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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- 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.

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: APPLE VALLEY SLOW PITCH SOFTBALL ASSOCIATION
Number and street (or P O box, if mail is not delivered to street address): 2041 SE 4TH STREET
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: EAST WENATCHEE, WA 98802

D Employer identification number: 94-3064790
E Telephone number: (509) 884-3027
F Group Exemption Number:

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

H Check [X] 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) [X] 501(c)(4) (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. \$ 80,146

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

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

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 80,077, 69, 80,146, 515, 2,466, 68,941, 71,922, 8,224, 110,619, 118,843.

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	110,619	22 118,843
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	110,619	25 118,843
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	110,619	27 118,843

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

What is the organization's primary exempt purpose?

To organize and promote softball in the Wenatchee Valley community

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 The Association organizes girls, women's, men's, jack and jill, church, and senior softball leagues in the Wenatchee Valley. The volunteers of the Association set-up the team schedules, secure fields for games, and purchase uniforms and equipment. In addition, the Association sponsors tournaments and other special events such as clinics.
(Grants \$ 67,526) If this amount includes foreign grants, check here

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

29
(Grants \$) If this amount includes foreign grants, check here

30
(Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a) **32** 67,526

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JASON HEINZ President	2 00	0		
MIKE ZENK Vice President	1 00	0		
EDDIE ALVARADO Secretary	2 00	0		
VAL MARKEL Treasurer	4 00	0		
TRINA ELMES FIELD DIRECTOR	2 00	0		

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

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

Main form area containing questions 33 through 45b with corresponding Yes/No columns and input fields.

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 No

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

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

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

b If "Yes," was the related organization a section 527 organization? 49b

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. Row 1 contains '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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains '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 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 VAL MARKEL Treasurer Type or print name and title 2015-08-12 Date

Paid Preparer Use Only Print/Type preparer's name Chris W Goetz CPA Preparer's signature Date Check if self-employed PTIN P00009704 Firm's name Linder & Goetz PS Firm's EIN Firm's address 159 South Worthen Street 100 Wenatchee, WA 98801 Phone no (509) 662-9691

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
APPLE VALLEY SLOW PITCH
SOFTBALL ASSOCIATION

Employer identification number

94-3064790

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$634
Other Expenses 1003	Information Technology \$742
Other Expenses 1	UMPIRES \$29356
Other Expenses 2	SHIRTS/UNIFORMS \$6911
Other Expenses 3	SOFTBALLS \$6681
Other Expenses 4	BUILDING REPAIRS \$4702
Other Expenses 5	DIRECTOR FEES \$4320
Other Expenses 6	TROPHIES \$4094
Other Expenses 7	LEAGUE FEES \$3560
Other Expenses 8	DONATION \$3500
Other Expenses 9	TOURNAMENT FEES \$1216
Other Expenses 10	FUNCTIONS \$1079
Other Expenses 11	TAXES \$955
Other Expenses 12	FIELD IMPROVEMENTS \$747
Other Expenses 13	MISCELLANEOUS \$210
Other Expenses 14	SUPPLIES \$195
Other Expenses 15	BANK CHARGES \$39