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**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ **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.**

OMB No. 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning OCTOBER 01 , 2013, and ending SEPTEMBER 30 , 20 14

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
RIVERSIDE LEAGUE LITTLE MISS KICKBALL

Number & street (or P O box, if mail is not delivered to street addr.) — Room/suite
P O BOX 8046

City or town, state or province, country, and ZIP or foreign postal code
CORPUS CHRISTI TX 78469

D Employer identification number
74-2267716

E Telephone number
(956)266-1908

F Group Exemption Number ▶ 7041

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ N/A

J Tax-exempt status (check only one) -- ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ 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 ▶ $ 40,506

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 ☐

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	12,010
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	6,526
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less. cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	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	4,302	
	c	Less: direct expenses from gaming and fundraising events	6c	162	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	4,140
	7a	Gross sales of inventory, less returns and allowances	7a	17,668	
	b	Less. cost of goods sold	7b	9,357	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	8,311
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	30,987
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)		10	735
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	671
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	30,834
	17	**Total expenses.** Add lines 10 through 16 ▶		17	32,240
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,253
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	5,567
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	4,314

SCANNED MAR 02 2015

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

FDA 13 990EZ1 BWF 990

15

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
22	Cash, savings, and investments	995	22	976
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	4,572	24	3,338
25	**Total assets**	5,567	25	4,314
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	5,567	27	4,314

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? SEE ATTACHMENT #1

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.

28 SEE ATTACHMENT #2

(Grants $ 735) If this amount includes foreign grants, check here ▶ ☐ **28a** 41,759

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **30a**

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ **31a**

32 **Total program service expenses** (add lines 28a through 31a) ▶ **32** 41,759

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, & deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHMENT #3				

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
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . .	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
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		X
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		X
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		X
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		X
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		X
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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 . . . 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
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) 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 . .	40b		X
c	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 . . ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . ▶ _____			
e	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		X
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ SEE ATTACHMENT #4 Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over 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. ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	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 ▶ _____	42c		X
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 . ▶ 43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . .	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . .	44b		X
c	Did the organization receive any payments for indoor tanning services during the year? . . .	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . N/A	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

		Yes	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	46		X

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 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	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If "Yes," was the related organization a section 527 organization?	49b		X

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
NONE				

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
NONE		

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

EPITACIO LOPEZ PRESIDENT

Type or print name and title

Date 2/16/15

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LETICIA ROBERTS				P00017077
Firm's name ▶ HRB TAX GROUP INC			Firm's EIN ▶	431871840
Firm's address ▶ 4345 N EXPWY			Phone no.	956-350-8262

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☒ No

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 No. 1545-0047

2013

Open to Public Inspection

Name of the organization	**Employer identification number**
RIVERSIDE LEAGUE LITTLE MISS KICKBALL	74-2267716

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? **11g(i)**		X
(ii) A family member of a person described in (i) above? **11g(ii)**		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		X

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	
Total									

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

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	25,487	17,645	16,817	16,617	18,536	95,102
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	720	685	500	400		2,305
3 Gross receipts from activities that are not an unrelated trade or business under section 513	34,661	21,875	23,098	16,589	21,970	118,193
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	60,868	40,205	40,415	33,606	40,506	215,600
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 **Public support** (Subtract line 7c from line 6.)						215,600

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	60,868	40,205	40,415	33,606	40,506	215,600
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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.)	60,868	40,205	40,415	33,606	40,506	215,600

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

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	99.94 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	0.00 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

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 ▶ ☒

b **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 ▶ ☐

Preliminary Form

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172
2013
Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
RIVERSIDE LEAGUE LITTLE MISS K	FOR	74-2267716

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500000

6	(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500000
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	1233
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B -- Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C -- Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	1233
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

DRAFT as of 06/06/13

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION

For calendar year 2013, or tax period beginning 10-01 , and ending 09-30-2014.

Name of Organization	Employer Identification Number
RIVERSIDE LEAGUE LITTLE MISS KICKBALL	74-2267716

Primary Purpose
ORGANIZED LITTLE LEAGUE SPORT FOR YOUNG KIDS.

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION

For calendar year 2013, or tax period beginning 10-01-2013, and ending 09-30-2014.

Name of Organization	Employer Identification Number
RIVERSIDE LEAGUE LITTLE MISS KICKBALL	74-2267716

Part III - Statement of Program Service Accomplishments

Grants and allocations	735	Amount includes foreign grants	Program service expenses	41,759

Exempt Purpose Achievements

EACH LEAGUE IS AN ORGANIZED SPORT FOR YOUNG GIRLS AGES 8 TO 18 TO PARTICIPATE IN AND TO PROMOTE AND DEVELOP FITNESS TEAMWORK AND COOPERATION SKILLS.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION

For calendar year 2013, or tax period beginning 10-01-2013, and ending 09-30-2014.

Name of Organization: RIVERSIDE LEAGUE LITTLE MISS KICKBALL

Employer Identification Number: 74-2267716

(A) Name and Title	(B) Average hours per week devoted to postion	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def comp	(E) Expense account & other compensation
EPITACIO LOPEZ PRESIDENT	10.00	0	0	0
ELIZABETH LOPEZ VICE PRESIDENT	10.00	0	0	0
LILLY PEREZ SECRETARY	10.00	0	0	0
MELISSA SHEARS TREASURER	10.00	0	0	0
SERGIO VIDRIO 2ND SECRETARY	5.00	0	0	0
LEROY SHEARS RULES DIRECTOR	5.00	0	0	0
GLORIA ROSAS PLAYER AGENT	5.00	0	0	0
MIRTA CASTILLO PLAYER AGENT	5.00	0	0	0
HENRY DE LA CRUZ PUBLIC RELATIONS	5.00	0	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION

For calendar year 2013, or tax penod beginning 10-01 , and ending 09-30-2014.

Name of Organization	Employer Identification Number
RIVERSIDE LEAGUE LITTLE MISS KICKBALL	74-2267716

Part V - Line 42a

Individual Name . . . . EPITACIO LOPEZ

or

Business Name

Street Address . . . . . 1344 RINGGOLD

U.S. Address

Zip code 78520 City BROWNSVILLE State TX

or

Foreign Address

City .

Province or State

Country . . . . .

Postal code . . . . . .

Phone Number . . . . . (956)266-1908

Fax Number . . . . . .

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

ANNUAL CHARTER FEES	735	
TOTAL CARRIED TO 990-EZ PG 1 LINE 10		735

STATEMENT #2 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

OPERATIONS EXPENSES	527	
EQUIPMENT SUPPLIES	242	
UNIFORMS	12,201	
INSURANCE	660	
BANK CHARGES	27	
OFFICE SUPPLIES	158	
REFUNDS	700	
REGISTRATION FEES	488	
TRAVEL EXPENSE	9,600	
TRANSPORTATION EXPENSE	1,861	
LEGAL & PROFESSIONAL FEES	475	
TROPHIES	1,425	
TOURNAMENT FEES	80	
MEALS	125	
DEPRECIATION EXPENSE	1,233	
KICKBALLS	1,032	
TOTAL CARRIED TO EOEZ PG 1 LINE 16		30,834

2013 FEDERAL DEPRECIATION SCHEDULE

RIVERSIDE LEAGUE LITTLE MISS KICKBALL
74-2267716

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
FORM 990												
USED TRACTOR	10-16-03	200DBHY-7	400	0	0	0	0	400	368	0	368	32
PRINTR	04-15-05	200DBHY-5	420	0	0	0	0	420	402	0	402	18
SMALL COPIER	05-10-05	-0	110	0	0	0	0	110	106	0	106	4
P A SYSTEM	05-16-06	200DBHY-5	202	0	0	0	0	202	175	0	175	27
ICE MACHINE	06-05-06	200DBHY-5	500	0	0	0	0	500	437	0	437	63
PRINTER	05-05-07	200DBHY-5	193	0	0	0	0	193	152	0	152	41
TRAILER	04-08-08	200DBHY-7	690	0	0	0	0	690	508	62	570	120
SCORE BOARD	05-07-10	200DBHY-7	5427	0	0	0	0	5427	4014	485	4499	928
SCORE BOARD	05-22-10	200DBHY-7	5431	0	0	0	0	5431	3735	485	4220	1211
SCORE BOARD	07-08-10	200DBHY-7	2250	0	0	0	0	2250	1548	201	1749	501
10 ASSETS		TOTALS:	15623	0	0	0	0	15623	11445	1233	12678	2945
10 ASSETS		GRAND TOTALS:	15623	0	0	0	0	15623	11445	1233	12678	2945

2013 FEDERAL AMT DEPRECIATION SCHEDULE

RIVERSIDE LEAGUE LITTLE MISS KICKBALL
74-2267716

DESCRIPTION	DATE	METHOD - LIFE	COST	PRIOR 179	CURRENT 179	PR SPEC ALLOW	CURR SPEC ALLOW	BASIS	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR	ADJ BASIS
FORM 990												
USED TRACTOR	10-16-03	200DBHY-7	400	0	0	0	0	400	0	0	0	400
PRINTR	04-15-05	200DBHY-5	420	0	0	0	0	420	0	0	0	420
SMALL COPIER	05-10-05	-0	110	0	0	0	0	110	0	0	0	110
P A SYSTEM	05-16-06	200DBHY-5	202	0	0	0	0	202	0	0	0	202
ICE MACHINE	06-05-06	200DBHY-5	500	0	0	0	0	500	0	0	0	500
PRINTER	05-05-07	200DBHY-5	193	0	0	0	0	193	0	0	0	193
TRAILER	04-08-08	200DBHY-7	690	0	0	0	0	690	230	85	315	375
SCORE BOARD	05-07-10	200DBHY-7	5427	0	0	0	0	5427	3359	665	4024	1403
SCORE BOARD	05-22-10	200DBHY-7	5431	0	0	0	0	5431	1164	665	1829	3602
SCORE BOARD	07-08-10	200DBHY-7	2250	0	0	0	0	2250	482	276	758	1492
10 ASSETS		TOTALS:	15623	0	0	0	0	15623	5235	1691	6926	8697
10 ASSETS		GRAND TOTALS:	15623	0	0	0	0	15623	5235	1691	6926	8697