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Department of the Treasury Internal Revenue Service

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 and its instructions is at www.irs.gov/form990

QNB No. 1545-0047 2013

Open to Public Inspection

	$\overline{\mathbf{A}}$	For the 2012 cales	dar year, or tax year beginning Oct 1	2042			
		Check if applicable:	C Name of organization Arlington Southwest	, 2013, and endi		30 D Employer Iden	, 2014
	D Employer loan	CHICAGON PAUNIDAY					
		Address change	Doing Business As			75-2451	
		Name change	Number and street (or P.O. box if mall is not delivered to street addr	Room	Veuite	Telephone num	ber
		Initial return	PO BOX 171932			(817) 6	73-7955
		Terminated	City or town, state or province, country, and ZIP or foreign postal co	de			
		Amended return	Arlington	TX 76003	-1932	G Gross receipts	\$ 429,705.
		Application pending	F Name and address of principal officer:			group return for sub	/
			BRETT SMITH 3505 ORCHID CT ARLINGT	ON TX 76016		-	
	$\overline{}$	Tax-exempt status			If 'No,'	subordinates included attach a list. (see inst	uctions)
`	<u>:</u>			4947(a)(1) or 527			_
)	1	Website: ► N/				exemption number	
	K	Form of organization	X Corporation Trust Association Other	L Year of format	fon: 199	2. MiState of I	egal domicile. TX
	Pa	rt I Summa					
			be the organization's mission or most significant activitie				
	œ.	<u>The obje</u>	ctive of Arlington Southwest Little	League is to	implan	t firmly i	n the children
	Activities & Governance	of the com	unity the ideals of good sportsmanship, honesty, i	oyalty, courage and	respect fo	rauthority, s	o that they may be wel
	Ĕ	<u>adjusted,</u>	stronger, and happier children, and will gr	ow to beligood, de	ecent, he	althy, and to	nustworthy citizens
	ð	2 Check this bo	x if the organization discontinued its operations	or disposed of more	than 25% c	f its net assets.	
	Ø	3 Number of vo	ling members of the governing body (Part VI line 1a)			3	59
	9	4 Number of in	ting members of the governing body (Part VI line 1a) bependent voting members of the governing body (Part	VI, line:1b) V 59	\emptyset, \dots	4	59
	:	S Total number	of Individuals ampleyed in calendar year 2019-427-4-1/	line 201	Con .	, 5	
١	3	6 Total number	of volunteers (estimate if necessary)	11 . 1 8 . 2015	9	6	100
)	₽	7a Total unrelate	d business revenue from Part VIII, column (C), line 12	96 7 6 60 19	Ø	· · · · 78	0.
,			business taxable income from Form 990-T, line 34	ELCONE ON A ACTE		7b	
				OPEN, UI	77	rior Year	Current Year
) 1		8 Contributions	and grants (Part VIII, line 1h)		. 12	81,430.	65,399.
a 2	2		ice revenue (Part VIII, line 2g)			256,789.	
7	•		come (Part VIII, column (A), lines 3, 4, and 7d)				271,182.
7	Revenue		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e			36.	35.
3	_					90,297.	93,089.
えころの			- add lines 8 through 11 (must equal Part VIII, column			428,552.	429,705.
0			milar amounts paid (Part IX, column (A), lines 1-3)				
			to or for members (Part IX, column (A), line 4)				
		15 Salaries, othe	r compensation, employee benefits (Part IX, column (A)	, lines 5-10)			
	Expenses	16a Professional	undraising fees (Part IX, column (A), line 11e)				
	ě			_			
	番		ing expenses (Part IX, column (D), line 25)	0.		·	
			es (Part IX, column (A), lines 11a-11d, 11f-24e)			394,306.	381,738.
			es. Add lines 13-17 (must equal Part IX, column (A), line			394,306.	381,738.
		19 Revenue less	expenses. Subtract line 18 from line 12			34,246.	47,967.
	9 5	_			Beginnle	ng of Current Year	End of Year
	11	20 Total assets (Part X, line 16)	<i></i>		141,480.	189,447.
	\$5		3 (Part X, line 26)	.	. —	0.	
	¥ 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		final balance College Albert Day CA Co. H. 1900				100 445
	B				•	141,480.	189,447.
		rt II Signatu					···
	Unde	er penalties of perjury, I dec elete. Declaration of precer	fare that I have acceptined this return, including accompanying schedules a er (other than officiar) jil besed on all information of which preparer has any	and statements, and to the but knowledge.	est of my know	ledge and bellef, it is i	rue, correct, and
		1	The state of the s	n orange.	 -		·
		X D	-714M)		1	0/28/14	
	Sig	jn [−] Signam.	re of officer		De	te .	
Here Damon Bennett Treseau							
		<u> </u>					
		Print/Type p	reperer's name Preparer's signature	Date		Check if	PTIN
	D-1	d Granh	en Smith CPA Stephen Smith C	PA 10/28	3/14		D00202020
	Pai					self-employed	P00392938
		Parer Firm's name Boniv Firm's auto					
		⊷ welliw i⊬mm's αddπ	a un uav 100			Grow's CIN ▶ つて	7714175

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75159-0280

SUM CAMMACO

Seagoville

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Phone no

(972) 287-2481

Form 990 (2013)

Form	990 (2013) Arlington Sout	hwest Little League Inc Service Accomplishments	75-2451361 Page 2
	Check if Schedule O contains a	response or note to any line in this Part III	
1	Briefly describe the organization's miss	ion:	
	LITTLE LEAGUE BASEBALL		
	The objective of Arlingt	ton Southwest Little League is to i	mplant firmly in the children
	See Form 990, Page 2, Part III, Line 1		
		*	
2	Did the organization undertake any sku	nificant program services during the year which were not	listed on the prior
	If 'Yes,' describe these new services or		
3	Did the organization cease conducting.	or make significant changes in how it conducts, any prog	ram services? Yes X No
	If 'Yes,' describe these changes on Sch		
4	_	ervice accomplishments for each of its three largest progra	am services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organized	zations and section 4947(a)(1) trusts are required to report	rt the amount of grants and allocations to
	others, the total expenses, and revenue	e, if any, for each program service reported.	
4 a	(Code:) (Expenses \$	261,736. including grants of \$	0.)(Revenue \$ 271,182.)
	Providing Little League	Baseball to the community	
			
4 b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
)(Interestate of the second of
			/(Novelide 4
			/(November 4
			/(Novelide
			/(Novelido
			/(Novelido
46			
40	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4 0			
40			
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40			
	(Code:) (Expenses \$	including grants of \$	
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4 d	(Code:) (Expenses \$	including grants of \$	

ra	ntiv Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or Indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. 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	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If Yes, complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes, complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
1 1	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		х
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	116		х
	c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X	11e	<u> </u>	Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If Yes, and if the organization answered No to line 12e, then completing Schedule D, Parts XI and XII is optional	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	148		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign Individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		х
	b If Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	1	

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or X 21 government on Part IX, column (A), line 1? If Yes, complete Schedule I, Parts I and II 22 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? If 'Yes,' complete Х 23 X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c 24d d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X 25a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 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? If 'Yes,' complete X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 X X 27 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? If 'Yes,' complete Schedule L. Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X 28b X 28c Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If Yes,' complete 32 Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If Yes,' complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, 34 X X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b X 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI Х 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

ВДД

ra	Statements Regarding Other IRS Fillings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. П
		<u> </u>	Yes	No
1:	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		- ; -]	
(Did the organization compty with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		_
2:	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-	- '-		•
	ments, filed for the calendar year ending with or within the year covered by this return 2a 0		-	
	olf at least one is reported on line 2e, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	o If Yes' has it fited a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		X
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		,	
5 (a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	• •	x ·
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	of Yes, to line 5e or 5b, did the organization file Form 8886-T?	5 c		
Đ i	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
1	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
-	not tax deductible?	6Ь		
1	Organizations that may receive deductible contributions under section 170(c).		.	
1	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	- 7a		χ
ı	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		х
•	If 'Yes,' indicate the number of Forms 8282 filed during the year			-
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
1	Did the organization, during the year, pay premiums, directly or Indirectly, on a personal benefit contract?	7 f		Х
1	g If the organization received a contribution of qualified Intellectual property, did the organization file Form 8899 as required?	7 g		
ı	n if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
		- "		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		: . .
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a	· ,	
	Did the organization make a distribution to a donor, donor edvisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11	Section 501(c)(12) organizations. Enter:		•	
•	a Gross Income from members or shareholders	· 1		
1	o Gross Income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	· I	-
1	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance Issuers.			:
1	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
ı	e Enter the amount of reserves the organization is required to maintain by the states in which the organization is ficensed to issue qualified health plans			
(Enter the amount of reserves on hand			
	a Did the organization receive any payments for Indoor tanning services during the tax year?	142		X
_	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
	······································	_		

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Form	1990 (2013) Arlington Southwest Little League Inc 75-2451361		P	age 6
Par	t VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes I Schedule O. See instructions.	, and In	for	
	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	tion A. Governing Body and Management	-		
			Yes	No
1 2	Enter the number of voting members of the governing body at the end of the tax year 1a 59			
	If there are material differences in voting rights among members			l
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1
			_	ŀ
	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?	2		<u> </u>
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?	3		x
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		$\frac{x}{x}$
		— —→		\vdash
6	Did the organization have members or stockholders?	6		Х
7 £	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?	7 a		X
Ł	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or other persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			·
_	the following:			
a	The governing body?,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8a	Х	
Ŀ	Each committee with authority to act on behalf of the governing body?	8ь	Х	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-		
9	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Soc		_		
360	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue G	_	
4.			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
Ŀ	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affitiates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
t	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	Γ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			_
	to conflicts?	12Ь	X	1
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in			_
	Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		 x
				<u> </u>
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?	.]		
8	The organization's CEO, Executive Director, or top management official	15 a		x
b	Other officers of key employees of the organization	15b		X
	If 'Yes' to line 15e or 15b, describe the process in Schedule O. (See instructions.)			\vdash
10.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	,		٠٠
100	taxable entity during the year?	16a	• •	x
	· - ·	104		 ^ -
5	olf '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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	-	:
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18		for pu	blic 	
	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 makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	le to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	w.		
		_		7070
ВАА		1.7) <u>6</u> Form		781 <u>0</u> 2013)

Form 990 (2013) Arlington Southwest Little League Inc	75-2451361 Page
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Hi Independent Contractors	ghest Compensated Employees, and
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

- 1 a 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.

X Check this box if neither the organization n	or any rel	ated organization compensat	ed any current officer,	director, or trustee.
		(C)		

	(C)									
(A) Name and Title	(B) Average hours per week (list	ge officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated smount of other compensation
	any hours for related organiza- tions below dotted line)	individual trustae or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	(W-2/1089-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) BRETT_SMITH	8.00									
PRESIDENT		X		X				0.	0.	0.
(2) ANDY WHITE	8.00									
PLAYER AGENT		X						0.	0.	0.
(3) HAZEM SALEH	8.00									
VP AND SPECIAL EFFECTS	0.00	X	Н	X			-	0.	0.	0.
(4) D BARTON VP AND UNIFORMS	_ 8 _00	x		x				o.	0.	
(5) BRENDA LEFERINK	8.00			Ĥ			┢─	0.	0.	0.
VP & ORGANIZATIONAL	- <u>=:</u> ;	х		х				0.	0.	0.
(6) DAMON BENNETT	8.00									
VP & TREASURER	1	х		x				0.	0.	0.
(7) AL GREENHOUSE	8 00									
VP & OPERATIONS		х		х				0.	0.	0.
(8) GRANT SPIGNER	8.00									
BOARD MEMBER		х						0.	0.	0.
(9) GARLAND STACKS	8.00									
BOARD MEMBER		Х						0.	0.	0.
(10)_BRANDON_STACKS	8.00							,		
BOARD MEMBER		Х						0.	0.	0.
(11) ANGELA JONES	8.00	1								
BOARD MEMBER		X	Ц				L	0.	0.	0.
(12) BRENT MUDIE	B.00									
VP&COMMISH SRS.		Х		Х			_	0.	0.	0.
(13) MARTY BROWN	_ 8 .00							_	_	
Board Member	0.00	Х	\vdash				_	0.	0.	0.
(14) CUTRIS GILE	8.00							_	_	_
BOARD MEMBER	L	.Х				Li	<u>L</u>	0.	0.	0.

Form 990 (2013) Arlington Southwest Little League Inc 75-2451361 Page 9 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) (C) (D) Related or Unrelated Revenue excluded from tax exempt business function revenue under sections 512-514 revenue 1a Federated campaigns 1a CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR ANOUNTS b Membership dues 1 b c Fundraising events 1 c 546 d Related organizations 1 d e Government grants (contributions) . . 1 4 All other contributions, gifts, grants, and similar amounts not included above . . 64,853 a Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f <u>65,399</u> PROGRAM SERVICE REVENUE Business Code ittle Leaque Baseball 711210 271,182 271,182 All other program service revenue . . 271,182 Investment income (including dividends, interest and n Income from investment of tax-exempt bond proceeds . . . (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) . . (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses . . . c Gain or (loss) 8 a Gross income from fundraising events OTHER REVENUE (not including . . \$ <u>546.</u> of contributions reported on line 1c). See Part IV, line 18. b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19. b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscallaneous Revenue **Business Code** 11a Concessions 93,089 93,089 d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions . . .

93,089

364,306

429,705

0

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check If Schodule O contains a response or note to any line in the Part IX. Do not include amounts reported on lines 69, 7e, 8b, 9b, and 10b of Part VIII. Total expenses Program service expenses I Grants and other assistance to governments and organizations in the United States. See Part VI, Ime 21 Grants and other assistance to governments, organizations, and find-fidurals in the United States. See Part VI, Ime 22 Grants and other assistance to governments, organizations, and infold-fidurals in the United States. See Part VI, Ime 23 Benefits paid to or for members. Compensation of current officers, directors, (include scalar) and appropriate accurate and appropriate and wages. Pension plan accruais and contributions (include scalar) and appropriate and appropriate accurate accurate accurate and appropriate accurate	
Do not include amounts reported on lines 80, 7b, 8b, 8b, and 10b of Part VIII. Total expenses Total expenses	
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21. 2 Grants and other assistance to individuals in the United States. See Part IV, line 23. 3 Grants and other assistance to governments, organizations, and individuals in the United States. See Part IV, line 12 and 16. 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation of individual above, or section 4958(c)(3)(8). 7 Other seates and wages. 8 Pension pian accruals and contributions assistance of the section 4958(c)(3)(8). 9 Other employee benefits. 10 Payroll taxes. 11 Foes for services (non-employees): 2 Almangement. 3 Management. 4 Lögal . 5 Accounting . 6 Löbbying . 6 Professional fundaising services. See Part IV, line 17 firevestment management fees . 7 other seaters may be a seed of the s	sing
Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals units the United States. See Part IV, lines 15 and 16 Benefits paid to or for members. Compensation of current Officers, directors, trustees, end key employees Compensation not included above, to disquelfied persons (es defined under section 4958(pt(1)) and persons described in section 4958(pt(3)) and ad 405(pt) employer contributions (include section 401(s) and 405(pt) employer contributions) Payroll taxes Payrol	568
the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members. Compensation of current officers, directors, understand or current officers, directors, described and key employees. Compensation ret induced above, to disqualified persons (es defined under section 4958(c/3)(a). Other salaries and wages. Pension plan accrusis and contributions (include section 4958(c/3)(a). Other employee benefits Payoli taxes Fees for services (non-employeea): a Management b Legal e Accounting d Lobbying Professional functioning services. See Part IV, line 17 f Investment management fees Other, (if ime 11g ant exceeds 10% of line 25, column (A) aromat, its line 11g sepress on Schedule O). Advertising and promotion Other despresses Payments of travel or entertainment expenses for any federal, state, or local public officesis Contributions. Despresses in Interest. Despresses Itemize expenses not covered above (List miscellanous expenses in line 24e, if line 25e, column (A) aromat, etc. Other expenses Itemize expenses not covered above (List miscellanous expenses in line 24e, if line 25e, expenses in Schedule) Other expenses Itemize expenses not covered above (List miscellanous expenses in line 24e, if line 25e, expenses on Schedule) Other expenses Itemize expenses not covered above (List miscellanous expenses in line 24e, if line 25e, expenses on Schedule) Other expenses Itemize expenses on Schedule O), of line 25, column (A) aromat, its line 25e, expenses on Schedule O), of line 25c, column (A) aromat, its line 25e expenses on Schedule O), of line 25c, column (A) aromat, its line 24e expenses on Schedule O), of line 25c, column (A) aromat, its line 24e expenses on Schedule O), of line 25c, column (A) aromat, its line 24e expenses on Schedule O), of line 25c, column (A) aromat, its line 24e expenses on Schedule O), of line 25c, column (A) aromat, its line 24e expenses on Schedule O), or	
organizations, and Individuals outside the United States. See Part IV, lines 15 and 16. 4 Benefits paid to or for members. 5 Compensation of current officers, dilectors, trustees, and key employees. 6 Compensation not included above, to discoulified persons (se defined under section 4958(KY)) and persons described in section 4958(K)(3)(8). 7 Other salaries and wages. 8 Pension plan accruais and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits. 10 Payroll taxes. 11 Fees for services (non-employees): a Management. b Legal. c Accounting. d Lobbying. d Lobbying. d Lobbying. e Professional fundraising services. See Part IV, fire 17. f Investment management fees. g Other, If lime 11g ant exceeds 10% of line 25, column (A) anount, list lime 11g express on Schedule O). 12 Advertisting and promotion. 13 Office expenses. 14 Information technology. 15 Royalites. 16 Cocupancy. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 20 Depreciation, depletion, and amortization. 21 Insurance. 22 Depreciation, depletion, and amortization. 23 Insurance. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e expenses and Schedule C). 4 of line 25, column (A) amount, is tiline 12 expenses in line 24e. If line 24e expenses and Schedule C). 5 office 24e. If line 24e amount exceeds 10% of line 25e, column (A) amount, is tiline 25e expenses in line 24e. If line 24e amount exceeds 10% of line 25e, column (A) amount, list line 24e expenses and Schedule CO).	
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10 Payroll taxes	
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e Professional fundraising services. See Part IV. line 17. f Investment management fees g Other, (if line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0). 12. Advertising and promotion 13. Office expenses 14. Information technology 15. Royalties 16. Occupancy 17. Travel 18. Payments of travel or entertainment expenses for any federal, state, or local public officials 19. Conferences, conventions, and meetings 20. Interest 21. Payments to affiliates 22. Depreciation, depietion, and amortization 23. Insurance 24. Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e, if line 24e emount (Ist line 24e expenses on Schedule O.)	
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16 Occupancy	
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurace 24 Other expenses Iterrize 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.)	
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20 Interest	
21 Payments to affiliates	
22 Depreciation, depietion, and amortization	
23 Insurance 24 Other expenses ltemize 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.)	
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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 l	
<u></u>	
c	
ā	
e All other expenses	0.
25 Total functional expenses. Add lines 1 through 24e. 381, 738, 261, 736, 120, 002,	0.
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 If following	<u></u>

Form 990 (2013) Arlington Southwest Little League Inc 75-2451361 Page 11 Part X **Balance Sheet** (B) (A) Beginning of year End of year 1 96,553 151,062. 2 44,927 38,385. 3 3 4 - •. Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 6 7 8 Prepaid expenses and deferred charges 9 10a 10b 10c 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 141,480 189,447 17 17 Grants payable.......... 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees. 22 22 23 24 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 . . . 25 Total ilabilities. Add lines 17 through 25.............. 26 26 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. 27 27 141,480 189,447. Temporarily restricted net assets 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here

BAA

30

31

33

and complete lines 30 through 34.

Paid-in or capital surplus, or land, building, or equipment fund - - -

Retained earnings, endowment, accumulated income, or other funds . . .

189, 447. Form 990 (2013)

189,447

30

31

32

33

34

141,480

141,480

		2451361		Pa	ge 12
Par	t XI Reconciliation of Net Assets		_		
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		$\cdot \square$
1	Total revenue (must equal Pert VIII, column (A), line 12)	1	4	29.7	05.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	81,7	38.
3	Revenue less expenses. Subtract line 2 from line 1	3		47,9	67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		41,4	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B)).	10	1	<u>89,4</u>	47.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			4	ý
	if the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		بن	14.18	
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	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:			7, 45 2, 45	*
	Separate basis Consolidated basis Both consolidated and separate basis				
ŧ	Were the organization's financial statements audited by an independent accountant?		2 ь		х
	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:) 'Y	,
	Separate basis Consolidated basis Both consolidated and separate basis				
•	of 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audionation of its financial statements and selection of an independent accountant?	t,	2 c		·
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			*	
3 8	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?		3 8		x
t	of Yes, did the organization undergo the required audit or audits? If the organization did not undergo the required at	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			Form	990 (2	2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Tressury 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 th	ne organization							Employer	Identificat	tion number		
Arlin	gton Southwest	Little Leagu	e Inc					75-24	51361	L		
Part I			(All organizations r	must co	omplete	e this p	art.) S	ee inst	ruction	s.		
The orga			ls: (For lines 1 through									
1	A church, convention of	of churches or associa	tion of churches describ	ed in sec	ction 17	0(ъ)(1)(А	\)(i) .					
2	A school described in	section 170(b)(1)(A)(i	II). (Attach Schedule E.)									
3			organization described in		170(b)	(IIIKAKIII)	١.					
4	A medical research on	ganization operated in	conjunction with a hosp	ital desc	ribed in	section	170(b)(ʻ	D(A)(iii).	Enter th	e hospital's		
L	iname, city, and state:	•	'				` ' ' '			•		
5	_	ted for the benefit of a mplete Part II.)	college or university ow	ned or o	perated	by a gov	emmen	tal unit di	escribed	in section		
6	A federal, state, or loc	al government or gove	mmental unit described	in sectio	on 170(t)(1)(A)(/).					
7	in section 170(b)(1)(A	(Complete Part	•		govern	nental u	nit or fro	m the ge	neral pu	blic describ	∌d	
8	A community trust des	cribed in section 170	(b)(1)(A)(vi). (Complete	Part II.)								
9 3	from activities related investment income and June 30, 1975. See se	to its exempt functions d unrelated business t ection 509(a)(2). (Com	•	eptions, tion 511	and (2) tax) fron	no more n busine:	than 33 sses ac	1/3% of	its supp	ort from gro	SS	
10 L	→ ~ ~ ~	•	lusively to test for public				/. //					
11 [more publicly supported	ed organizations descr	lusively for the benefit of ibed in section 509(a)(1) and complete lines 116	or section	on 509(s	functions (2). Sec	of, or o	arry out 1 n 509(a)	he purpe (3). Che	oses of one ck the box t	or hat	
	a Typel b	Type ii c	Type III — Function	ally integ	grated	•	ı∏.	Гуре III -	Non-fu	nctionally in	tegrato	ed
e [By checking this box, I other than foundation section 509(a)(2).	certify that the organi managers and other th	zation is not controlled d an one or more publicly	irectly or support	r indirect ed organ	ty by one izations	or mor describ	e disqua ed in sec	lified per tion 509	rsons (a)(1) or		
f	, , ,		nation from the IRS that	is a Typ	e i, Type	Il or Ty	pe III su	pporting	organiza	ation,		
g	Since August 17, 2006	, has the organization	accepted any gift or co	ntributio	n from a	ny of the	foliowir	g persor	ıs?			
_	•	•	, , ,			•		•			Yes	No
			trols, either alone or toge orted organization?							. 11g(l)		
	(ii) A family membe	r of a person describe	d in (i) above?							. 11 g (II)		l
			scribed in (i) or (ii) above							· 11g (III)		
h	Provide the following is	nformation about the s	upported organization(s) .								L
	(I) Name of supported organization	(O) EIN	(iii) Type of organization (described on lines 1-0 above or IRC section (see instructions))	(IV) li organizi column (I) your go docur	ation in) listed in	(v) Did yo the organi column (i) supp	zation in of your	(VI) la organiza colum organizac U.S	ition in n (i) i in the	(vii) Amount sup	t of mone port	atary
				Yes	No	Yes	No	Yes	No		_	
				I								
(A)					l	<u> </u>						
(B)												
(C)				 	-		-	 			—	
(D)			<u> </u>									
(E)												
Total		52			,			· ·	• <u> </u>			
BAA Fo	or Paperwork Reductio	n Act Notice, see the	Instructions for Form	990 or 9	90-EZ.			Schedule	A (Form	n 990 or 990)-EZ) 2	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.)

Sec	tion A. Public Support	_								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(ь) 2010	(c) 2011	(d) 2012	(e) 2013	(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)			· · · · · · · · · · · · · · · · · · ·	, yi					
6	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royatites and income from similar sources									
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)									
	Total support. Add lines 7 through 10									
12	Gross receipts from related activiti-	es, etc (see instruc	ctions)		• • • • • • • • •	12				
	First five years. If the Form 990 is organization, check this box and s	top here	• • • • • • • •	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ □			
	tion C. Computation of Pul									
	Public support percentage for 2013									
15	Public support percentage from 20	12 Schedule A, Pa	art II, line 14	• • • • • • • • • •		15	<u>%</u>			
16 a	16a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
t	b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the facts-a	ets the 'facts-and-	-circumstances' tes	it, check this box a	nd atoo hare. Exc	lain in Part IV ho	w			
ŧ	10%-facts-and-circumstances te or more, and if the organization mo organization meets the facts-and-	ets the facts-and-	-circumstances' tes	tt. check this box a	nd stop here. Exp	lain in Part IV ho	w the			
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruct	ions · · · · ▶			

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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr 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						
	received. (Do not include	01 017	160 226	200 503	220 220	226 501	3 105 256
2	any 'unusual grants.')	81,817.	168,236.	272,503.	338,219.	336,581.	1,197,356.
-	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						1
	tax-exempt purpose	26,596.	34,250.	66,357.	90,297.	93,089.	310,589.
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
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	108,413.	202,486.	338,860.	428,516.	429,670.	1,507,945.
7 a	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						
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	* 4	** ***			Jan	1,507,945.
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	108,413.	202,486.	338,860.	428,516.	429,670.	1,507,945.
10 a	Gross income from Interest, dividends, payments received on securities loans, rents, royalties and income from						
	similar sources	81.	34.	43.	36.	35.	229.
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	81.	34.	43.	36.	35.	229.
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 bs 9,10c, 11 and 12.)	108,494.	202,520.	338,903.	428,552.	429,705.	1,508,174.
14	First five years. If the Form 990 is organization, check this box and s	top here	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	
_	tion C. Computation of Pul						
	Public support percentage for 2013		-				99.98 %
	Public support percentage from 20				<i>.</i>	16	99.94 %
Sec	tion D. Computation of inv						
17	Investment income percentage for	2013 (line 10c, co	lumn (f) divided by	line 13, column (f))	17	0.02 %
18	Investment income percentage from	m 2012 Schedule	A, Part III, line 17		. . .	18	0.06 %
19 a	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the	the organization d	id not check the bo	ox on line 14, and I	ine 15 is more that	n 33-1/3%, and lir	
	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%, o	check this box and	stop here. The or	ganization qualifie	s as a publicly sup	ported organization	%, and on ▶ 🗍
20	Private foundation. If the organiza	ation did not check	a box on line 14,	19a, or 19b, check	this box and see i	nstructions	▶
BAA		· · · · ·	TEEA0403				390 or 990-EZ) 2013

	(Form 990 of 990-EZ) 2013	<u>Arlington</u>	Southwest	Little	League Inc	75-2451361	Page 4
Part IV	Supplemental Informa or 17b; and Part III, line (See instructions).	tion. Provide 12. Also comp	the explanation	ons require for any ad	ed by Part II, lind ditional information	ne 10; Part II, line 17a ation.	
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SCHÈDULE O (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.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service

► 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
Arlington Southwest Little League Inc	75-2451361
Pt VI, Line 11b Treasurer Reviews and Reports to Board	
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Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Name of the Organization

Employler identification number

75-2451361

Arlington Southwest Little League Inc

Part VII | Continuation: Officers, Directors, Trustees, Key Employees, and

(A)	(B)			•)			(D)	(E)	(F)
Name and Title	Average hours per week (list any			Officer		at epply		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	hours for related organiza- tions below dotted line)	Individual trustee or director	institutional trustee	7	Key employee	Highest compensated employee	4			organization and related organizations
26 CODI VAN DUZEE VOLUNTEER COORDINATOR	8_00_	х						0.	0.	
27 DAVID WEIHRICH UIC-SMALL FIELDS	8.00	х						0.	0.	
28 ERIC BROCK UIC-LARGE FIELDS	8.00	х						0.	0.	
29 LUKE GORALSKI T BALL COMMISH	8.00	х						0.	0.	
30 NATHAN NOLL SCOREKEEPER ADMINISTRATOR	8.00	х						0.	0.	
1 MICHAEL COLE EQUIPMENT MANAGER	8.00	х						0.	0.	
22 JASON FINLEY EQUIPMENT MANAGER	<u>8 .00</u>	Х						0.	0.	
3 PATRICK WALKER DIRECTOR OF SOCIAL MEDIA	8.00	х						0.	0.	
4 GREG ANDERSON BOARD MEMBER	8.00	х						0.	0.	
35 KELLEIGH AVERILL BOARD MEMBER	8.00	х						0.	0.	
6 STEVEN BUFFORD BOARD MEMBER	8.00	Х						0.	0.	
37 BEN CLARK BOARD MEMBER	8.00	х						0.	0.	
BOARD MEMBER	8 .00	х					<u></u>	0.5	0.	
9 JAMES HADD BOARD MEMBER	8.00_	х						0.	0.	
O ARTHUR ISBELL BOARD MEMBER	8.00	х	_				_	0.	0.	
1 ANGELA JONES BOARD MEMBER	8.00	х						0.	0.	
2 CRAIG MITCHELL BOARD MEMBER	8.00	х						0.	0.	
3 MICHELLE OUSTAD BOARD MEMBER	8.00	х			_		_	0.	0.	
4 FALAH SALEH BOARD MEMBER	8.00_	х						0.	0.	<u> </u>
5 SHANNA SALEH BOARD MEMBER	8.00	х	L				_	0.	0.	
6 MICHARL SCHULER BOARD MEMBER	8 _00_	х						0.	0.	orm 990 Cont 20

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service Name of the Organization

Arlington Southwest Little League Inc

Employler Identification number

75-2451361

Part VII	Continuation: Officers,	Directors,	Trustees, Key	Employees, and
	Highest Companyated	Employee		• • •

(A)	(B)	1		((-			(D)	(E)	(F)
Name and Title	Average hours per week	Position (check all that apply Highest or Institution or direct						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated arricunt of other compensation from the
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	nstitutional trustee	æ	employee	Highest compensated employee	ner	(17-21035-m13C)	(W-2 (U85-MISC)	organization and related organizations
47_LARRY_SWINEA BOARD_MEMBER	8.00	х						0.	0.	
48 JIM VAN DUZEE BOARD MEMBER	8.00	х						0.	0.	(
49 RYAN WALTON BOARD MEMBER	8.00	х						0.	C.	(
50 TIM QLSEN MINORS COMMIS	8.00	х						0.	0.	(
51 TOBY CARTER BOARD MEMBER	8.00	х						0.	0.	(
52 BRANDI CHAPMAN BOARD MEMBER	<u>8.00</u>	х						0.	0.	
53 JASON CHENEY BOARD MEMBER	<u> 8.00</u>	х						0.	0.	
54 JESSICA COLE BOARD MEMBER	8.00	х						0.	0.	(
55 DANNY HARVEY BOARD MEMBER	8.00_	х						0.	0.	(
56 MIKE HAUGNESS BOARD MEMBER 57 SUMMER JAIME	8.00	x						0.	0.	
BOARD MEMBER 58 ANNETTE OLIVERAS	8.00	х						0.	0.	
BOARD MEMBER 59 FALAH SALEH	8.00	х						0.	C.	
BOARD MEMBER 60 MICHELLE SPIGENER	8.00	х						0.	0.	
BOARD MEMBER 61 JAMES WILLIAMS	8.00	х						0.	0.	
BOARD MEMBER		х						0.	0.	
										"
			_							
			_	_			-			
										
							Н			

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

of the community the ideals of good sportsmanship, honesty, loyalty, courage and respect for authority, so that they may be well adjusted, stronger, and happier children, and will grow to be good, decent, healthy, and trustworthy citizens.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program servic e s	(C) Management and general	(D) Fundralsing
Background Checks	129.		129.	
Bank Charges	65.		65.	
Medical Supplies	738.	738.		
Website	1,637.		1,637.	
Player Development	10,701.	10,701.		
Concession Supplies	116,095.		116,095.	
Equipment, Uniforms	133,485.	133,485.		
Field Rental & Maint	61,070.	61,070.		
Little League Fees	11,932.	11,932.		
Meetings/Tryouts/Clinics	19,828.	19,828.		
Office Supplies and Postage	1,224.		1,224.	
Trophies	8,533.	8,533.		
Umpires	26,888.	26,888.		
Uniforms - Board				
Wall of Fame/Moms	2,463.	2,463.		
Donations	1,500.	1,500.		
Professsional Fees	400.		400.	
Wifi Fields	118.	118.		
Advertising	395.		395.	
Gift Cards	6,241.	6,241.		
Reimbursements	-21,761.	-21,761.		
Trailer Plates	57.		57.	