

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 foundations)

0MB No. 1545-1150 20**14**

Open to Public Inspection

Form 990-EZ (2014)

Department of the Treasury Internal Revenue Service

SCANNED FEB 2 5 2015

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

october 1 2013 A For the 2014 calendar year, or tax year beginning 2014, and ending september 30 20 B Check if applicable C Name of organization D Employer identification number Address change 51-0256001 ITTLE LEAGUE BASEBALL INC. CHARLESTON NORTHEAST LITTLE LEAGUE Name change Number and street (or P O. box, if mail is not delivered to street address) E Telephone number Initial return 69 RHEIN DRIVE 3043894919 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ **CHARLESTON WV 25306** 3158 Application pending G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ▶ H Check ▶ ☐ if the organization is not Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) - 501(c)(3) 501(c) (**□**527) ◀ (insert no.) ☐ 4947(a)(1) or K Form of organization: Corporation ☐ Trust ☐ Association 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 27083 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 $\overline{\mathbf{V}}$ Contributions, gifts, grants, and similar amounts received 1 6750 2 2 Program service revenue including government fees and contracts 2600 3 3 0 Investment income 4 4 0 5a Gross amount from sale of assets other than inventory Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). . . 6b 1045 Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 1045 Gross sales of inventory, less returns and allowances . 7a 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c c 8344 8 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 18739 10 10 Grants and similar amounts paid (list in Schedule O) 0 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits . . . 12 0 Professional fees and other payments to independent contractors . 13 13 0 14 14 10270 15 Printing, publications, postage, and shipping. 15 99 16 Other expenses (describe in Schedule O) 16 10338 17 Total expenses. Add lines 10 through 16 . . 17 20707 Excess or (deficit) for the year (Subtract line 17 from line 9) . L.-18 -1968 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) must agree with 19 19 4268 20 Other changes in net assets or fund balances (explain in Schedule O). . . 20 0 21 Net assets or fund balances at end of year. Combine lines 18 through 20 2297

Pa	rt II Balance Sheets (see the instructions	•				
	Check if the organization used Schedu	le O to respond to a	ny question in this			(D) Ford of warr
22	Cash savings and investments			(A) Beginning of year	201	(B) End of year
23	Cash, savings, and investments Land and buildings			4267	23	2297
24	Other assets (describe in Schedule O)				24	0
25	Total assets			4267	-	2297
26	Total liabilities (describe in Schedule O) .				26	2237
27	Net assets or fund balances (line 27 of colun	nn (B) must agree wit	h line 21)	4267	27	2297
Par	t III Statement of Program Service Accord	mplishments (see th	ne instructions for			
	Check if the organization used Schedu				/n	Expenses Juired for section
Wha	t is the organization's primary exempt purpose?	little league program	under international	charter provides		(c)(3) and 501(c)(4)
Desc	cribe the organization's program service accomp	olishments for each o	f its three largest i	orogram services,	_	inizations, optional for
as n	neasured by expenses. In a clear and concise	manner, describe the	e services provide	d, the number of	othe	rs.)
	ons benefited, and other relevant information for	<u></u>			_	
28	little league baseball and softball programs for apr					
	(Grants \$) If this amou	nt includes foreign gra	ants, check here	• П	28a	20707
29						20,0,
	(Grants \$) If this amou	nt includes foreign gra	ants, check here .	▶ 🗆	29a	0
30]
		•••••			ĺ	ĺ
	/C					l .
24	(Grants \$) If this amount Other program services (describe in Schedule O	nt includes foreign gra			30a	0
31) nt includes foreign gra			31a	
32	Total program service expenses (add lines 28:	a through 31a)	into, check here .		32	20707
	t IV List of Officers, Directors, Trustees, and K					
	Check if the organization used Schedu			•		🗀
		(b) Average	(c) Reportable	(d) Health benefits,		<u> </u>
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MIS)	contributions to employ benefit plans, and		ther compensation
		devoted to position	(if not paid, enter -0-	deferred compensation	n	
	y manley					
	ein dr chas. wv 25306	president 30+		0	0	0
dean	george			_	_1	_
	gapview drive chas, wv 25306	vice pres 30+		<u> </u>	0	0
	ifer crowder hatfield dr chas. wv 25306	troacure 15.				•
4001	Tiatricia di Citas. WV 25300	treasure 15+			9	0
					\top	
	······				:	
					┸	
				+	+	
			 	-	+	
				 	+	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
				 	+	· ·
	,		Ī	1		

Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	v Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	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)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		- /
c	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	35c		√
36	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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	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? .	38a		✓
39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
ээ a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1 1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b		✓
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		✓
41	List the states with which a copy of this return is filed ▶ west virginia			
42a	The organization's books are in care of ▶ bobby manley jennifer crowder Telephone no. ▶	30438		
b	Located at ► 69 rhein dr charleston wv ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	253	Yes	Na
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	168	√
	If "Yes," enter the name of the foreign country: ► n/a See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
_	Financial Accounts (FBAR).	40-		,
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		. □
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<u>·</u> ·	Yes	► □ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		165	140
_	completed instead of Form 990-EZ	44a	,	✓
b	completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	├ <u></u>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		ŀ	,
1E-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d	 -	1
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		
IJ	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 990-EZ (2014) Page 4											
									Ţ,	Yes	No
46	, Did t	he organization engage, directly or in-	directly, in political c	ampaign activities	on beha	lf of or	in opposit	ion [
	to ca	ndidates for public office? If "Yes," co	omplete Schedule C	, Part I				.	46		1
Part		Section 501(c)(3) organizations						<u>-</u> -			
		All section 501(c)(3) organizations		stions 47-49b ai	nd 52. a	nd cor	nolete the	e table	es fo	r line	es
		50 and 51.	400					0 100			-
		Check if the organization used Sch	edule O to respond	I to any question i	in thic Da	et \/I					
		Oncok ii the organization asea Gen	cadic o to respond	to any question	111111111111111111111111111111111111111	DI VI	<u> </u>	• •		Yes	
47	Did t	he organization engage in lobbying	activities or have a	postion FO1/h) also	ntion in a		urina tha	. Г		res	No
7,	vear	? If "Yes," complete Schedule C, Part	activities of Have a		Suon in e	enect o	uring the	lax			
40	-	· · · · · · · · · · · · · · · · · · ·							47	_	_
48		organization a school as described in							48		✓
49a		he organization make any transfers to							49a		✓
b		es," was the related organization a sec							49b		✓
50	Com	plete this table for the organization's	five highest compen	sated employees	other that	an offic	ers, direct	ors, tr	ustee	s an	d key
	empi	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganızatıc	n. If th	ere is none	e, ente	er "No	ne."	
			(b) Average	(c) Reportable		Health i		415.			
	(a)	Name and title of each employee	hours per week	compensation	lhonofi		o employee and deferred	(e) Esti	mated r comp		-
			devoted to position	(Forms W-2/1099-MI	St.1 1	compen		0	,,p		
							1				
				ļ							
									-		
	•			l							
							l				
											—
							•				
				ļ							
	T-4-1		4400.000	L							
		number of other employees paid ove	•								
51	Com ¢100	plete this table for the organization's ,000 of compensation from the organ	s five highest compe	ensated independe	ent contr	actors	who each	recei	ved n	nore	than
	φιου	,000 or compensation from the organ	iization. Il there is no	rie, eriter Norie.		- 1					
	(a)	Name and business address of each independe	ent contractor	(b) Type of service			(c) Compensation				
		· · · · · ·			- · · · · · · · · · · · · · · · · · · ·						
							· · · · · · · · · · · · · · · · · · ·				
						·					
		· · · · · · · · · · · · · · · · · · ·									
d	Total	number of other independent contract	ctors each receiving	over \$100,000 .	.▶						
52	Did	the organization complete Schedul	e A? Note. All se	ction 501(c)(3) or	rganizatio	ons m	ust attach	ı a			
		oleted Schedule A						.▶□	Yes	\square	No.
Under p	enalties	of perjury, I declare that I have examined this re	turn, including accompan	ving schedules and stat	ements an	d to the f					
true, co	rrect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepa	rer has any	knowled	ge.				
		Bobly Manle	M_			Т	2-5	-15			
Sign		Signature of officer	<i>f</i>			Date	<u> </u>	_/~			
Here		▲ Bobby Manley president				34.0					
		Type or print name and title					·· · · · · · · · · · · · · · · · · · ·				
		<u> </u>	Preparer's signature	·····	Date		· _	1 6	ΪΝ		
Paid		Print/Type preparer's name	r reparer a signature		Dale		Check 🔲	ıf	1114		
Prep	arer		<u></u>				self-employ	yed			
Use	Only	Firm's name ▶				Firm'	s EIN ▶				
		Firm's address ▶				Phon	e no.				
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions	<u> </u>		<u></u> . I	▶ □	Yes		Vo.

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ 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.

OMB №. 1545-0047

Open to Public

Inspection

Name of the organization **Employer identification number** LITTLE LEAGUE BASEBALL INC. CHARLESTON NORTHEAST LITTLE LEAGUE 51-0256001 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions), You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in vour governing support (see other support (see document? above or IRC section instructions) instructions) (see instructions)) Yes No (A) **(B)** (C) (D) (E)

Total

	ule A (Form 990 or 990-EZ) 2014						Page 2
Par	. (Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	•
<u> </u>	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support			1	T	T	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sect	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4					1	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		<u> </u>		l		
12	Gross receipts from related activities, etc		-			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	-		nd, third, fourth	-		
Sect	ion C. Computation of Public Suppor						
14	Public support percentage for 2014 (line			11, column (f))		14	9/
15	Public support percentage from 2013 Sci		-			15	0
16a	331/3% support test-2014. If the organi						heck this
	box and stop here. The organization qua			_			
b	331/3% support test—2013. If the organ check this box and stop here. The organ					e 15 is 33½% • • • • •	
17a	10%-facts-and-circumstances test—2i 10% or more, and if the organization me Part VI how the organization meets the "I	ets the "facts-	and-circumsta	ances" test, ch	eck this box a	nd stop here. I	line 14 is Explain in

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

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.)

Secti	on A. Public Support				•		
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	6044	5781	7260	6540	6750	32375
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities	1		†	j		
	furnished in any activity that is related to the organization's tax-exempt purpose	18691	21674	15791	18253	16688	91097
3	Gross receipts from activities that are not an	10031	21074	13731	10233	10000	31037
	unrelated trade or business under section 513	o	o	0	0	o	0
4	Tax revenues levied for the	<u> </u>		- 4			
7	organization's benefit and either paid					ļ	
	to or expended on its behalf		ا			ام	•
_	•	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the					j	
	organization without charge						•
^		0	0	0	01	0	0
6	Total. Add lines 1 through 5	24735	27455	23051	24793	23438	123472
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	_	_			_ [_
_		0	0	0	0	0	0
b	Amounts included on lines 2 and 3			1			
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		l				
	· · · · · · · · · · · · · · · · · · ·	0	0	0	0	0	0
_	Add lines 7a and 7b	0	0	0	0	0	0
8	line 6.)		1				400.470
Coati	on B. Total Support	<u> </u>					123472
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	24735	27455	23051	24793	23438	
10a	Gross income from interest, dividends,	24/35	2/400	23051	24/93	23438	123472
IVa	payments received on securities loans, rents,					İ	
	royalties and income from similar sources .					ا	0
b	Unrelated business taxable income (less	0	0	.0	0	0	<u>U</u>
U	section 511 taxes) from businesses						
	acquired after June 30, 1975	ا		ا	ا	ا	•
•	Add lines 10a and 10b	0	0	0	0	0	0
С 11	Net income from unrelated business					 	
••	activities not included in line 10b, whether					i	
	or not the business is regularly carried on		0		o	اه	•
40	Other income. Do not include gain or		U	0	U		0
12	loss from the sale of capital assets					İ	
	(Explain in Part VI.)	ا			ا	ام	0
13	Total support. (Add lines 9, 10c, 11,	0	0	0	0	0	0
	and 12.)	24735	27455	23051	24793	23438	123472
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he	_			_		▶ □
Secti	ion C. Computation of Public Suppor			 			
15	Public support percentage for 2014 (line 8			3, column (f))		15	100 %
16	Public support percentage from 2013 Scl		-			16	100 %
	on D. Computation of Investment In						
17	Investment income percentage for 2014 (y line 13, colun	nn (f))	17	0 %
18	Investment income percentage from 2013					18	0 %
19a	331/3% support tests-2014. If the organ					ore than 331/39/	6, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2013. If the organia	zation did not cl	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	
	line 18 is not more than 331/3%, check this	box and stop h	ere. The organi	ization qualifies	as a publicly se	upported organi	zation 🕨 🔲
20	Private foundation. If the organization de	d not check a	box on line 14.	. 19a. or 19b. c	heck this box	and see instruc	ctions > \(\bar{\pi}\)

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P on A. All Supporting Organizations	art V	<u>'.)</u>	
occu	on A. An Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If histonc and continuing relationship, explain.	1	163	140
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4 a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
h	Did the ergenization have any excess hypprose holdings in the tay year? Also Schodulo C. Form 4720, to	1	1	I -

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	. Has the organization accepted a gift or contribution from any of the following persons?		1.03	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	-	
	on B. Type I Supporting Organizations	1		Ь
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
-			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		İ
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
C 4:		3		
Secu	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a			169	140
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	 -		_
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			_
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			_
-	of its supported organizations? If "Ves " describe in Part VI the role placed by the manization in this regard	3h		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiz	ations			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3	4				
5 Depreciation and depletion	5				
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or					
maintenance of property held for production of income (see instructions)	7		-		
7 Other expenses (see instructions)	8				
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Section B - Minimum Asset Amount	18	(A) Prior Year	(B) Current Year (optional)		
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
b Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d				
e Discount claimed for blockage or other factors (explain in detail in Part VI):					
2 Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d	3				
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4				
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line 5 by .035	6				
7 Recoveries of prior-year distributions	7				
8 Minimum Asset Amount (add line 7 to line 6)	8				
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	'''			
2 Enter 85% of line 1	2				
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greater of line 2 or line 3	4				
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6				
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-inte	grated Type III support	ing organization (see		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1_	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	rted				
<u>-</u>	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5_	Qualified set-aside amounts (prior IRS approval required)	 		<u></u>		
6	Other distributions (describe in Part VI). See instructions.					
	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	in the organization is res	ponsive			
9	Distributable amount for 2014 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
10	The 6 amount divided by Line 9 amount		(ii)	(iii)		
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014		
1	Distributable amount for 2014 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2014					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2014:					
<u>a</u>						
b				-		
c d						
<u>-</u> е	From 2013					
f	Total of lines 3a through e			<u> </u>		
g	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·			
h	Applied to 2014 distributable amount					
i	Carryover from 2009 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2014 from Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2014 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2014, if					
	any. Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions).					
6	Remaining underdistributions for 2014. Subtract lines 3h					
	and 4b from line 1 (if amount greater than zero, see			:		
_	instructions).					
7	Excess distributions carryover to 2015. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а						
b						
С						
	Excess from 2013					
е	Excess from 2014					

SCHEDURE A (F	Page 3
Part VI	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.)
	·····
	······································
	······································

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Name of the organization	Employer identification number
LITTLE LEAGUE BASEBALL INC. CHARLESTON NORTHEAST LITTLE LEAGUE	51-0256001
PART 1 #16	
UNIFORMS & EQUIPMENT 8775.99	
CHARTER & INSURANCE 1562.20	
TOTAL 10338	
101AL 10000	
	·
•••••••••••••••••••••••••••••••••••••••	·
	······································
······································	
•••••••••••••••••••••••••••••••••••••••	
•	

Statement of Operations Oct 1, 2013 to September 30, 2014

BALANCE OF I	FUNDS - BEGINNING OF YEAR	
Cash in Bank		\$4267.49
Invested		0.00
Total Funds		\$4267.49
RECEIPTS		
Game Collect	ion	\$0.00
Sponsors		2600.00
Concession Sa		16688.00
Contributions	•	6750.00
Fundraising E		1045.00
Other Income	!	0.00
Grants	f olds a	0.00
	e from Checking Account	0.00
Total Receipts	S	\$27083.00
Total Availabl	le Funds	\$31350.49
EXPENDITURE		
Charter Fees		\$1562.20
Uniforms & E		8775.99
Office Supplie	es	74.95
Postage		24.90
Telephone		610.00
Other Utilities		4980.18
Concession Pr		8344.78
Repair & Mair	on Equipment ntenance	0.00 4679.95
TOTAL EXPEN	DITURES	\$29052.95
		\
	FUNDS - END OF YEAR	****
Cash in Bank		\$2297.54
Invested		0.00
TOTAL FUNDS	3	\$2297.54
League Name	Charleston Northeast Little League	League ID Number <u>348-03-04</u>
Address	69 Rhein Drive	-11-
City & State	Charleston, WV 25306	Date 2/5/15 Title President
Signed	Bolly Manley	Title President