em	ployees (cont)
(A) Name and title	Average hours per week (list any	box, offi	(C) Position (do not check more that box, unless person is b officer and a director/ti				an lee)	(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
	hours	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(11-2/033-11130)	(W-2 1033-MISC)	organization and related organizations
<u>(15)</u>										
(16)										
(17)										
(18)										
<u>(19)</u>		-	.—		_					
(20)										-
(21)										
(22)										
(23)		-								
(24)										
(25)										
1 b Sub-total			·	<u>' </u>			>	1,000.	0	. 0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	Α						>	1,000.	0	. 0.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se lis	sted	abo	ve) v	who i	ece			
3 Did the organization list any former officer, director	or trust	-ee 4	(AV 6	mn	love	a or	hia	hest compensated	employee	Yes No
on line 1a? If 'Yes,' complete Schedule J for such it. 4 For any individual listed on line 1a, is the sum of re	ndıvıdua	ı İ		•	•	•	•	•		3 X
the organization and related organizations greater to such individual	than \$15	0,00	0? <i>I</i>	f 'Ye	es' c	ompl	ete	Schedule J for	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of Section B. Independent Contractors	compens complete	atior e <i>Scl</i>	n fro hedu	m a ile J	ny u <i>for</i>	nrela such	ted <i>per</i>	organization or in	dıvıdual	5 X
Complete this table for your five highest compensation from the organization. Report compe	ted inde	pend for ti	ent o	cont alen	racto dar	ors th	nat i	received more tha	n \$100,000 of the organization's	tax year
(A) Name and business addre	ss							Description of	of services	(C) Compensation
										<u> </u>
2 Total number of independent contractors (including		lımıt	ed to	o the	ose I	isted	abo	ove) who received	more than	Salar Salar
\$100,000 in compensation from the organization	0									The state of the state of

	Check if Schedule O contains a resp	onse to any question	n in this Part VIII .		•	
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
N S	1 a Federated campaigns 1 a					
G RA	b Membership dues 1 b	237,159.				
₹ Ş	c Fundraising events 1 c					
5 5	d Related organizations 1 d					
SS	e Government grants (contributions) 1 e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f	29,500.				
A S	g Noncash contributions included in Ins 1a-1f \$					
Щ.	h Total. Add lines 1a-1f	•	281,637.			
ENC	_	Business Code		· · · · · · · · · · · · · · · · · · ·		
PROGRAM SERVICE REVENUE	2a 					
띨	b					
EE S	·					
S =	d					
SRA		Adjust	739.	739.	0.	0.
õ	f All other program service revenue		0.	0.	0.	0.
<u>a.</u>	g Total. Add lines 2a-2f	▶	739.			
	3 Investment income (including dividends other similar amounts)	s, interest and				
	4 Income from investment of tax-exempt	hand proceeds				
	5 Royalties	boria proceeds	•••			
	(i) Real	(II) Personal		-		
	6 a Gross rents	(ily i disolidi				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	-				
	(i) Securities	(II) Other				
	7 a Gross amount from sales of assets other than inventory	(, Osio)				
	b Less cost or other basis					
	and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	•				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ 14,978.					
즱	of contributions reported on line 1c)					
篮	•	a .				,
티		pl		-		
	 c Net income or (loss) from fundraising e 9 a Gross income from gaming activities See Part IV, line 19 					
		a				
	b Less direct expensesc Net income or (loss) from gaming activ	bl				<u> </u>
		rities				
	10 a Gross sales of inventory, less returns and allowances	a 9,045.				
		b 6,416.				
	c Net income or (loss) from sales of inve		2,629.	2,629.	0.	0.
	Miscellaneous Revenue	Business Code	2,023.	2,023.		0.
	11 a					
	b			-	· · · · · · · · · · · · · · · · · · ·	
	c					
	d All other revenue				 	
	e Total. Add lines 11a-11d	-				
	12 Total revenue. See instructions	▶	285,005	3 368	0	0

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										
Do 1 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21										
2	Grants and other assistance to individuals in the United States See Part IV, line 22	3,000.	3,000.								
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees										
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees):										
	a Management										
Ŀ	Legal										
(Accounting	457.	0.	457.	0.						
(1 Lobbying		, , ,								
	Professional fundraising services See Part IV, line 17		-	· · · · · · · · · · · · · · · · · · ·	 						
	Investment management fees										
g	Other (If line 11g amt exceeds 10% of line 25, col-			_	_						
12	umn (A) amt, list line 11g expenses on Sch 0) Advertising and promotion	19,953.	19,953.	0.	0.						
13	Office expenses	1,166.	0.	1,166.	0.						
14	Information technology	636.	0.	636.	0.						
15	Royalties	1,003.	0.	1,003.	0.						
16	Occupancy	24.501									
17	Travel	34,781.	34,781.	0.	<u>0.</u>						
	Payments of travel or entertainment	43,978.	43,978.	0.	0.						
10	expenses for any federal, state, or local public officials	0.	0.	0.	0.						
19	Conferences, conventions, and meetings	0.	0.	0.	0.						
20	Interest										
21	,										
22	Depreciation, depletion, and amortization										
	Insurance	4,336.	0.	4,336.	0.						
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	Tournament Fees	65,821.	65,821.	0.	0.						
	Uniforms	38,381.	38,381.	0.	0.						
	Softball Equipment	11,308.	11,308.	0.	0.						
	Fund Raising Expenses	9,082.	0.	0.	9,082.						
	All other expenses	16,554.	16,554.	0.	0.						
25	Total functional expenses. Add lines 1 through 24e	250,456.	233,776.	7,598.	9,082.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here [] if following SOP 98.2 (ASC 958.720)										

Part X Balance Sheet

Cash - non-interest-bearing			Check if Schedule O contains a response to any que	estion in this Part X			
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trusteess, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r(1)), persons described in section 4958(r(3)(6), and contributing employers and sponsoring organizations of section 501(c)(e)) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Prepared expenses and deferred charges 9 Prepared expenses and deferred charges 10 a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10 Less accumulated depreciation 11 Investments – publicly traded securities 12 Investments – publicly traded securities 13 Investments – program-related See Part IV, line 11 13 Investments – program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Exercise or crustodial accrued expenses 22 Loans and other payables to current and former officers, directors, trustees, key employees, including federal income tax, payables to related third parties 22 Unsecured notes and loans payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured mortgages and notes payable to unrelated third parties 25 Other liabilities for included on lines 17 24). Complete Part IV of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here Part Add of the parties and other included on lines 17 24). Complete Part IV of Schedule D 26 Total liabilities Add lines 17 through 25 27 Organizations that follow SFAS 117 ((A) Beginning of year		(B) End of year
3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Accounts receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5 Cans and other receivables from other disqualified persons (as defined under section 49580f(1)), persons described in section 4959(0)(3)(6), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part I i of Schedule L 7 Notes and loans receivable, net 10 Notes		1	Cash – non-interest-bearing .		28,057.	1	62,606.
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, frusteess, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), persons described in section 4958(r)(3)(6), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis Complete Part IV of Schedule D 11 Investments – publicly traded securities 12 Investments – publicly traded securities 13 Investments – publicly traded securities 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Deferred revenue 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Unisecured notes and loans payable to unrelated third parties 23 Ecured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Office habilities. And time 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here 28 Emporantly restricted net assets 29 Permanently restricted net assets 20 Capital stock or trust principal, or current funds 30 Cap	i	2	Savings and temporary cash investments			2	
5 Loans and other receivables from current and former officers, directors, fustees, key employees, and highest compensated employees Complete Part II of Schedule L Gars and other receivables from other disqualified persons (as defined under section 4950)((3)), persons described in section 4950)((3)(3), and contributing beneficiary organizations (see instructions). Complete Part II of Schedule L 7 7 8 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 9 Prepaid expenses 9 Pre		3	Pledges and grants receivable, net			3	
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33 Total net assets or fund balances 28,057. 33 62,606. 28,057. 34 62,606.	Ç					-	
\$ 34 Total liabilities and net assets/fund balances 28.057.34 62.606.	Ñ				28 057		62 606
	Š		Total liabilities and net assets/fund balances				

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Form 990 (2012)

-011	11990 (2012) Ashburn Girls Softball League 54-	1651/44		Pa	ge 12
Рa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21	35,0	05.
2	Total expenses (must equal Part IX, column (A), line 25)	2			56.
3	Revenue less expenses Subtract line 2 from line 1 .	3			49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			57,
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O) .	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		52.6	506.
Pa	rt XII Financial Statements and Reporting			<i></i> , .	,,,,,,,
	Check if Schedule O contains a response to any question in this Part XII				
	Check in deficació de contains a response to any question in this hart All			Yes	No
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				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		-2 a		- <u>x</u> -
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 Ь		X
	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 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 review, or compilation of its financial statements and selection of an independent accountant?	audıt,	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ed audit	3 b		
BAA	1		Form	990 ((2012)

TEEA0112 08/09/11

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No 1545-0047

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.

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2012

Name of the organization Employer identification number Ashburn Girls Softball League 54-1651744 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) 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). Δ 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 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 51-1-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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 Type I Type II Type III — Functionally integrated C d Type III - Non-functionally integrated 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (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 (iv) Is the (v) Did you notify (vi) Is the (VII) Amount of monetary he organization in column (i) of your support? organization in column (i) organized in the US? organization in column (i) listed in support your governing document? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) **(E)** Total

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

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)

Sec	tion A. Public Support			,	·			
begiı	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) T	otal
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
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							
Sec	tion B. Total Support		,					
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) T	otal
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 activi	ities, etc (see inst	ructions)			1	12	
13	First five years. If the Form 990 organization, check this box and		tion's first, secon	d, third, fourth, or	fifth tax year as a	section 501(c))(3)	► [
Sec	tion C. Computation of Pu	blic Support P	ercentage					
	Public support percentage for 20	· ·	•	e 11, column (f))		<u> </u>	14	<u>%</u>
15	Public support percentage from 2	2011 Schedule A, I	Part II, line 14			[_1	15	%_
16 a	33-1/3% support test — 2012. If and stop here. The organization	the organization d qualifies as a pub	lid not check the t licly supported or	oox on line 13, and ganization	d the line 14 is 33	-1/3% or more,	, check this b	ox ► [
t	33-1/3% support test — 2011. If t and stop here. The organization				a, and line 15 is 33	3-1/3% or more	e, check this	> □
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	meets the 'facts-ar	nď-circumstances	' test, check this b	oox and stop here.	. Explain in Pai	rt IV how	-
	10%-facts-and-circumstances te or more, and if the organization re organization meets the 'facts-and	meets the 'facts-ar I-circumstances' to	nd-circumstances est The organiza	' test, check this b tion qualifies as a	pox and stop here publicly supported	Explain in Pa d organization	rt IV how the	• [
18	Private foundation. If the organiz	ation did not ched	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	box and see in	nstructions	<u> </u>

Part		r Organization	s Described in	Section 509(a	a)(2)		
	(Complete only if you chec to qualify under the tests li	ked the box on line	9 of Part I or if th	e organization fai	lled to qualify unde	er Part II If the org	janization fails
Secti	on A. Public Support						
	r year (or fiscal yr beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
r	Gifts, grants, contributions and membership fees eceived (Do not include	76 252	36.646	150 244	100 001	001 627	702 071
	iny 'unusùal grants ') Gross receipts from admis-	76,353.	76,646.	159,344.	189,991.	281,637.	783,971.
s f r	sions, merchandise sold or tervices performed, or facilities urnished in any activity that is elated to the organization's ax-exempt purpose				4,495.	9,045.	13,540.
t	Gross receipts from activities hat are not an unrelated trade or business under section 513						
5 T	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or aculities furnished by a povernmental unit to the organization without charge.						
61	TotalAdd-lines-1-through-5	76,353.	76,646.	159,344.	194,486.	290,682.	797,511.
7 a A	Amounts included on lines 1, 2, and 3 received from disqualified persons	10,000.	/ 0, 0101	100,0111	131/100.	230,002.	
2 6 1 f	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or % of the amount on line 13 or the year						
	Add lines 7a and 7b						
7	Public support (Subtract line /c from line 6)		ļ				797,511.
	on B. Total Support	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	r year (or fiscal yr beginning in) Amounts from line 6	76,353.	76,646.	159,344.	194,486.	290,682.	
10 a (Gross income from interest, lividends, payments received on securities loans, rents, oyalties and income from ilmilar sources Unrelated business taxable	0.	41.	0.	194,400.	290, 682.	797,511.
ti a	ncome (less section 511 axes) from businesses icquired after June 30, 1975						
	Add lines 10a and 10b	0.	41.	0.			41.
a w	let income from unrelated business ctivities not included in line 10b, rhether or not the business is egularly carried on					0.	0.
g	Other income Do not include jain or loss from the sale of apital assets (Explain in Part IV.)	2,015.	-2,424.	0.		729.	320.
13 T	otal support. (Add Ins 9, 10c, 11, and 12)		74,263.	159,344.	194,486.	291,411.	797,872.
	irst five years. If the Form 990 organization, check this box and	s for the organizat stop here	ion's first, second,				<u> </u>
	on C. Computation of Pu					·	
	Public support percentage for 20	• •	• • •	13, column (f))		15	99.95 %
	Public support percentage from 2					16	100.05 %
	on D. Computation of Invovestment income percentage for			hy line 12 selices	2 (8)	17	0.01.0
	nvestment income percentage from the north p		• •	•	1 (<i>1))</i>	17	0.01 %

19 a 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

Schedule A (Form 990 or 990 EZ) 2012 Ashburn Girls Softball League	54-1651744	Page 4
Part IV Supplemental Information. Complete this part to provide the explanations Part II, line 17a or 17b; and Part III, line 12. Also complete this part for an (See instructions).	required by Part II, line	e 10;
Other Income Part III, Line 12		
Description: Concession Sales		
2008: 2015.	-	
2009: -2424.		
2010: 0.		- -
Description: Adjustment		
2012: 729.		
		

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Ashburn Girls Softball League

Employer identification number

54-1651744

rarti	Complete if the organization	n answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.			
1 (a) Name of disqualified person (b) Relationship between disqualified (c) Descriperson and organization	(a) Name of disqualified person		(c) Description of transaction	(d) Correcte	
		Yes	No		
(1)					
(2)					

2	Enter the amount of tax incurred by	the organization managers or disqualified pers	sons during the year under	
(6)		"		
(5)				
(4)				
(3)				

section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$				
> \$				

Part II Loans to and/or-From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loa from organi	in to or i the zation?	(e) Original principal amount	(f) Balance due	(g) In (default?	(h) App by boa comm	roved ird or ittee?	(i) Wri	itten nent?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)			1									
(3)			1									
(4)			1									-
(5)			1									
(6)			Ĭ .									
(7)						_						
(8)												
(9)												
(10)												
Total			·	·	▶ \$	·		·				

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1) Dan Boyle	Boardmember Volunteer	1,000.	Scholarship	College - Daughter
(2)				
(3)				
(4) (5) (6) (7)				
(5)				
(6)				
_(7)				
(8)				
(8)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2012

Cobodulo I	/Earm	000	~ 000 EX	2012	'	0' 1	Softball	-
Scriedule L	(FOIIII	990 (パ タタひ・エム)	2012	Ashburn	GITIS	Softball	League

54-1651744

Page 2

(1) (2) (3) (4) (5)	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shar organiza reveni	ing o
					Yes	No
	 					
		- 				
(6)					+	
(7)					1 1	
(8)						
(9)						
(10)	Supplemental Information			<u> </u>		
i cne o	Complete this part to provide additi	ional information for responses	to questions on Schei	dule L (see instructions).		
	·- · · · · · · · · · · · · · · · · · ·					
						
						
						
						
						
						
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization		Employer identification number
Ashburn Girls Softball League		54-1651744
Pt_IVLine_11b - The	AGSL Treasurer e-mailed a copy	of_the
final_version_	of the Form 990 to each Board me	mber
before it was	filed with the IRS. The Finance	Committee,
consisting of	the AGSL President, Treasurer, a	nd_one
other_AGSL_Dir	ector conducted a review and app	roved the
Form 990 for f		
	<u>—i-ts-qoverning-documents-availab</u>	
the public dur	ing the tax year on its website.	
The AGSL makes	_its_financial_statements_availa	b <u>le</u>
to the public_	during the tax year upon request	
Pt_VI,_Line_6The_organizati	on is managed by officers and di	rectors
appointed_and_	elected by its members.	·
Pt_VI, Line 7a The organizati	on's members have the right to e	lect
or appoint the	officers and directors.	
Pt_VI,_Line_11b A Finance Comm	itee of the Board of Directors r	eviews
and approves t	he Form 990 before it is filed.	·
		·
		
		·
		·
		·
		·

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

AGSL is to teach the fundamentals of softball, sportsmanship, and participation in team sports to approximately 340 girls.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

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.

Code	Description:	Other Program Services equipment purchases, concessions,	
Expenses	85,597.	payments to umpires, training of instructors, trophies	
Grants Of	3,000.	and awards, uniforms and other miscellaneous	
Revenue	85,597.	services.	

Supporting Statement of:

Form 990 p 10/Line 13 col (C)

Description	Amount
Bank Fees	106
Meeting Costs	80.
Postage and Mailing	165.
Printing and copying	154.
Office supplies	105.
Business Registration Fee	26.
Total	636.