



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: A-E Volleyball Association
Number and street (or P O box, if mail is not delivered to street address): 6724 2nd Ave NW
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Seattle, WA 98117

D Employer identification number

91-2091919

E Telephone number

(206) 769-1874

F Group Exemption Number

G Accounting Method: Cash [ ] Accrual [x] Other (specify) [ ]

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: www.aevolleyball.net

J Tax-exempt status (check only one): 501(c)(3) [x] 501(c)(7) (insert no) [ ] 4947(a)(1) [ ] 527 [ ]

K Form of organization: Corporation [x] Trust [ ] Association [ ] Other [ ]

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$90,202

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [x]

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 618, 89,584, 25,443, 1,215, 34,870, 40,042, 101,570, -11,368, 22,854, 15,364, 26,850.

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	40,429	<b>22</b>	50,239
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>	
<b>25 Total assets</b> . . . . .	40,429	<b>25</b>	50,239
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	17,575	<b>26</b>	23,389
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	22,854	<b>27</b>	26,850

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?  
Social Club (recreation)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> Adult Volleyball leagues for members with different levels of competitive play both indoors and outdoors throughout the year (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	0
<b>29</b> Adult Volleyball clinics to improve on playing skills of members taught by independent contractor instructors (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	0
<b>30</b> Social events for the pleasure, recreation and other exempt purposes (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	0
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Scott C Baumler President	20 00	17,000	0	0
AJ Stojowski Jr Treasurer	10 00	8,443	0	0
Walter Stelter Secretary	1 00	0	0	0
Daniel Urrutia Director	1 00	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

			Yes	No
<b>33</b>	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	<b>33</b>		No
<b>34</b>	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)	<b>34</b>		No
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<b>35a</b>		No
<b>b</b>	If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O	<b>35b</b>		
<b>c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	<b>35c</b>		No
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<b>36</b>		No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/>	<b>37a</b>	0	
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>		
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<b>38a</b>		No
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations Enter			
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>39a</b>	0	
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	0	
<b>40a</b>	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>			
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit 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	<b>40b</b>		
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>			
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>			
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<b>40e</b>		No
<b>41</b>	List the states with which a copy of this return is filed <input type="checkbox"/> WA			
<b>42a</b>	The organization's books are in care of <input type="checkbox"/> AJ Stojowski Jr Telephone no <input type="checkbox"/> (206) 769-1874 Located at <input type="checkbox"/> 6724 2nd Ave NW Seattle, WA ZIP + 4 <input type="checkbox"/> 98117			
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	<b>42b</b>		No
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/>	<b>42c</b>		No
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> ? Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <b>43</b>			
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>		No
<b>b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44b</b>		No
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>		No
<b>d</b>	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>		
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>		No
<b>45b</b>	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)	<b>45b</b>		

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

b If "Yes," was the related organization a section 527 organization? . . . . .

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. . . . .

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . .  Yes  No

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.

**Sign Here** \*\*\*\*\*  
 Signature of officer \_\_\_\_\_ Date 2014-10-28  
 Scott Charles Baumler President  
 Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**  
 Print/Type preparer's name: Howard Donkin CPA      Preparer's signature: \_\_\_\_\_      Date: 2014-08-14      Check  if self-employed      PTIN: P00147726  
 Firm's name: Jacobson Jarvis & Co PLLC      Firm's EIN: 91-2011386  
 Firm's address: 200 First Ave West Suite 200, Seattle, WA 981194219      Phone no: (206) 628-8990

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

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

Department of the Treasury  
Internal Revenue Service

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

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

**▶ Attach to Form 990 or 990-EZ.**

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

**2013**

**Open to Public  
Inspection**

Name of the organization  
A-E Volleyball Association

**Employer identification number**

91-2091919

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	
Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets	Description Prior Period Adjustment Amount 15,364
Form 990-EZ, Part II, Line 26 - Other Liabilities	Description Accounts Payable Beg of Year Amount 17,575 End of Year Amount 23,389

## TY 2013 Transfers Personal Benefits Contracts Declaration

**Name:** A-E Volleyball Association

**EIN:** 91-2091919

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.