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# Return of Organization Exempt From Income Tax

OMB No. 1545-0047  
**2013**  
Open to Public  
Inspection

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning **2013**, and ending **20**

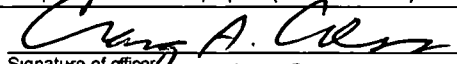
<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>AMATEUR SOFTBALL ASSOCIATION OF AMERICA</b>	<b>D</b> Employer identification number 23-7132249
<input type="checkbox"/> Address change	Doing Business As <b>SEE SCHEDULE O, GENERAL STMT. 1</b>	<b>E</b> Telephone number (405) 425-3445
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) Room/suite 2801 N.E. 50TH	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 73111	<b>G</b> Gross receipts \$ 9,925,581.
<input type="checkbox"/> Terminated	<b>F</b> Name and address of principal officer <b>CRAIG CRESS</b> 2801 N.E. 50TH; OKLAHOMA CITY, OK 73111	
<input type="checkbox"/> Amended return		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If "No," attach a list (see instructions)
<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶	<b>WWW.ASASOFTBALL.COM</b>	
<b>K</b> Form of organization	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1972 <b>M</b> State of legal domicile OK

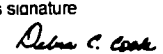
**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities <b>THE AMATEUR SOFTBALL ASSOCIATION IS THE NATIONAL GOVERNING BODY OF SOFTBALL IN THE UNITED STATES. FOR MORE INFORMATION SEE SCHEDULE O, GENERAL STATEMENT 2.</b>			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		15.
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		15.
<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>		122.
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		300.
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		169,927.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		16,751.
			<b>Prior Year</b>	<b>Current Year</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)		45,065.	49,451.
<b>9</b>	Program service revenue (Part VIII, line 2g)		8,213,175.	7,930,985.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		52,573.	80,595.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,718,806.	1,683,413.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,029,619.	9,744,444.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	0
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,936,920.	1,950,284.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶		0	0
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,989,262.	7,947,705.
<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		9,926,182.	9,897,989.
<b>19</b>	Revenue less expenses Subtract line 18 from line 12		103,437.	-153,545.
			<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>20</b>	Total assets (Part X, line 16)		7,837,196.	7,621,822.
<b>21</b>	Total liabilities (Part X, line 26)		706,226.	644,397.
<b>22</b>	Net assets or fund balances Subtract line 21 from line 20		7,130,970.	6,977,425.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	 Signature of officer	9-10-14 Date
	Craig A. Cress Executive Director Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DEBRA C. COOK</b>	Preparer's signature 	Date 8-29-14	Check <input type="checkbox"/> if self-employed	PTIN P00031689
	Firm's name ▶ <b>KPMG LLP</b>			Firm's EIN ▶ <b>13-5565207</b>	
	Firm's address ▶ <b>210 PARK AVE., SUITE 2850 OKLAHOMA CITY, OK 73102</b>			Phone no <b>405-239-6411</b>	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)

SCANNED SEP 3 2014

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission THE AMATEUR SOFTBALL ASSOCIATION IS THE NATIONAL GOVERNING BODY OF SOFTBALL IN THE UNITED STATES. FOR MORE INFORMATION SEE SCHEDULE O, GENERAL STATEMENT 2.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O

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

4a (Code ) (Expenses \$ 5,626,097. including grants of \$ ) (Revenue \$ 6,638,764. ) MEMBERSHIP - SEE SCHEDULE O, GENERAL STATEMENT 3

4b (Code ) (Expenses \$ 2,018,962. including grants of \$ ) (Revenue \$ 1,105,997. ) HALL OF FAME STADIUM - HOSTS SOME OF THE BEST LOCAL, NATIONAL AND INTERNATIONAL SOFTBALL EVENTS IN THE WORLD. ANNUALLY, THE COMPLEX PLAYS HOST TO A WIDE VARIETY OF SOFTBALL EVENTS, INCLUDING THE NCAA WOMEN'S COLLEGE WORLD SERIES, STATE HIGH SCHOOL CHAMPIONSHIPS AND MANY ASA NATIONAL EVENTS. IT ALSO HOSTS UMPIRE TRAINING CLINICS AND SCHOOLS TO BETTER PREPARE UMPIRES.

4c (Code ) (Expenses \$ 671,927 including grants of \$ ) (Revenue \$ 165,000. ) NATIONAL TEAMS - AS THE NATIONAL GOVERNING BODY OF SOFTBALL THE ASA IS RESPONSIBLE FOR MAINTAINING, SELECTING AND TRAINING 4 USA NATIONAL SOFTBALL TEAMS FOR INTERNATIONAL COMPETITIONS. THESE ARE THE USA MEN'S AND JR. MEN'S FAST PITCH TEAMS AND THE USA WOMEN'S AND JR. WOMEN'S FAST PITCH TEAMS.

4d Other program services (Describe in Schedule O ) (Expenses \$ 481,494. including grants of \$ ) (Revenue \$ 238,438 )

4e Total program service expenses 8,798,480.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		X
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>	X	
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, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
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? . . . . .		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
b	Is the organization 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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .		X
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? <i>If "Yes," complete Schedule L, Part III. . . . .</i>		X
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)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
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? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
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>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes entries for Form 1096, Form W-2G, Form W-3, and various tax compliance questions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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 take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OK,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply [X] 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. MARK LOEHR'S 2801 N E. 50TH; OKLAHOMA CITY, OK 73111 (405) 425-3445

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

Check if Schedule O contains a response or note to any line in this Part VII.

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

**1a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDY DOOLEY PAST PRESIDENT	1.00 0	X					601.	0	0	
(2) BEVERLY WILEY DIRECTOR	1.00 0	X					601.	0	0	
(3) JOHN GOUVEIA DIRECTOR	1.00 0	X					0	0	0	
(4) JACK AARON DIRECTOR	1.00 0	X					601.	0	0	
(5) E.T. COLVIN PRESIDENT	1.00 0	X					601.	0	0	
(6) JOE PATTERSON DIRECTOR	1.00 0	X					0	0	0	
(7) WARREN JONES DIRECTOR	1.00 0	X					601.	0	0	
(8) TONY LAWS DIRECTOR	1.00 0	X					601.	0	0	
(9) MIKE DISHER DIRECTOR	1.00 0	X					0	0	0	
(10) MICK RENNEISEN DIRECTOR	1.00 0	X					0	0	0	
(11) BILL PARKS DIRECTOR	1.00 0	X					601.	0	0	
(12) VALERIE ARIOTO DIRECTOR	1.00 0	X					0	0	0	
(13) CHRISTINE ORGERON DIRECTOR	1.00 0	X					0	0	0	
(14) KYLE MAGNUSSON DIRECTOR	1.00 0	X					0	0	0	



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . .	1a			
	b Membership dues . . . . .	1b			
	c Fundraising events . . . . .	1c			
	d Related organizations . . . . .	1d			
	e Government grants (contributions) . . . . .	1e			
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	49,451.		
	g Noncash contributions included in lines 1a-1f \$ . . . . .				
	h <b>Total. Add lines 1a-1f</b> . . . . .		49,451.		
Program Service Revenue	2a MEMBERSHIP	Business Code 711210	6,568,763.	6,555,488.	13,275.
	b NATIONAL TEAMS	711210	165,000.	165,000.	
	c HALL OF FAME STADIUM	711210	1,105,997.	1,105,997.	
	d RENTAL INCOME	711210	70,000.	70,000.	
	e PUBLICATION INCOME	711210	21,225.		21,225
	f All other program service revenue . . . . .				
	g <b>Total. Add lines 2a-2f</b> . . . . .		7,930,985.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . .		80,595		80,595.
	4 Income from investment of tax-exempt bond proceeds . . . . .		0		
	5 Royalties . . . . .		1,466,200		1,466,200.
	6a Gross rents . . . . .	(i) Real (ii) Personal			
	b Less rental expenses . . . . .				
	c Rental income or (loss) . . . . .				
	d Net rental income or (loss) . . . . .		0		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less cost or other basis and sales expenses . . . . .				
	c Gain or (loss) . . . . .				
	d Net gain or (loss) . . . . .		0		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a			
	b Less direct expenses . . . . .	b			
	c Net income or (loss) from fundraising events . . . . .		0		
	9a Gross income from gaming activities See Part IV, line 19 . . . . .	a			
b Less direct expenses . . . . .	b				
c Net income or (loss) from gaming activities . . . . .		0			
10a Gross sales of inventory, less returns and allowances . . . . .	a	398,350.			
b Less cost of goods sold . . . . .	b	181,137.			
c Net income or (loss) from sales of inventory . . . . .		217,213.	81,786	135,427	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
11a _____					
b _____					
c _____					
d All other revenue . . . . .					
e <b>Total. Add lines 11a-11d</b> . . . . .		0			
12 <b>Total revenue. See instructions</b> . . . . .		9,744,444.	7,978,271.	169,927.	1,546,795.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  X

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	416,323.	321,876.	94,447.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	1,104,992.	911,859.	193,133.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	75,668.	60,156.	15,512.	
9 Other employee benefits . . . . .	204,608.	166,377.	38,231.	
10 Payroll taxes . . . . .	148,693.	123,717.	24,976.	
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	99,367.		99,367.	
c Accounting . . . . .	62,823.		62,823.	
d Lobbying . . . . .	0			
e Professional fundraising services See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	0			
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	296,525.	121,891.	174,634.	
12 Advertising and promotion . . . . .	462,623.	462,623.		
13 Office expenses . . . . .	359,064.	237,824.	121,240.	
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	113,772.		113,772.	
17 Travel . . . . .	315,801.	315,801.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	383,269.	383,269.		
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	404,974.	404,974.		
23 Insurance . . . . .	2,801,174.	2,684,803.	116,371.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a HALL OF FAME COMPLEX	1,260,137.	1,260,137.		
b NATIONAL TEAMS EXPENSE	541,711.	541,711.		
c REGISTRATION COSTS	518,120.	518,120.		
d UBIT TAXES ACCRUED	8,403.	8,403.		
e All other expenses	319,942.	274,939.	45,003.	
25 Total functional expenses. Add lines 1 through 24e	9,897,989.	8,798,480.	1,099,509.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	1,621,299.	1	1,680,626.
	2 Savings and temporary cash investments	598,075.	2	598,135.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	436,581.	4	457,254.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	307,831.	8	303,607.
	9 Prepaid expenses and deferred charges	93,037.	9	31,642.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 9,623,164.		
	b Less accumulated depreciation	10b 5,493,640.		
		4,356,999.	10c	4,129,524.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities See Part IV, line 11	142,904.	12	155,873.
	13 Investments - program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets See Part IV, line 11	280,470.	15	265,161.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	7,837,196.	16	7,621,822.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	381,772.	17	401,456.
	18 Grants payable	0	18	0
	19 Deferred revenue	217,680.	19	146,200.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	106,774.	25	96,741.
	26 <b>Total liabilities.</b> Add lines 17 through 25	706,226.	26	644,397.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	7,130,970.	27	6,977,425.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	7,130,970.	33	6,977,425.	
34 <b>Total liabilities and net assets/fund balances</b>	7,837,196.	34	7,621,822.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,744,444.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,897,989.
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-153,545.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,130,970.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	0
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	6,977,425.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2013**

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

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

Name of the organization: **AMATEUR SOFTBALL ASSOCIATION OF AMERICA**  
Employer identification number: **23-7132249**

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/>	<input type="checkbox"/>

**h Provide the following information about the supported organization(s)**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2013; 15 Public support percentage from 2012 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2013; 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support (Add lines 9, 10c, 11, and 12); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 82.71%. Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 82.58%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) 16.72%. Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 16.51%.

19a 33 1/3% support tests - 2013. 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 [X].
19b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ].
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions [ ].

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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

AMATEUR SOFTBALL ASSOCIATION OF AMERICA

23-7132249

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

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

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

Schedule D (Form 990) 2013

JSA 3E1268 2 000

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (i) unrelated organizations
(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

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

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	94,947.
(3) NAT'L TEAM CHILD CARE FUND	1,794.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	96,741.

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



**Part XIII Supplemental Information (continued)**

SCHEDULE D, PART III:

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

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

**Part XIII Supplemental Information (continued)**

SCHEDULE D, PART X, LINE 2:

THE ASSOCIATION FOLLOWS ASC 740, WHICH ADDRESSES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE ASSOCIATION'S TAX POSITIONS AND CONCLUDED THAT THE ASSOCIATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. WITH FEW EXCEPTIONS, THE ASSOCIATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

AMATEUR SOFTBALL ASSOCIATION OF AMERICA

23-7132249

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA			PROGRAM SERVICES	WNT CANADA CUP	54,205.
(2) SOUTH AMERICA			PROGRAM SERVICES	MEN'S WORLD CHAMPION	119,493
(3) NORTH AMERICA			PROGRAM SERVICES	WOMEN'S 1ST QUALIFIER	90,899
(4) NORTH AMERICA			PROGRAM SERVICES	JR WOMEN'S WORLD CHAMP	66,908
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total, . . . . .					331,505.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)					331,505.

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

Schedule F (Form 990) 2013

JSA  
3E1274 1 000

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

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

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

3 Enter total number of other organizations or entities. ▲

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

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

**Part IV Foreign Forms**

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

**Part V**

**Supplemental Information**

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

AMATEUR SOFTBALL ASSOCIATION OF AMERICA

Employer identification number

23-7132249

**Part I Questions Regarding Compensation**

		Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	<b>1b</b>										
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . . .</p>	<b>2</b>										
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>											
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>		X								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>		X								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p>	<b>4c</b>		X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.											
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>											
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>											
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>		X								
<p><b>b</b> Any related organization? . . . . .</p>	<b>5b</b>		X								
If "Yes" to line 5a or 5b, describe in Part III											
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>											
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>		X								
<p><b>b</b> Any related organization? . . . . .</p>	<b>6b</b>		X								
If "Yes" to line 6a or 6b, describe in Part III											
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>		X								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>		X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>										

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

Schedule J (Form 990) 2013

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	RON RADIGONDA EXEC. DIRECTOR-THRU NOV. 2013	(i) 170,697. (ii) 0	0	0	13,656.	9,858.	194,211.	0
2		(i) ----- (ii) -----						
3		(i) ----- (ii) -----						
4		(i) ----- (ii) -----						
5		(i) ----- (ii) -----						
6		(i) ----- (ii) -----						
7		(i) ----- (ii) -----						
8		(i) ----- (ii) -----						
9		(i) ----- (ii) -----						
10		(i) ----- (ii) -----						
11		(i) ----- (ii) -----						
12		(i) ----- (ii) -----						
13		(i) ----- (ii) -----						
14		(i) ----- (ii) -----						
15		(i) ----- (ii) -----						
16		(i) ----- (ii) -----						

**Part III Supplemental Information**

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

SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2013

Open to Public  
Inspection

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.

Name of the organization

AMATEUR SOFTBALL ASSOCIATION OF AMERICA

Employer identification number

23-7132249

FORM 990, BOX C: DOING BUSINESS AS

USA SOFTBALL AMERICAN SOFTBALL ASSOCIATION

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

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

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

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

VALUES:

- \*TEAMWORK
- \*FAIR PLAY
- \*COMMON GOOD
- \*PROMOTION AND EDUCATION
- \*SPORTSMANSHIP & CIVILITY

GOALS:

- \*ENSURE OUR FUTURE SUCCESS AS THE LEADER IN SOFTBALL BY IMPROVING THE

Name of the organization AMATEUR SOFTBALL ASSOCIATION OF AMERICA	Employer identification number 23-7132249
---	--

## LEADERSHIP AND GOVERNANCE OF OUR ORGANIZATION.

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

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

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

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

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

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

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: MEMBERSHIP - MEMBERSHIP INCLUDES REGISTRATIONS, GOVERNANCE, CLINICS, SCHOOLS, NATIONAL TOURNAMENTS AND ACE COACHES CERTIFICATION.

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

\*THE ASA NATIONAL COUNCIL IS COMPRISED OF APPROXIMATELY 270 VOTING MEMBERS FROM ALL ASPECTS OF THE SPORT. THE COUNCIL IS CHARGED WITH MAKING DECISIONS ON LEGISLATIVE CHANGES, RULE CHANGES AND IS SOLELY RESPONSIBLE FOR AWARDING NATIONAL CHAMPIONSHIPS TO HOST CITIES ACROSS THE COUNTY. ALL CODE AND PLAYING RULE AMENDMENTS ARE THEN VOTED ON BY THE ASA COUNCIL DURING THEIR ANNUAL MEETING.

Name of the organization AMATEUR SOFTBALL ASSOCIATION OF AMERICA	Employer identification number 23-7132249
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\*THE ASA CONDUCTS OVER 100 NATIONAL TOURNAMENTS ON AN ANNUAL BASIS IN WHICH 30,000 PLAYERS COMPETE ACROSS THE U.S. THE CITIES ARE SELECTED BY THE COUNCIL AT THE ANNUAL MEETING.

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

PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

REVENUE: \$217,213      EXPENSES: \$208,809      GRANTS: \$NONE

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

REVENUE: \$21,225      EXPENSES: \$272,685      GRANTS: \$NONE

PART VI: SECTION A. GOVERNING BODY AND MANAGEMENT

PART VI: QUESTION 2 - THE FOLLOWING OFFICERS OR DIRECTORS OF AMATEUR

Name of the organization AMATEUR SOFTBALL ASSOCIATION OF AMERICA	Employer identification number 23-7132249
---	--

SOFTBALL ASSOCIATION OF AMERICA HAVE A BUSINESS RELATIONSHIP WITH ONE ANOTHER BY VIRTUE OF THEIR POSITIONS AS OFFICERS OR DIRECTORS OF ASA PROPERTIES, INC., A WHOLLY OWNED SUBSIDIARY:

- JACK AARON
- RON RADIGONDA
- MARK LOEHRS
- CRAIG CRESS

PART VI: SECTION A. GOVERNING BODY AND MANAGEMENT

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

PART VI: QUESTION 11B - THE EXECUTIVE DIRECTOR AND CFO OF THE ORGANIZATION WILL REVIEW A DRAFT FORM 990. AFTER MANAGEMENT HAS REVIEWED FORM 990, THEY WILL FORWARD IT TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT IS FILED. THE ORGANIZATION WILL THEN DISCUSS ANY ISSUES OR QUESTIONS THAT THE BOARD MAY HAVE. ONCE QUESTIONS/ISSUES HAVE BEEN DISCUSSED AND ADDRESSED, FORM 990 IS FILED.

Name of the organization AMATEUR SOFTBALL ASSOCIATION OF AMERICA	Employer identification number 23-7132249
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## PART VI: SECTION B. POLICIES

PART VI: QUESTION 10A & 10B - THE UNITED STATES OLYMPIC COMMITTEE AND THE INTERNATIONAL SOFTBALL FEDERATION RECOGNIZES AMATEUR SOFTBALL ASSOCIATION (ASA) AS THE GOVERNING BODY OF AMATEUR SOFTBALL IN THE UNITED STATES.

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

PART VI: QUESTION 12C - THE BOARD IS REQUIRED TO ANNUALLY SIGN A CONFLICTS OF INTEREST STATEMENT. IF CONFLICTS ARE NOTED OR COME TO THE ATTENTION OF MANAGEMENT, THEY ARE ADDRESSED/DISCUSSED WITH MANAGEMENT AND/OR THE GOVERNING BODY, AND APPROPRIATE ACTION TAKEN. TOP MANAGEMENT PERFORMS A REVIEW OF OFFICERS AND STAFF FOR POTENTIAL CONFLICTS OF INTEREST. OFFICERS AND EMPLOYEES ARE ALSO REQUIRED TO SIGN A CONFLICTS OF INTEREST STATEMENT ON AN ANNUAL BASIS.

PART VI: QUESTION 15A - TOP OFFICIAL: ON AN ANNUAL BASIS, A 3-MEMBER COMPENSATION COMMITTEE OF THE GOVERNING BODY HAS BEEN DELEGATED AUTHORITY FOR REVIEWING THE EXECUTIVE DIRECTOR'S COMPENSATION. THE COMPENSATION

Name of the organization AMATEUR SOFTBALL ASSOCIATION OF AMERICA	Employer identification number 23-7132249
---	--

COMMITTEE IS FREE FROM CONFLICTS OF INTEREST. THE COMMITTEE REVIEWS COMPARABILITY DATA, SUCH AS FORMS 990, COMPENSATION SURVEYS, AND OTHER INFORMATION GATHERED IN-HOUSE BY THE ORGANIZATION'S MANAGEMENT IN ORDER TO SET REASONABLE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE COMPARABILITY DATA IS GATHERED FOR PERSONS SIMILARLY QUALIFIED IN COMPARABLE POSITIONS AT OTHER SIMILAR TAX-EXEMPT ORGANIZATIONS. THE COMMITTEE DOCUMENTS ITS DISCUSSION AND RECOMMENDATIONS. ANY INCREASES OR RAISES OF THE EXECUTIVE DIRECTOR'S COMPENSATION ARE APPROVED BY THE FULL BOARD OF DIRECTORS AND ARE DOCUMENTED IN THE MEETING MINUTES.

PART VI: QUESTION 15B - OTHER TOP MANAGEMENT: ON AN ANNUAL BASIS, A 3-MEMBER COMPENSATION COMMITTEE OF THE GOVERNING BODY REVIEWS THE COMPENSATION OF ALL EMPLOYEES, INCLUDING TOP MANAGEMENT TO DETERMINE COMPENSATION ADJUSTMENTS. THE COMPENSATION COMMITTEE IS FREE FROM CONFLICTS OF INTEREST. THE COMMITTEE DOCUMENTS ITS DISCUSSION AND RECOMMENDATIONS. ANY INCREASES OR RAISES ARE APPROVED BY THE BOARD OF DIRECTORS DURING THE BUDGET APPROVAL PROCESS. EVERY TWO YEARS, MANAGEMENT PURCHASES A DETAILED STATE COMPENSATION SURVEY THAT PROVIDES COMPENSATION AND BENEFIT INFORMATION BY JOB FUNCTION AND POSITION. THIS SURVEY PROVIDES A BENCHMARK FOR COMPENSATION AND BENEFITS FOR ALL EMPLOYEES OF AMATEUR SOFTBALL ASSOCIATION. THE SURVEY IS PROVIDED TO THE 3-MEMBER COMPENSATION COMMITTEE OF THE GOVERNING BODY DURING ITS ANNUAL REVIEW PROCESS.

PART VI: SECTION C. DISCLOSURE

PART VI: QUESTION 19 - THE ORGANIZATION POSTS ITS ANNUAL AUDITED

Name of the organization AMATEUR SOFTBALL ASSOCIATION OF AMERICA	Employer identification number 23-7132249
---	--

FINANCIAL STATEMENTS ON ITS WEBSITE, ALONG WITH COPIES OF ITS TAX RETURNS. THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

AMATEUR SOFTBALL ASSOCIATION OF AMERICA

Employer identification number  
23-7132249

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

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

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

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

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

Schedule R (Form 990) 2013

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
[1] ASA PROPERTIES, INC. 2801 N.E. 50TH STREET OKLAHOMA CITY, OK 73111 73-1476596	UMPIRE UNIFORM	OK	N/A	C CORP.	705,264	1,676,875	100.0000		X
[2] -----									
[3] -----									
[4] -----									
[5] -----									
[6] -----									
[7] -----									

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

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

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (I) interest (II) annuities (III) royalties or (IV) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to related organization(s)	1b	X
c	Gift, grant, or capital contribution from related organization(s)	1c	X
d	Loans or loan guarantees to or for related organization(s)	1d	X
e	Loans or loan guarantees by related organization(s)	1e	X
f	Dividends from related organization(s)	1f	X
g	Sale of assets to related organization(s)	1g	X
h	Purchase of assets from related organization(s)	1h	X
i	Exchange of assets with related organization(s)	1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o	Sharing of paid employees with related organization(s)	1o	X
p	Reimbursement paid to related organization(s) for expenses	1p	X
q	Reimbursement paid by related organization(s) for expenses	1q	X
r	Other transfer of cash or property to related organization(s)	1r	X
s	Other transfer of cash or property from related organization(s)	1s	X

		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(1)	ASA PROPERTIES, INC.	A (IV), J	70,000.	FMV/ARMS LENGTH
(2)	ASA PROPERTIES, INC.	A (III)	111,250.	FMV/ARMS LENGTH
(3)	ASA PROPERTIES, INC.	P	157,835.	FMV/ARMS LENGTH
(4)	ASA PROPERTIES, INC.	F	75,000.	FMV/ARMS LENGTH
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related unrelated excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

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**Part VII Supplemental Information**

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

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