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SCANNED MAR 0 8 2014

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax
Under section 501 (c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

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

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

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

OMB No. 1545-1150

2012

Open to Public

Α	For	the 2	012 calendar <u>year, or tax year beginning OCTOBER 01</u> , 2012, and ending <u>SEPTEME</u>	RER	30 .20 13
В	Che	ck if licable			ntification number
П		ress cl	TACE PROPERTY I PROVE TERMINE WITCH	, 0	742266034
	Nam	ne chan	Number & street (or P.O. box, if mail is not delivered to street addr.) Room/ suite E Telepho	one nu	
	Initia	al retur			
Ш	Tern	nınated	(9	56) 546-5282	
Ш		ended r			
Ш	App	lication ding	CORPUS CHRISTI TX 78468 Number	er 🕨	7041
G	Acc	counti			rganization is not
			e:▶ N/A required to a	attach S	Schedule B
					, or 990-PF)
K	Che	eck 🏲	If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and	its gro	ss receipts are normally
	not	more	than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may b	e requ	ired (see instructions).
	But	if the	organization chooses to file a return, be sure to file a complete return.		
L	Ad	d lines	55b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	sets (P	art II,
_	line	25, c	column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	68,725
	<u>ar</u>	۳, اه	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instri	uctions	for Part I)
			Check if the organization used Schedule O to respond to any question in this Part I		
		1	Contributions, gifts, grants, and similar amounts received	1_	17,307
		2	Program service revenue including government fees and contracts · · · · · · · · · · · · · · · · · · ·	2	
		3	Membership dues and assessments · · · · · · · · · · · · · · · · · · ·	3	16,009
		4	Investment income · · · · · · · · · · · · · · · · · · ·	4	
		5a	Gross amount from sale of assets other than inventory	My 3	
		b	Less: cost or other basis and sales expenses · · · · · · · · 5b	0.00	
į	3	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) · · · · · · · · · · · · · · · · · · ·	5c	
ļ	7	6	Gaming and fundraising events		
ļ		a	Gross income from gaming (attach Schedule G if greater than		
			\$15,000) · · · · · · ·		
	-	b	Gross income from fundraising events (not including \$ of contributions		
			from fundraising events reported on line 1) (attach Schedule G if the	120	
			sum of such gross income and contributions exceeds \$15,000) 6b 14,211	- 0° 3822 6 10	
		_	Less direct expenses from gaming and fundraising events 6c 1,250		
		d	, , , , , , , , , , , , , , , , , , , ,	**)	10.001
		7-	line 6c)	6d	12,961
			Gross sales of inventory, less returns and allowances	-19	
			Less cost of goods sold		12 500
			Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) · · · · · · · · · · · · · · · · · · ·	7c	13,569
		8	Other revenue (describe in Schedule O)	8	59,846
_	\dashv	9		9	930
		10 11	Grants and similar amounts paid (list in Schedule 0)	10	930
		12			 -
ĺ	2	13	Professional fees and other naviments to independent contracts	12	
į	<u>,</u>	14	Professional fees and other payments to independent contractors. Occupancy, rent, utilities, and maintenance	13	3,041
	3	15	Printing, publications, postage, and shipping	15	3,041
5	5	16	Other expenses (describe in Schedule O)	16	58,445
		17	Total expenses. Add lines 10 through 16	17	62,416
		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,570
	Ą	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		2,570
N E T	Š		end-of-year figure reported on prior year's return) · · · · · · · · · · · · · · · · · · ·	19	65,429
N E E	투	20	Other changes in net assets or fund balances (explain in Schedule O)	20	127,123
	Ś	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	62,859
Fo	r Pa		ork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2012)

For	m 990-E			VILLE LEAGUE	LI 74226603	4		Page 2
P	irt (li)		heets (see the instru	•				
		Check if the or	ganization used Sche	dule O to respond to any o	question in this Part II			
					(A) Begi	nning of year	Ļ.,	(B) End of year
22	Cash	savings, and i	nvestments			29,014		30,544
23						36,415	+	32,315
24		•	be in Schedule O)			C	1	0
25		assets		•••• • • • • • • • • • • • • • • • • • •		65,429	+	62,859
26						C	20	0
27				olumn (B) must agree with		65,429	27	62,859
R	art'lll		-	vice Accomplishme	•	· –	4	Expenses
				edule O to respond to any	·· ' · · · · · · · · · · · · · · · · · ·		-	(Required for section 501(c)(3) and 501(c)(4)
Wh	at is the scribe th	organization's j e organization's	primary exempt purpo: s program service acco	se? SEE ATTACHN omplishments for each of it	1ENT # 1	ervices	-	organizations and section
as	neasure	d by expenses	In a clear and concise	e manner, describe the ser n for each program title	vices provided, the numb	er of		4947(a)(1) trusts, optional for others)
				i ioi each program the			+	
28	255	ATTACHM	ENT #2					
							1	
	/Cranto	<u> </u>	930 / 16 41-1		ata abaali baaa			71 205
29	(Grants	D	330) ir triis ar	nount includes foreign gra	nts, cneck nere		28	71,295
25								
								
	(Grants	¢	\ If this or	nount includes foreign gra	ento obselv hore			
30	(Grants	Ψ) II ulis at	nount includes loreign gra	inis, check here		29	B
•					·			
			· · · · · · · · · · · · · · · · · · ·				1	
	(Grants	\$) If this ar	mount includes foreign gra	ints check here		30	a
31	·		s (describe in Schedul		inta, check here			
•	(Grants	-	•	mount includes foreign gra	ents check here	▶ □	31	
32			e expenses (add lines				32	
P	irt IV	List of Office	ers, Directors, Truste	es, and Key Employees I				
		Check if the	organization used Sch	edule O to respond to any	question in this Part IV.			П
				(b) Average	(c) Reportable compensation			
		(a) Name and til	tie	hours per week devoted to position	(Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefit contributions t employee benefit p deferred compens	o lans, 8	d other compensation
SE	E AT	TACHMEN	T #3					
							-	
								
					1			1

EAST BROWNSVILLE LEAGUE LI 742266034

Form	1990-EZ (2012)		P	age
Pa	other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			1
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		X
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	000		
_	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	250		l v
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		X
-		20		١,,
27-	during the year? If "Yes," complete applicable parts of Schedule N	36	** **	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		× 4- 2	1
ь	Did the organization file Form 1120-POL for this year?	37b		X
38a	, , , , , , , , , , , , , , , , , , , ,		1	سنا
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
þ	If "Yes," complete Schedule L, Part II and enter the total amount involved] 363		5
39	Section 501(c)(7) organizations Enter:	138	3.3	. 33
а	Initiation fees and capital contributions included on line 9	1		i. 4
b	Gross receipts, included on line 9, for public use of club facilities	2	23.50	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.		100	
	section 4911 ▶ ; section 4912 ▶ , section 4955 ▶	, W. (8)	L.C.	
b		1 .	<u> </u>	
_	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		l v
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400		X
•	•		1	∤ 🖔 ;
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		100	
	· · · · · · · · · · · · · · · · · · ·	*	1.00	
u	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	20.35	P.S.	
	reimbursed by the organization	15.50	13.7	8.
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	-		2
	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed NONE			
42a	The organization's books are in care of ► SEE ATTACHMENT #4 Telephone no. ►			
	Located at ► ZIP+4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country.	73		1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	(A)	150	
	and Financial Accounts.	2. ·	1] .'*
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:		<u>-</u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 Check here			▶ [
-10	and enter the amount of tax-exempt interest received or accrued during the tax year		• • •	٠ ـ
	and effect the amount of tax-exempt interest received of accrosed during the tax year		Yes	Nic
44-	Diddle accomples according an decreation of finds discording the second 15 May 7 February 15		169	No
448	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b		حخف	<u> </u>	ļ
	completed instead of Form 990-EZ.	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		,	,
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	\ \ \		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	, *].
	Form 990-EZ (see instructions)	45b		Х

JVA

EAST BROWNSVILLE LEAGUE LI 742266034

Form 98	30-EZ	(2012)							Page 4
		organization engage, directly or indirectly, in dates for public office? If "Yes," complete S						46	es No
Part		Section 501(c)(3) organizations All section 501(c)(3) organizations must a 50 and 51	only			· <u>-</u> ·	s		.,
		Check if the organization used Schedule	O to respond t	o any q	uestion in this Part V				[
									es No
		organization engage in lobbying activities or "Yes," complete Schedule C, Part II				ring the tax		47	x
		ganization a school as described in section					<u> </u>	48	X
		organization make any transfers to an exem was the related organization a section 527	•		· ·		-	49a 49b	X
		te this table for the organization's five higher	_					430	
		es) who each received more than \$100,000	of compensat	ion fron	the organization. If		-		_
	((a) Name and title of each employee paid more than \$100,000	(b) Average hours per devoted to p	week	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, con utions to employee benefit p and deferred compensation	olans, (e)		d amount of ensation
NONE									
			_						
							ļ		
				•					
	 .								
f T	otal nu	mber of other employees paid over \$100,00	∞▶						
		te this table for the organization's five higher O of compensation from the organization If	•			ho each received mor	e than		
		address of each independent contractor paid more			(b) Type of service		(C) Compen	cation	
							Compen	sation	
NONE	Ľ								
				-					
		·	: - -						
									 .
-		imber of other independent contractors eac organization complete Schedule A? Note : A	•		· -	7(a)(1)			
		mpt charitable trusts must attach a complete			_		▶ [Yes	⊠ No
Under pe	enalties (of perjury, I declare that I have examined this return	, including accom	panying	schedules and statemen		nowledge ar	nd belief,	, it is
true, cor	rect, and	d complete. Declaration of preparer (other than office	cer) is based on al	II informa	tion of which preparer h	as any knowledge.			
Sign		Signature of officer	<u></u>			-	Dat	te	
Here		MS. LILLIAN TORRE	S		TREASU	IRER	J-		2014
		Type or print name and title							
		1	rer's s/gnature	36-	Date		ıf PTII		
Paid		LETICIA ROBERTS	TNC		ا داری	self- emplo		0017	
Prepa Use (Firm's name ► HRB TAX GROUP Firm's address ► 4345 N EXPWY	TINC			Firm's EIN	956-3		
		liscuss this return with the preparer shown a	above? See ins	struction	ns		▶	Yes	X No
JVA		90EZ4 TWF 990 Copyright Forms (Soft					Form S	990–E	Z (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2012

Open to Public

OMB No. 1545-0047

Department of the Treasury internal Revenue Service

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

Name of the organization **Employer Identification number** EAST BROWNSVILLE LEAGUE LITTLE MISS KICKBALL 742266034 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 3 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 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ĥ 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.) A 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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) Yes No Х 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) Provide the following information about the supported organization(s). (Vi) Is the (i) Name of supported (ii) EIN (IV) Is the organization (V) Did you notify the (iii) Type of organization (vII) Amount of organization in col (I) organization in col (i) listed in your organization in col. (i) monetary support (described on lines 1-9 organized in the above or IRC section governing document? of your support? US? (see instructions)) Yes Yes No Yes No No Total

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

(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 un	der the tests liste	d below, please	complete Part II.	.)		
	tion A. Public Support				· · · · · · · · · · · · · · · · · · ·		
Cal	endar 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.")	28,391	44,154	38,190	35,058	33,316	179,109
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	2,640	765	7,000			10,405
3	Gross receipts from activities that are not an unrelated trade or business under section 513	16,578	32,052	30,397	34,310	35,409	148,746
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5.,	47,609	76,971	75,587	69,368	68,725	338,260
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	200					200
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	200					200
8	Public support (Subtract line 7c from line 6)				(新)。"\$P\$		338,060
<u>Sec</u>	tion B. Total Support	· 					
Cal	lendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	47,609	76,971	75,587	69,368	68,725	338,260
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b						
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)	47,609	76,971	75,587	69,368	68,725	338,260
14	First five years. If the Form 990 is for the organization, check this box and stop here.	•		•		501(c)(3)	▶
Sec	tion C. Computation of Public Sup	port Percent	tage				
15	Public support percentage for 2012 (line 8, co	olumn (f) divided	by line 13, colur	nn (f))		15	99.94 %
16	Public support percentage from 2011 Schedu	ule A, Part III, line	15			16	99.87%
Sec	tion D. Computation of Investment	t Income Per	rcentage				
17	Investment income percentage for 2012 (line			3, column (f))		17	0.00%
18	Investment income percentage from 2011 Sc					18	%
19a b	33 1/3% support tests 2012. If the organinot more than 33 1/3%, check this box and 33 1/3% support tests 2011. If the organization 13 is not mare than 201/20%, should then	stop here. T he o ization did not ch	rganization qual eck a box on lin	ifies as a publicly e 14 or line 19a,	supported orga- and line 16 is mo	nization ore than 33 1/3%	▶ <u>X</u> , and
20	line 18 is not more than 331/3%, check this be Private foundation. If the organization did not						

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2012

Attachment

Department of the Treasury Internal Revenue Service (99) See separate instructions. Attach to your tax return Sequence No. 179 Business or activity to which this form relates Identifying number EAST BROWNSVILLE LEAGUE LITTLEFOR 742266034 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Total cost of section 179 property placed in service (see instructions) . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, 500000 6 (a) Description of property 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 ... 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 500000 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 **|** 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 Property subject to section 168(f)(1) election ... 15 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions) 17 MACRS deductions for assets placed in service in tax years beginning before 2012 4102 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -- Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depr. (d) Recovery (f) Method (g) Depreciation (e) (a) Classification of property year placed in (business/investment use period Convention deduction service only -- see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 1 e 15-year property f 20-year property S/L g 25-year property 25 vrs. Residential rental 27 5 yrs. MM S/L property 27.5 yrs. MM S/L 39 yrs. MM S/L Nonresidential real property S/L MM Section C -- Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs. S/L c 40-year 40 yrs MM S/L Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ...

4102

and on the appropriate lines of your return. Partnerships and S corporations --- see instructions

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT		GE 1 - 9	990-EZ	PAGE	E 2, PA	ART III					
OPEN TO PUBLI	¢	•		-							
INSPECTION	For calenda	r year 2012 or	tax period b	eginning	10	0-01	, and ending	09-30-2013.			
Name of Organization	วก							Employer Identification Number			
EAST BROWN	SVILLE	LEAGUE	LITTLE	E MIS	S KICE	KBALL		742266034			
	Primary Purpose										
ORGANIZED	LITTLE	LEAGUE	SPORT	FOR	YOUNG	KIDS	,				

990 PROGRAM SERVICE ACCOMPLISHMENT

NSPECTION	For calonda	r uppr 0010 -	ur tou nome al bees	!	1.0	01_2012	d ond:	0.0	20	2012	
me of Organization		r year 2012 c	r tax period begi	nning	10-	01-2012, an	a enaing			2013. cation Nur	
AST BROWN		LEAGUE	C LITTIE	MTSS	KTCKB	Δ T.T.		74226			ribei
art III - Stateme	nt of Program	n Service Ad	complishments	11100	T(I OI(D)			7322	, 000 <u>0</u> 9		
rants and allocati	ons		930 Amo u	nt include	s foreign gr	ants Program	service e	xpenses			71,2
					Purpose Ac						
ACH LEAGU ARTICIPAT KILLS.	E IS AI E IN AI	N ORGAN ND TO E	NIZED SPC PROMOTE A	RT FO	OR YOU! EVELOP	NG GIRLS FITNESS,	AGES TEAM	4 TO WORK	18 T AND	'O COOPE	RATI

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV									
INSPECTION For calendar year 2012 or tax	period beginning 1	0-01-2012, and	ending 09-30-	2013.					
Name of Organization			Employer Ident	fication Number					
EAST BROWNSVILLE LEAGUE I	ITTLE MISS KI (B) Average hours per		74226603						
(A) Name and Title	week devoted to postion	(C) Compensation (Form W-2/1099-MISC)	(D) Cont. to employee ben plans & def. comp.	(E) Expense account & other compensation					
NORA HINOJOSA	postion	(if not paid, enter -0-)	berr plans & der. comp.	& other compensation					
PRESIDENT	10.00	0	o	0					
HOMER SOLIS									
VICE PRESIDENT	10.00	0	o	0					
TRUDY ESTEVES									
SECRETARY	10.00	0	0	0					
LILLIAN TORRES									
TREASURER	10.00	0	O	0					
ART ROSALES									
2ND VICE PRESIDENT	10.00	0	0	0					
			:						

990 BOOKS ARE IN CARE OF

ATTA	CHMENT	<u> 4 - 9</u>	<u>90-EZ P.</u>	AGE 3, PART	V, LINE 42A		
	N TO PUBLI	7					
INSP	ECTION	For calend	ar year 2012 or	tax period beginning	10-01	, and ending	09-30-2013.
Name o	of Organization	on					Employer Identification Number
<u>EASI</u>	BROWN	SVILLE	LEAGUE	LITTLE MISS	KICKBALL		742266034
Part V	- Line 42a						
Individu	ual Name				LILLIAN	TORRES	
0	r					-	
Busines	ss Name						
Street A	Address				<u>15 CASA</u>	DE AMIG	OS
U.S Ad	idress:						
	Zıp code	78521		City BROWNSVI	LLE	Sta	te <u>TX</u>
	or						
Foreign	Address						
	City			· ·			
	Province or	State		•••			
	Country			• • • • • • • • • • • • • • • • • • • •			····
	Postal code					• • • • • • • • • • • • • • • • • • • •	
	Phone Num	iber					· · <u>(956) 546-528</u> 2
	Fax Numbe	r	• • • • • • • • • • • • • • • • • • • •				

STATEMENT #1 - GRANTS AND SIMILAR AMTS PAID (990-EZ PG 1 LINE 10)

TOTAL	CARRIED	TΟ	990-EZ	PG	1	LINE	10

TOTAL CARRIED TO 990-EZ PG 1 LINE 10		
STATEMENT #2 - OCCUPANCY, RENT, UTILITIES (990-EZ PG 1	LINE 14)	
FIELD AND CONCESSION MAINTENANCE FIELD MAINTENANCE SUPPLIES	940 676 1,425	
TOTAL CARRIED TO 990-EZ PG 1 LINE 14	• • • •	3,041
STATEMENT #3 - OTHER EXPENSES (EOEZ PG 1 LINE 16) OPERATION EXPENSES. FACILITIES AND EQUIPMENT. MISC. OFFICE SUPPLIES. STATE ALL STARS. TRAVEL. TROPHIES. INSURANCE. KICKBALLS. TOURNAMENT EXPENSES. UNIFORMS. DEPRECIATION EXPENSE	92 25,926 666 2,395 684 708 5,637 11,958	
TOTAL CARRIED TO EOEZ PG 1 LINE 16		58,445