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990 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)

2015

OMB No 1545-0047

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

Open to Public Inspection

A	For the	2015 calend	ar year, or ta	x year begir	ining			, 2015, a	nd endi	ing			, 20)
В	Check if a	pplicable	C Name of org	janization Moo	re Youth Ba	seball As	soc In	c				D	Employe	r identification no
	Address cl	hange	Doing busin	ess as								\Box :	20-807	5714
	Name cha	nge	Number and	street (or PO b	ox if mail is not deliver	ed to street address	.s)		F	Room/suite			Telephone	e number
	Initial retui	m	PO Box	k 7621					- (- 1	(405)5	20-2755
Ō	Final retur	n/terminated			e, country, and ZIP or i	oreign postal code							497,221	
ñ	Amended											G	Gross rec	eipts \$
ñ	Application			iddress of princip										
_		, •								H(a)	Is this a gro subordinate	oup retur	n for	Yes No
1	Tax-exemp	ot status	501(c)(3)	501(c) () (insert no)	4947(a)(1)	or \square	527		Н(Б)	Are all sub-	ordinates	included?	Yes No
	Website		A-ONLINE							H(c)	Are all sub- If "No Group exer	," attach nption ni	a list (see i umber	nstructions)
		rganization X			ssociation Other			L Year of formation	on 200		M State			OK
	rt ()	Summar	,	<u> </u>										
	· 			zation's miss	ion or most signif	cant activities	Fac	ulitates	Amate	ur F	Baseba	ll Te	eams fo	or
		•	4-15 Ye		•					<u> </u>				
2	i i	CHILATER	4 10 10	ars or r	96									
Ta	!													
Activities & Governance	2	Check this b	ox ▶ ☐ if th	ne organizatio	n discontinued its	operations or	disposed o	of more than 25	% of its	net as	ssets			
30	3		_	_	erning body (Part '	•						3		7
, oğ	4		•	_	rs of the governm	•	l line 1h)					4		7
Ę, ,	5			-	n calendar year 20							5		2
<u>ج</u> ز.	6		r of volunteer			715 (Fait V, Illie	5 Za)					6		
A S	1			-	• •			:N/ED		• • •		7a		
`					POSTMA	Kille 12	KEUE	EIVED .		• • •		7b		0
	- B	Net uniterate	u busiriess ta	xable income	from Form 990-	, iiile 34 ·		 		· · · ·	· · · · ·	75		0
<u> </u>		0		(David) (III - Iva	455 6 7 1	47	AUG 2	9 '17	-	P	nor Year		Cu	ment Year
20	8				1 haug 23 !	} /· · · · · ·	MOOL	/. .	•			,681		497,169
O <u>₹</u>	9	-	vice revenue		= '		 • N. I		·		3	,283		0
SCANNED Revenue	10	Investment i	ncome (Part	VIII, column (A), lines 3, 4, and	4 OGUL	:N		` -			34		52
œ	11	Other revent	ue (Part VIII,	column (A), li	nes 5, 6d, 8c, 9c	JICE CE	NTE	K	· ·			,136		(172,233)
	12				(must equal Pari), line 12)					,862		324,988
	13			•	IX, column (A), lir				∵		4	,000		0
	14				X, column (A), line	•			· ·					0
Š	15	-	•		ee benefits (Part I		lines 5-10))	• •					24,971
Expenses	16a		_	-	column (A), line 1				• •				المالية الم	0
g	b		• .	•	ilumn (D), line 25)			0	_ [:	<i>:</i> '-			がなった。	
ωÛ	(ines 11a-11d, 11f-				• •			,726		290,182
	18				t equal Part IX, co	lumn (A), line 2	25) -		· ·		285	,726		315,153
	19	Revenue les	s expenses	Subtract line	18 from line 12	<u> </u>		• • • • • • •			(11	,864)	9,835
Net Assets or	Se								Be	ginning	of Current	Year	En	nd of Year
sets	20		(Part X, line	•	<i>.</i>			· · · · · · · ·	• -		53	, ũ 68		65,365
t As	21	Total habilitie	s (Part X, line	e 26) · ·					•				<u> </u>	2,482
				es Subtract	line 21 from line 2	<u> </u>		<u> </u>			53	,068		62,903
	rt II:		re Block											
					m, including accompai foer) is based on all in				my knowle	edge an	d belief, it is			
	30,1000, 0.1	- Dear	- propar	01 (01101 41011 011	<i>(1)</i>	1	<u> </u>	,				T^-		
01-	}	Chri	s Grive		1/1	<i>f</i>							8/22	(/)
Sig	n	Signatu	re of officer			•						Date		
He	re	Chri	s Grive,	Preside	nt				. <u></u>					
_	_	Type or	print name and t	itle	🙃									
		Print/Type pre	eparer's name		Preparer's signatu	'e	\	Date			Check X	ıf P	TIN	
Pai	d	Jerry 3	JSaxon		Im	2/2		08-20-20	17_		self-employe	ed	P0104	13086
Pre	parer		>	Jerry J	Saxon CPA	1				Firm's E	IN ►			
Us	Only	Firm's addres	is >	РО Вох						Phone r	10			
	•				a City OK	/3189					4	05-30	06-107	4
May	the IRS	discuss this	return with th		nown above? (see									Yes X No

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2015) Moore Youth Baseball Assoc Inc	20-8075714	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	· · · <u> </u>
1	Briefly describe the organization's mission		
	Facilitates Amateur Baseball Teams for Children 4-15 Years of Age		
2	Did the organization undertake any significant program services during the year which were not listed on the		-
	prior Form 990 or 990-EZ?	··· 🗌 Yes 🛕	No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	п., г	٦
	services?	· · · 🗌 Yes 🛭	No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	the total expenses, and revenue, if any, for each program service reported	5,	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$310,867 including grants of \$) (Revenue	\$ 324	000 \
₩a		324,	,966 /
	Promote Amateur Athletics		
			
			
			
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			
			
			
4c	(Code) (Expenses \$	\$	
40	(Code) (Expenses \$) (Nevende	"	/
			
			
			
			 -
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses ► 310,867		

20-8075714 Part IV **Checklist of Required Schedules** No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 2 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 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ election in effect during the tax year? If "Yes," complete Schedule C, Part II 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, 5 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 Χ 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 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 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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 11a 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 11b Χ c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Χ 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 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 14b Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 Χ assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18

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

19

Form 990 (2015) Moore Youth Baseball Assoc Inc
Part IV Checklist of Required Schedules (continued)

•			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated		·	1
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	ì		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	Ì		١
	through 24d and complete Schedule K If "No," go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	[]	!	ĺ
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit]		١
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X_
р	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 Schedule L, Part I	25b		X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			į
	current or former officers, directors, trustees, key employees, highest compensated employees, or	00		.,
~~	disqualified persons? If "Yes," complete Schedule L, Part II	26		X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	/ , l	**	1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		- ^-
U	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			 ^ -
30	conservation contributions? If "Yes," complete Schedule M	30	}	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part · · · · · · · · · · · · · · · · · ·	31	}	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
7-	complete Schedule N, Part II	32	1	X
33	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	33	ĺ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			\vdash
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		}
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	}		}
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	<u>L</u>
		Form	000 /	2015)

Form 990 (2015) **Part V** St

15) Moore Youth Baseball Assoc Inc
Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	· · · ·	· · · · · ·	
_		- Thirthe	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		7.30	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	X	
2a	reportable gaming (gambling) winnings to prize winners?	PART PA	Francis Confession	Tree and
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2		* 'p2 .	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	لنسست ا
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.28		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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			l
	account)?	4a		X
b	If "Yes," enter the name of the foreign country	6/3/3/	11.0	9)
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		72	2.00 (2.00)
	(FBAR)	2 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ا۔ ، احمد	100 100
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		-14 mg
7	Organizations that may receive deductible contributions under section 170(c).	* 1.5		4
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	37.7.5		-
_	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 -
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	16 · · · ·	·	1452
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u></u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	******	. 4.	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		A & X	(T (T + 1)
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	1		76. 2007 Sept.
а	Initiation fees and capital contributions included on Part VIII, line 12			12.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	4.3	
11	Section 501(c)(12) organizations. Enter	7 T	14.14	- 63
а	Gross income from members or shareholders		3 2	
b	Gross income from other sources (Do not net amounts due or paid to other sources	,	. * 0	, .
	against amounts due or received from them)	1	ļ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	J-0 9-	7, , 7
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	· •	14 BED
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	18° 25 -	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	نتو يــــــ	الإحساب
L	Note. See the instructions for additional information the organization must report on Schedule O	Ş., S.	10.4	14
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 15	1	e
_		- A M	1,74	B. 13
с 14а	Enter the amount of reserves on hand	14a	1 *	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
EEA	in 100, filed it inco a form 120 to report these payments. In 140, provide an explanation in obligate of		990 (2	2015)
			(-	-,

Form 990 (2015) Moore Youth Baseball Assoc Inc Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
	·		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O		-	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7	,		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			ì
	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		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	Ì		
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	, \$ 5	, 1	2
	the year by the following	ئے کا	31	ار به اد شا
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	}		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		. ` ' C)	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		_X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	['		
	describe in Schedule O how this was done	12c		
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	
15	Did the process for determining compensation of the following persons include a review and approval by	R . 3	, ,	4, 2
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<u>*</u>		الى ئىگىر ئىسىنىنىدىد
а	The organization's CEO, Executive Director, or top management official	15a	_X_	
b	Other officers or key employees of the organization	15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1	g, (
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	٠٠٠	7	
	with a taxable entity during the year?	16a		Χ
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	35.	, i	, ,
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		1	المراجعة المستأثر
	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 OK			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Jackie_McDonald_(405)520-2755, 14800 Oaks Crossing Road, Oklahoma City, OK 73165			

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	MMU	(ZUIDI	

Moore Youth Baseball Assoc Inc

20-8075714

age 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	(do r	not ch	Pos eck m ss per	C) sition fore the	nan one s both ar	1	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
•	week (list any hours for related organizations below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Ron Cartmill President	10.00			X) 0	0
(2) Jason Richardson Jr Vice President	10.00			Х						0
(3) Chris Grive President	1			X	-					0
<u>(4)</u>										
<u>(5)</u>										
<u>(6)</u>					_	-	-			
(7)										
<u>(8)</u>						_				
<u>(9)</u>										
<u>(10)</u>										
(11)									<u> </u>	
(12)									 	
(13)										
(14)							_			
EEA				لـــا			L	L	<u> </u>	Form 990 (2015)

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Part	VII Section A. Officers, Directors, Trustees, I	Key Employe	es, ar	nd H	ighe	st (Compe	ensa	ted Employees (continued)	
·	(A) Name and title	hours per officer and a director/trustee) compensation compensation				Reportable compensation from					
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC	other compensation from the organization and related organizations
<u>(15)</u>											
(16)											
<u>(17)</u>											
(18)								_			
(19)							-				
(20)_											
(21)						_					
(22)											
(23)											
(24)											
(25)					-						
1b c	Sub-total						 	>			
d	Total (add lines 1b and 1c)							<u> </u>	C		0 0
2	Total number of individuals (including but not limited to reportable compensation from the organization	to those listed	above	e) wł	no re	ceiv	ed mo	re th	nan \$100,000 of		0
3	Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J f For any individual listed on line 1a, is the sum of reporganization and related organizations greater than \$ individual	or such indivinated or such individual or such indi	dual ensatio Yes," c	n an	 d oth	ner o Sch	comper edule	 nsat J for	on from the		Yes No
5	Did any person listed on line 1a receive or accrue co	mpensation fi	rom an	ıy un	relat	ed o	organız				100 mile 32 miles 31 may gat
Section	for services rendered to the organization? If "Yes," coon B. Independent Contractors	mplete Sche	dule J	for s	uch	pers	son		 	· · · · · · ·	. 5 X
1	Complete this table for your five highest compensate compensation from the organization. Report compenses	· ·									
	(A) Name and business address							_	(B) Description of		(C) Compensation
	Trains and Susmass address								2333, \$1011 01	A	
2	Total number of independent contractors (including b received more than \$100,000 of compensation from			se lis	sted	abov	ve) who	 o			

Check if Schedule O contains a response or note to any line in this Part VIII										
4				1. 19 To 18 19 18	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections		
10.10			 		,	revenue	 	512-514		
s, Grants Amounts	1a	Federated campaigns	· -		·		1	3- 4		
Sra	ь	Membership dues	h	<u></u>	` .	· 1000000000000000000000000000000000000	大陆			
s, (C	Fundraising events	· 1c		1 . A		and the same	A CONTRACT		
Gifts ilar /	d	Related organizations	· 1d		Fig.			Market Land of Land of		
-5	е	Government grants (contributions) .	- 1e		· · · · · · · · · · · · · · · · · · ·					
es.	f	All other contributions, gifts, grants,				113		275		
the the		and similar amounts not included above	/e 1f	497,169		-',	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
草	g	Noncash contributions included in line	s 1a-1f \$,	· · · · · ·			
Contributions and Other Sir	h	Total. Add lines 1a-1f		.	497,169	مار مُرِيْعُو				
				Business Code						
Ē	2a						I			
even					-					
ž	~									
چ	4				 					
Š	l u									
Jran Dran	e	All the second s						 		
Program Service Revenue	1	All other program service revenue			 	1	1 ₁ × + , 1			
	g	Total. Add lines 2a-2f · · · · · ·			 			* * * * * * * * * * * * * * * * * * * *		
		Investment income (including dividends]					
	l	and other similar amounts)			52	52				
		Income from investment of tax-exempt								
	5	Royalties	• • • • •		ļ			Augusta Santa Sant		
			(ı) Real	(ii) Personal	\$ 10 mm	X T you a grant of the control of the	· 数:"学说			
	6a	Gross rents		<u> </u>	1	N. A.				
	b	Less rental expenses · · · ·		_	19643	1 m = 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	С	Rental income or (loss) · · ·			A			377		
	d	Net rental income or (loss)								
	72	Gross amount from sales of (i) s	Securities	(II) Other		"	-	13		
		assets other than inventory			1 ,	14. 14	4,50	SHEN I'S I HI		
		Less cost or other basis			- 131 - 131	Sept.	Jan 15 19 19 19 19 19 19 19 19 19 19 19 19 19			
	1	and sales expenses · · · ·				Michigan Company	1. 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	医 含于10%。		
	}	Gain or (loss)			MARK PARTIES	The state of the s	The second second			
		Net gain or (loss)			The state of the s	1200	1.11	30199		
<u>a</u>		Gross income from fundraising			A Section 1	C. 4- 36 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	20 July 10 20 10 20 10 20 10 20 10 20 10 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20		
enne	Ua	_		j			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A STATE OF THE STA		
ě								MARKET AT THE STATE OF STATE OF		
Æ	J	of contributions reported on line 1c)					a Jarren C			
Other Rev	1	See Part IV, line 18 · · · · · · · ·			-	27	1 一、 1 1 1 1 1 1 1 1 1	[新舊]		
0	l	Less direct expenses		L	 	The state of the s	- 14	***************************************		
		Net income or (loss) from fundraising e	events .		 	45	1	177 76.2411		
	9a	Gross income from gaming activities		1	1 . 3		1	1.54		
	}	See Part IV, line 19 · · · · · · · ·			ļ	·		- The state of the		
	l.	Less direct expenses · · · · · ·		L	 	- L	31. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Will To the William		
	C	Net income or (loss) from gaming active	nties · ·	· · · · · · •	<u> </u>	 	ļ	1 2 7		
	10a	Gross sales of inventory, less			,	100	1 . " "	- M		
		returns and allowances	а		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		1			
	b	Less cost of goods sold	b	172,233	3	- '`		~ 7		
	С	Net income or (loss) from sales of inve	ntory	▶	(172,233	(172,233	<u> </u>			
		Miscellaneous Revenue		Business Code				1		
	11a									
	b									
	C									
	d	All other revenue								
	1	Total. Add lines 11a-11d			† 	, # ₁₅ ,	,	19 25		
	i	Total revenue. See instructions			324,988) C		
FFA.		Total Territor. See mondered				(1,2,101		Form 990 (2015)		

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) (C) Total expenses Program service expenses Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV. lines 15 and 16 Compensation of current officers, directors. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salanes and wages 21,859 21,859 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10 3,112 3,112 11 Fees for services (non-employees) Accounting 1,711 1,711 Lobbying Professional fundraising services See Part IV, line 17 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 13 827 827 14 15 Royalties 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 24 Other expenses Itemize 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) 285,122 Direct Program Cost 285,122 Bank Charges 437 437 Meals and Entertaiment 1,748 1,748 Supplies 337 337 All other expenses Total functional expenses. Add lines 1 through 24e 25 315,153 310,867 4,286 0 26 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

following SOP 98-2 (ASC 958-720)

Form 9		Balance Sheet Moore Youth Baseball Assoc Inc				75714 Page 11
		Check if Schedule O contains a response or note to any line in this Part X				
				(A)		(B)
	_			Beginning of year		End of year
	1	Cash - non-interest-bearing		7,426	1	19,743
1	2	Savings and temporary cash investments			2	
ľ	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors,			- 17	\$ 12 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ļ		trustees, key employees, and highest compensated employees	, .			
1		Complete Part II of Schedule L			5	
ŀ	6	Loans and other receivables from other disqualified persons (as defined under section	1	,	•	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers an	2 15	Ì	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		A Contract March	4.	
		organizations (see instructions) Complete Part II of Schedule L			6	
so I	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9_	
	10a	Land, buildings, and equipment cost or		,		12 4
		other basis Complete Part VI of Schedule D 10a	82,536			*
ŀ	b	Less accumulated depreciation 10b	36,894	45,642	10c	45,642
	11	Investments - publicly traded secunties			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	<u></u>	53,068	16	65,385
	17	Accounts payable and accrued expenses			17	2,482
1	18	Grants payable			18	
Í	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	E WE TO THE
<u>se</u>	22	Loans and other payables to current and former officers, directors,		, ,	1	A 1 4 4 5 6 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Liabilities		trustees, key employees, highest compensated employees, and				
lat		disqualified persons Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrelated third parties · · ·			23	
1	24	Unsecured notes and loans payable to unrelated third parties · · · · ·			24	
	25	Other liabilities (including federal income tax, payables to related third				
j		parties, and other liabilities not included on lines 17-24) Complete Part X			1	1

and	27	Unrestricted net assets	53,068	27	62,903
Bal	28	Temporarily restricted net assets		28_	
2	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.		1,00 - 4,1	
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et/	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	53,068	33	62,903
	34	Total liabilities and net assets/fund balances	53.068	34	65 385

Total liabilities. Add lines 17 through 25 · · · · · ·

complete lines 27 through 29, and lines 33 and 34.

Organizations that follow SFAS 117 (ASC 958), check here

25

26

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orm	990 (2015) Moore fouth Baseball Assoc Inc	30/5/14		ray	ge 12
	t XI Reconciliation of Net Assets				П
_	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	-		24,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	<u> 15,1</u>	
3	Revenue less expenses Subtract line 2 from line 1	3		9,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>53,0</u>	<u>68</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	5			
7	Investment expenses	7			
8	Prior period adjustments	В			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	0		<u>62,9</u>	<u>03</u>
Pai	rt XII Financial Statements and Reporting				
<u>. </u>	Check if Schedule O contains a response or note to any line in this Part XII	• • • • •	· · · 	• • •	Ш.
	<u> </u>	1	4	Yes	No
1	Accounting method used to prepare the Form 990 🔯 Cash 🔲 Accrual 📙 Other		`	,	. 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			*	
	Schedule O				أخب
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				4 Codily
	reviewed on a separate basis, consolidated basis, or both		7.	-	
	Separate basis Consolidated basis Both consolidated and separate basis			ر . مد به ما	11,41
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		, -	- î	1
	separate basis, consolidated basis, or both		, '	, ,	;
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				<u>-</u> -1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		`		ا ج ا
	Schedule O		<u> </u>		1
3=	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?		3a	<u> </u>	X_
H	o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
•	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	<u></u>
	Todansa and a manage promise of the state of		Form	1 990 ((2015)

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SCHEDULE A

(Form 990 or 990-EZ)

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.

2015

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public

OMB No 1545-0047

Name	of the	organization					Employer identifica	atson number	
Moc	oore Youth Baseball Assoc Inc					20-807571			
Pa	rt 1	Reason for Public Charit	y Status (All o	rganizations must c	omplete	this par	t) See instruction	ns	
The	orgai	nization is not a private foundation beca	•	• .	-				
1	Ц	A church, convention of churches, or	association of chur	ches described in sectio	n 170(b)(1)(A)(i).			
2	Ц	A school described in section 170(b)	(1)(A)(ii). (Attach S	chedule E (Form 990 or	990-EZ))				
3	Ц	A hospital or a cooperative hospital se	ervice organization	described in section 170	(b)(1)(A)(i	ii).			
4	Ш	A medical research organization oper	ated in conjunction	with a hospital described	ın sectior	170(b)(1)	(A)(iii). Enter the		
	_	hospital's name, city, and state							
5	Ш	An organization operated for the bene-	fit of a college or un	iversity owned or operate	d by a gove	ernmental	unit described in		
	_	section 170(b)(1)(A)(iv). (Complete F	Part II)						
6	Ш	A federal, state, or local government of	or governmental un	it described in section 1	70(b)(1)(A)	(v).			
7		An organization that normally receives	a substantial part o	of its support from a gover	nmental ur	nit or from	the general public		
	_	described in section 170(b)(1)(A)(vi)	. (Complete Part II)					
8	\sqcup	A community trust described in section	on 170(b)(1)(A)(vi).	. (Complete Part II)					
9	X	An organization that normally receives	(1) more than 33	1/3% of its support from c	ontributions	s, member	ship fees, and gross		
		receipts from activities related to its ex	empt functions - su	bject to certain exception	s, and (2) n	o more tha	an 33 1/3% of its		
		support from gross investment income	and unrelated bus	iness taxable income (les	s section 5	11 tax) froi	m businesses		
	_	acquired by the organization after Jun	ne 30, 1975 See se	ection 509(a)(2). (Comple	ete Part III)			
10	\sqcup	An organization organized and operat	ed exclusively to te	st for public safety. See s	section 50	9(a)(4).			
11	Ш	An organization organized and operate	ed exclusively for th	e benefit of, to perform th	e functions	of, or to ca	arry out the purposes o	of	
		one or more publicly supported organ	izations described	in section 509(a)(1) or se	ection 509	(a)(2) See	e section 509(a)(3). C	heck	
		the box in lines 11a through 11d that d	• •				-		
	а	Type I. A supporting organization	operated, supervis	sed, or controlled by its su	ipported or	ganızatıon	(s), typically by giving		
		the supported organization(s) the	power to regularly a	appoint or elect a majority	of the direc	ctors or tru	stees of the supporting	l	
		organization You must complet	e Part IV, Sections	s A and B.					
	þ	Type II. A supporting organization	n supervised or con	itrolled in connection with	its suppor	ted organi	zation(s), by having		
		control or management of the sup	porting organization	n vested in the same pers	ons that co	ntrol or ma	anage the supported		
		organization(s) You must comp	lete Part IV, Section	ons A and C.					
	C	Type III functionally integrated.	A supporting organ	nization operated in conn	ection with	, and funct	tionally integrated with	1	
		its supported organization(s) (see	e instructions) You	must complete Part IV,	Sections	A, D, and	E.		
	d	Type III non-functionally integra	ated. A supporting	organization operated in	connection	with its su	pported organization(s)	
		that is not functionally integrated	The organization ge	enerally must satisfy a dist	ribution red	quirement.	and an attentiveness		
		requirement (see instructions) Ye	ou must complete	Part IV, Sections A and	D, and Pa	art V.			
	е	Check this box if the organization	received a written o	determination from the IRS	S that it is a	Type I, Ty	pe II, Type III		
		functionally integrated, or Type III	non-functionally inte	egrated supporting organi	zation				
	f	Enter the number of supported organiz	zations			. .			
	g	Provide the following information about		anization(s)					
		Name of supported organization	(ii) EIN	(III) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amount of	
	•	, , , ,	, ,	(described on lines 1-9	1	ir governing	support (see	other support (se	96
			ĺ	above (see instructions))	docum	ent?	instructions)	instructions)	
					Yes	No	1		
(A)						[
(B)									
(C)				I		1			
·									
(D)									
, <u> </u>									
(E)			J			}			
_									
Tota	1			L.`		l	.)		

Schedule A (Form 990 or 990-EZ) 2015

Moore Youth Baseball Assoc Inc

20-8075714

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							
Calen	dar year (or fiscal year beginning in)	•	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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		-		ii	•		
	each person (other than a			ين د	10 mg	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the state of the state of	
	governmental unit or publicly			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in the state of	4 4	1	
	supported organization) included on		1900	Che China This		Make the make the state of the state of		
	line 1 that exceeds 2% of the amount		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
	shown on line 11, column (f)	• •	1,7		50 1 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1957 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·满尔公里为京	·- <u>-</u> ·
6	Public support Subtract line 5 from line 4	· ·			- "SS-2" ""		and the second second	
	tion B. Total Support					/ !! 0014	4) 2045	(0.T.)
	ndar year (or fiscal year beginning in)	•	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10			A	,		- J.	
12	Gross receipts from related activities, et	c (s	ee instructions)				12	
13	First five years. If the Form 990 is for torganization, check this box and stop h	nere	<u> </u>	· · · · · · · · · · ·				▶□
	tion C. Computation of Public						г	
14	Public support percentage for 2015 (line		•		• • • • • •		14	<u>%</u>
15	Public support percentage from 2014 Sc				• • • • • • • • •		15	%
16a	33 1/3% support test - 2015. If the org							. П
	box and stop here. The organization qu		• • •	. •				• • □
b	33 1/3% support test - 2014. If the org							, m
4	check this box and stop here. The orga							· · · • 🗀
17a	10%-facts-and-circumstances test - 2		•			•		
	10% or more, and if the organization me			•		•	1	
	Part VI how the organization meets the 'organization			-	· ·			⊾ m
h	_							4
b	10%-facts-and-circumstances test - 2		•		· · · · · · · · · · · · · · · · · · ·		3	
	15 is 10% or more, and if the organization is					•		
	Explain in Part VI how the organization r							🕨 🗖
18	supported organization · · · · · · · · Private foundation. If the organization							🗇
. 0	instructions			•				▶ □
	man detions	<u>· · · </u>	 					

90 or 990-EZ) 2015 Moore Youth Baseball Assoc Inc Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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	ction A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1	650	130	EE 222	1,000	E7 112
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	291,493	49,432		55,332 381,349	496,169	57,113 1,278,852
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	291,494	50,082	60,539	436,681	497,169	1,335,965
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)		1, 1, 1,	,			1,335,965
Se	ction B. Total Support			<u> </u>		<u> </u>	
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6 · · · · · · · · · · · ·	291,494	50,082	60,539	436,681	497,169	1,335,965
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		21	27			48
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · · ·		21	27			48
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 VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	291,494	50,103	60,566	436,681	497,169	1,336,013
14	First five years. If the Form 990 is for the organization about the house of the form		cond, third, fourth,	or fifth tax year as			
Se	organization, check this box and stop here ction C. Computation of Public Su						<u> </u>
15	Public support percentage for 2015 (line 8, co		_ _			15	100.00 %
16	Public support percentage from 2014 Schedu						100.00 %
Se	ction D. Computation of Investme		centage			·	
17	Investment income percentage for 2015 (line	10c, column (f) divi	ded by line 13, col	umn (f))		17	0.00 %
18	Investment income percentage from 2014 Sc	hedule A, Part III, In	ne 17 · · · ·			18	0.00 %
19a	33 1/3% support tests - 2015. If the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the organization of the support tests - 2015, if the support tests - 2015, if the support test						▶ ⊠
þ	33 1/3% support tests - 2014. If the organization 18 is not more than 33 1/3%, check this is						▶ 🔲
20	Private foundation. If the organization did no	ot check a box on lir	ne 14, 19a, or 19b,	check this box and	see instructions		▶ 🔲

Part IV

Supporting Organizations

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

Section A. All Supporting	g Organizations
---------------------------	-----------------

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

 	Yes	No
1	ļ	
	,	
2		
2	_ ;	
3a	77	 ,
11 Jahra	- '	
3b		
3c		
4a		
		E.
4b		. 2
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4c		
<i>y</i>	٤	i3 !
		7. G * * .
5a		
5b 5c		
30		-
6		
6	, , , , , , , , , , , , , , , , , , ,	
7		1
,	,	: 1
8		1
°,	4	3
9a		
9b		لتسما
		انند
9c		- ,, 4
į.	5.	· .]
10a	1.	* *:3
10b		

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

trustees of each of the supported organizations? Provide details in Part VI.

3a

20-8075714

Paṛt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganiza	itions		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All				
other Type III non-functionally integrated supporting organizations must comp	olete S	ections A through E.		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or	1			
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
Aggregate fair market value of all non-exempt-use assets (see	Ţ.,	γ	₹)	
instructions for short tax year or assets held for part of year)	1		· · · · · · · · · · · · · · · · · · ·	
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other		· · · · · · · · · · · · · · · · · · ·	2 t	
factors (explain in detail in Part VI)		3		
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3			
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	\top			
see instructions)	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by 035	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount		3	Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	*		
2 Enter 85% of line 1	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3	4			
5 Income tax imposed in prior year	5	, , ,		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	\top			
emergency temporary reduction (see instructions)	6	,		
7 Check here if the current year is the organization's first as a non-functionally-	integra	ated Type III supporting	organization (see	
instructions)				

Moore Youth Baseball Assoc Inc

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued)	Current Year		
	Section D - Distributions					
1	Amounts paid to supported organizations to accomplish exemp	ot purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
- /	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes	of supported organization	ns			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI) See instructions					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the	organization is responsi	ve			
Ü	(provide details in Part VI) See instructions					
9	Distributable amount for 2015 from Section C, line 6					
	Line 8 amount divided by Line 9 amount					
10	Line o amount divided by Line o amount	(2)	(ii)	(iii)		
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6		<u>-</u>			
2	Underdistributions, if any, for years prior to 2015					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2015	, , , , , , , , , , , , , , , , , , ,	**			
a	1	· ,	,			
b		, , ,	* * *	<u> </u>		
С		,	. , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		
	From 2013		•			
	From 2014					
	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2015 distributable amount	1				
	Carryover from 2010 not applied (see instructions)		· ·	, ,		
$\dot{-}$	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2015 from Section	-	. `	- ,		
•	D, line 7 \$					
	Applied to underdistributions of prior years			,		
_ <u>u</u>	Applied to 2015 distributable amount					
	Remainder Subtract lines 4a and 4b from 4			, :		
	Remaining underdistributions for years prior to 2015, if	*,, * ' ',		, .		
•	any Subtract lines 3g and 4a from line 2 (if amount			§ .		
	greater than zero, see instructions)			, , ,		
	Remaining underdistributions for 2015 Subtract lines 3h	E (4		}		
U	and 4b from line 1 (if amount greater than zero, see	,	,			
		,	,			
- -	Excess distributions carryover to 2016 Add lines 3j	 				
′	and 4c		,			
	Breakdown of line 7	-	-	: .		
8			. , ,			
a		*	<u> </u>			
_ <u>b</u>						
	Excess from 2013 · · · ·	7	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1-1		
_	Excess from 2014 · · · ·		. a ,			
е	Excess from 2015		<u> </u>			

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public

	or the organization	20-8075714
Pa	ore Youth Baseball Assoc Inc	<u> </u>
Га		ts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (dunng year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	п., п.,
	funds are the organization's property, subject to the organization's exclusive legal control?	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	□ v □ v-
Da	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Га	J	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	•
	Protection of natural habitat	onc structure
•	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation and the least day of the Assessment	
_	easement on the last day of the tax year	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total advage resultion by conservation eaconomic	2b 2c
C	\-,	20
đ	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	24
•	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization and the conservation easements modified, transferred, released, extinguished, or terminated by the organization and the conservation easements modified, transferred, released, extinguished, or terminated by the organization and the conservation easements modified, transferred, released, extinguished, or terminated by the organization and the conservation easements are conservation easements.	on during the
4	tax year	
4 5	Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
J	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ea	
٠	Stati and volunteer riours devoted to mornioning, inspecting, handling of violations, and emorcing conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easem	ents during the year
•	S	chia damig the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
•	and section 170(h)(4)(B)(μ)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de-	
	organization's accounting for conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and ba	alance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthe	rance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balan	ce sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	
	public service, provide the following amounts relating to these items	. —
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro-	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	

Sched	ule D (Form 990) 2015 Moore Youth Bas						20-80757		Page 2
Pai	rt III Organizations Maintaining C	Collections of A	rt, Histo	rical Tr	easures,	or Oth	er Similar Asse	ets (contir	nued)
3	Using the organization's acquisition, accession, a	nd other records, che	ck any of th	e following	g that are a s	ignifican	use of its		
	collection items (check all that apply)								
а	Public exhibition	d 🗌 Loar	n or exchan	ge prograi	ms				
b	Scholarly research	e 🔲 Othe	er						
С	Preservation for future generations								
4	Provide a description of the organization's collect	ions and explain how	they further	the organ	nization's exe	mpt purp	ose in Part		
	XIII		•						
5	During the year, did the organization solicit or rec	eive donations of art,	historical tr	easures, c	r other simila	ar			
	assets to be sold to raise funds rather than to be	maintained as part of	the organiz	ation's col	lection?			. Yes	∏No
Par	rt-IV Escrow and Custodial Arrang		-						
	Complete if the organization ar	nswered "Yes" or	Form 9	90, Part	IV, line 9,	or rep	orted an amour	it on Form	ì
	990, Part X, line 21								
1a	Is the organization an agent, trustee, custodian o	r other intermediary fo	or contributi	ons or oth	er assets not				
								Yes	No
b	If "Yes," explain the arrangement in Part XIII and	complete the following	a table						_
	,		J ••				Amo	unt	
С	Beginning balance					. 10			
d	Additions during the year					- 1 -	 		
e	- ·	• • • • • • • • • • •					 		
f	Ending balance					<u> </u>	- 		
2a	Did the organization include an amount on Form							Type	No
b	If "Yes," explain the arrangement in Part XIII Che					•		_	=
	rt:V Endowment Funds.	ck here if the explana	Ittori rias be	en provide	ou on i alt Al	<u>''</u>			<u>. L.</u>
	Complete if the organization ar	nswered "Yes" or	Form 9	90 Part	IV line 10)			
		_ 					(d) There is no head.	(2) 52	
10	Paginning of year halance	(a) Current year	(b) Prio	r year	(c) Two years	s pack	(d) Three years back	(e) Four year	irs back
1a h	Beginning of year balance							 	
b								 	
·	Net investment earnings, gains, and losses								
						-		 	
a	Grants or scholarships							 	
е	Other expenditures for facilities and					•			
	programs							 	
T	Administrative expenses		ļ		<u> </u>			 	
9	End of year balance	L	L					<u> </u>	
2	Provide the estimated percentage of the current		1g, columi	n (a)) held	as				
a	Board designated or quasi-endowment	%							
b	Permanent endowment								
С	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c should e								
3a	Are there endowment funds not in the possession	n of the organization t	hat are held	and adm	inistered for t	the		Γ	
	organization by							Ye	s No
	(i) unrelated organizations · · · · · · ·							3a(i)	
	(ii) related organizations · · · · · · · ·				• • • • • •			3a(ii)	
b	If "Yes" on 3a(II), are the related organizations list	· · · · · · · · · · · · · · · · · · ·		• •		• • • •		3b	_
4	Describe in Part XIII the intended uses of the org		nt funds						
Pa	rt VI Land, Buildings, and Equipm								_
-	Complete if the organization ar	nswered "Yes" or	Form 9	<u>90, Рал</u>	: IV, line 11	la See	e Form 990, Par	t X, line 1	0
	Description of property	(a) Cost or other	er basis	(b) Cost o	r other basis	(c)	Accumulated	(d) Book va	lue
		(investme	ent)	(other)	d	epreciation		
1a	Land						٠, ^		
b	Buildings		2,536				36,894	45	5,642
С	Leasehold improvements								
d	Equipment								
е	Other								
Tota	I. Add lines 1a through 1e (Column (d) must equ	al Form 990, Part X.	column (B)	line 10c)			4 5	5,642

Schedule D (Form	990) 2015 Moore Youth Bas	seball Assoc Inc	20-807	'5714 Page
Pait VII	Complete if the organization answere	ed "Yes" on Form 990, Par	t IV, line 11b See Form 990,	Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market v	
(1) Financial o	derivatives · · · · · · · · · · · · · · · · · · ·			
(2) Closely-he	eld equity interests			
(3) Other				<u></u>
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yoo" on Form 000 Par	+ IV/ line 11e See Form 000	Dart V. line 12
	Complete if the organization answere	tes on Form 990, Fai	try, line ric See Form 990,	Part X, IIIIe 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market of	
(1)			Cost of end-of-year market	
(2)				<u> </u>
(3)				
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)				
(7)				
(8)				····
(9)				· · · · · · · · · · · · · · · · · · ·
) must equal Form 990, Part X, col (B) line 13)		1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	81 .
Part IX	Other Assets.			
	Complete if the organization answere	ed "Yes" on Form 990, Par	t IV, line 11d See Form 990,	Part X, line 15
	(a) C	Description		(b) Book value
(1)	_			
(2)				
(3)				·
(4)				
(5)				
(6)	· · · · · · · · · · · · · · · · · · ·			
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)	· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities.	d IVeell on Form 000 Per	t N/ line 11e er 11f See Form	n 000 Bod V
	Complete if the organization answere line 25	eu ies on Foith 990, Par	LIV, THE LIE OF HIT See FOR	ii 990, Pail A,
	- 	T		
1. (1) Foderal ((a) Description of liability	(b) Book value	-	
	ncome taxes		-	ي المحمد الم
(2)		1		'a 4

(3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 25)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	t XI Reconciliation of Revenue per Audited Financial Stateme		0-80/5/14 Fage 4
- ai	Complete if the organization answered "Yes" on Form 990, Pa		Return.
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	<u>.</u>
b	Donated services and use of facilities	2b]
С	Recoveries of prior year grants	2c] [
ď	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		2e
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	 	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a	- }
b C	Add lines 4a and 4b		4c
5 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
	t XII Reconciliation of Expenses per Audited Financial Statem		<u> </u>
	Complete if the organization answered "Yes" on Form 990, F		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	, ,
а	Donated services and use of facilities	2a	4 1
b	Prior year adjustments	2b	4
C	Other losses	2c	- `
d	Other (Describe in Part XIII)	2d	44,
e ^	Add lines 2a through 2d		2e
3			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	40	
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a	- -
b	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines	1b and 2b. Part V. line 4. Part X	. line
	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add		
•	, , , , , , , , , , , , , , , , , , , ,		
			
			
		 	
			

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SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2015

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Moore Youth Baseball Assoc Inc 20-8075714 01. Form 990 governing body review (Part VI, line 11) The Board of Directors reviews each Tax filing with the IRS prior to submission. 02. CEO, executive director, top management comp (Part VI, line 15a) The Board reviews all compensation of employees prior to payment of salaries or wages 03. Other officer or key employee compensation (Part VI, line 15b The Board reviews all payroll compensation to determin the reasonableness of the rate of pay based upon the dutities performed 04. Governing documents, etc, available to public (Part VI, line 19) All documents required to be made available to the public are made available upon request.