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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 . . . . . [X]

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, 42a.

42a The organization's books are in care of AJ Stojowski Jr Telephone no (206) 769-1874 Located at 6724 2nd Ave NW Seattle, WA ZIP +4 98117

Table with columns for question number, question text, and Yes/No columns. Rows include 42b, 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 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

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

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

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

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

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

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

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

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A

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 (Scott Charles Baumler President) and Date (2015-11-15)

Paid Preparer Use Only: Print/Type preparer's name (Howard Donkin CPA), Preparer's signature, Date (2015-11-14), Check self-employed, PTIN (P00147726), Firm's name (Jacobson Jarvis & Co PLLC), Firm's EIN (91-2011386), Firm's address (200 First Ave West Suite 200, Seattle, WA 981194219), Phone no (206) 628-8990

May the IRS discuss this return with the preparer shown above? See instructions

## TY 2014 Transfers Personal Benefits Contracts Declaration

**Name:** A-E Volleyball Association

**EIN:** 91-2091919

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

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

Department of the Treasury  
Internal Revenue Service

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

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

**▶ Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization  
A-E Volleyball Association

**Employer identification number**

91-2091919

**990 Schedule O, Supplemental Information**

| Return Reference                                  | Explanation                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990-EZ, Part I, Line 8 - Other Revenue       | Description Per Jordy from cash worksheet Amount 37,741                                                                                                                                                                                                                                                                                                                                                    |
| Form 990-EZ, Part I, Line 16 - Other Expenses     | Description Contract Labor Amount 3,967 Description Tax & Licenses Amount 16,853 Description Information Technology Amount 3,392 Description Advertising Amount 4,616 Description Insurance Amount 12,698 Description Office Supplies Amount 3,475 Description Travel Amount 3,624 Description Equipment Amount 1,587 Description Conferences & Meetings Amount 1,537 Total to Form 990-EZ, line 16 51,749 |
| Form 990-EZ, Part II, Line 26 - Other Liabilities | Description Accounts Payable Beg of Year Amount 14,820 End of Year Amount 2,137 Description Sales Tax Payable Beg of Year Amount 8,569 End of Year Amount 14,728                                                                                                                                                                                                                                           |