20

end-of-year figure reported on prior year's return)

Other changes in net assets or fund balances (explain in Schedule O) .

Net assets or fund balances at end of year. Combine lines 18 through 20

19

20

21

16,384

0

568.

Pai	t II	Balance Sheets (see the							
		Check if the organization	used Schedule	O to respond to a	ny question in this				<u>.</u>
						(A) Beginning of ye	ear		(B) End of year
22	Cash	n, savings, and investments	8			23,0	062.	22	13,736
23	Land	l and buildings			[23	
24	Othe	r assets (describe in Sched	dule O)		[139.	24	139
25	Tota	l assets				23,2	201.	25	13,875
26	Tota	I liabilities (describe in Sci	hedule O)			6,8	317.	26	13,307
27		assets or fund balances (•		,	16,3	384.	27	568
Pari		Statement of Program				Part III)			
		Check if the organization		•		•			Expenses
What	is the	organization's primary exe			.2_1				quired for section
		e organization's program s			f ita thuan lawant i				(c)(3) and 501(c)(4) anizations, optional fo
as m	easure	d by expenses. In a cleanefited, and other relevant	r and concise m	anner, describe the				-	ers)
28	Little L	eague Baseball and Softball	Program Serving	580 youth players ag	es 4-18				
?	(Grants	s \$) If this amount	includes foreign gra	ints, check here .	> ſ	Ϋ	28 a	85,132
29	(3								1
									1
	(Grants	s \$) If this amount	includes foreign gra	ints check here		-	29a	
30	<u>(Grants</u>						- 		<u></u>
30		•				••••]		
	- 								
	·		· · · · · · · · · · · · · · · · · · ·					۰۰.	
	(Grants			includes foreign gra				<u>30a</u>	<u> </u>
31	•	program services (describe	•			_	_		ì
	(Grants) If this amount	includes foreign gra	ints, check here .	<u> </u>		<u>31a</u>	
		program service expense						<u>32</u>	
Part	IV.	List of Officers, Directors,							
		Check if the organization	used Schedule	O to respond to a				<u> </u>	<u> </u>
				(b) Average	(c) Reportable ?			10	Estimated amount of
		? (a) Name and title		hours per week	(Forms W-2/1099-MIS				other compensation
				devoted to position	(If not paid, enter -0-	deferred compen	sation		
Leon	Pabouc	ek						T	
Presi				4	}	o	C		
	m Gagr	ne				1			
•	Preside		***************************************	4		0	c	,	
	er Rina							+-	
Secre				4		0	c		
	Schaef	ior			<u> </u>	 		+-	
		191	•	4					
Treas		1.		44		0		'\	
	lon Ren	-		_			_		
	e in Ch			4		0		4_	
	/ Gagne								
Conc	essions	Manager		4		0		<u> </u>	
Terry	Rinaldi					İ		1	
Equip	ment M	lanager		4		o			
Ange	a Pabo	ucek						Τ	
Inforn	nation (Officer		4		o	c		
Warre	n Lope	z						1	
		ordinator		4	1	ol	c	,	
	ose Pa					-		+	
	Office	·············		4		o	,		
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vene	Kıssin					1		1	
		\gent		ı <i>1</i>	1	0	C	۱I.	



	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			. 🗹
				Yes	
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
?	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		-
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
	c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
	41	List the states with which a copy of this return is filed ► NM			
	42a		505-72		5
	b	Located at ▶ 800 Toadlena Meadows Drive NE, Rio Rancho NM ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		
	c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		1
	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	· ·	Yes	▶ □
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	res	No
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<i>V</i>
	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		~

							_		es	No
46		he organization engage, directly or i indidates for public office? If "Yes," o				or in opposi	tion	46	$\blacksquare \Psi$	
Part		Section 501(c)(3) Organization		, Fait 1	•	• • • •	• +	46	L	<u> </u>
ı aı t		All section 501(c)(3) organization		stions 47–49b and	52. and co	omplete th	e tabl	es foi	r line	s
		50 and 51.	o made anomor quo		02, 0	5111 p 1010 til	0			_
		Check if the organization used Sc	hedule O to respond	to any question in	this Part VI					
			·			<u></u>		1	/es	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) election	on in effect	during the	tax	1		
	year?	? If "Yes," complete Schedule C, Par	tll				. [47	L	~
48	Is the	e organization a school as described i	n section 170(b)(1)(A)(ı	i)? If "Yes," complete	Schedule E		. [48	1	<u> </u>
49a		he organization make any transfers t			zation? .		.	49a	. 1	<u> </u>
b		es," was the related organization a se					· L	49b	L	
50		plete this table for the organization's								key
	empi	oyees) who each received more than	1 \$ 100,000 of comper	nsation from the orga			e, ente	er ivo	ne	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contribution benefit plans	h benefits, s to employee s, and deferred ensation		timated er comp		
None					 					
					+					
						· · · · · · · · · · · · · · · · · · ·				
 -	 -									
										
				L						
		number of other employees paid ov		-						
51	Comp \$100	plete this table for the organization ,000 of compensation from the orga	's five highest compe	ensated independent	contractor	s who each	n rece	ived n	nore	than
			· · · · · · · · · · · · · · · · · · ·							
	(a)	Name and business address of each independ	lent contractor	(b) Type of ser	vice	(c)) Compe	ensation	1	
None							_			-
				1						
		·]						
		·		1						
				 		 - · · · · · · · · · · · · · · · · · · 				
		·		-						
	Total	number of other independent contra	ectors each recovers	Over \$100,000		<u> </u>				
52		the organization complete Schedu	J	• •	nizatione i	muet attack	2 2			
	וות ז		ie A: Note: All Se	oction sortojoj orga			.▶☑	Yes	Πи	0
		oleted Schedule A					_			
Under p	comp	oleted Schedule A	return, including accompan	lying schedules and statem	ents, and to th	e best of mv kr	nowleda	e and h	elref. it	: IS
Under p	comp	of perjury, I declare that I have examined this documented Declaration of preparer (other that	return, including accompan officer) is based on all info	lying schedules and statem formation of which preparer	ents, and to th has any knowl	e best of my kr edge	nowledg	e and b	elief, if	: IS
true, cor	comp	of perjury, I declare that I have examined this	return, including accompan	lying schedules and statem ormation of which preparer	ents, and to th has any knowl	e best of my kr edge	nowledg	e and b	elref, r	: IS
true, cor ———— Sign	comp	of perjury, I declare that I have examined this	return, including accompan Jofficer) is based on all info	lying schedules and statem ormation of which preparer	ents, and to th has any knowl	edge	nowledg	e and b	elief, it	: IS
true, cor ———— Sign	comp enalties rrect, an	of penjury, I declare that I have examined this id complete. Declaration of preparer tother that I have examined this identification of preparer tother that I have examined this identification. Signature of officer. Leon Paboucek, President	return, including accompan Jofficer) is based on all info	lying schedules and statem ormation of which preparer	has any knowl	edge	nowledg	e and b	elief, if	: IS
Sign	comp	of penjury, I declare that I have examined this id complete. Declaration of preparer (other that I signature of officer	Pofficer) is based on all info	ormation of which preparer	has any knowl	edge	202	3	elief, if	: IS
Sign Here	comp enalties rrect, an	of penjury, I declare that I have examined this id complete. Declaration of preparer tother that I have examined this identification of preparer tother that I have examined this identification. Signature of officer. Leon Paboucek, President	return, including accompan nofficer) is based on all info	ormation of which preparer	has any knowl	tte //3//	2021	TIN	elref, r	: IS
Under p true, cor Sign Here Paid Prepa	compoundations rect, an	of penjury, I declare that I have examined this id complete. Declaration of preparer (other that I have examined this id complete. Declaration of preparer (other that I have examined this idea of	Pofficer) is based on all info	ormation of which preparer	has any knowl	edge tte //3//	2021	3	elief, i	is is
Sign Here Paid	complenalities rrect, an	of penjury, I declare that I have examined this id complete. Declaration of preparer (other that I have examined this id complete. Declaration of preparer (other that I have examined this idea of	Pofficer) is based on all info	ormation of which preparer	has any knowl Da	tte //3//	2021	3	elief, i	is is

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Little League Baseball Inc. DBA 4310804 Sunset Little League Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations g Provide the following information about the supported organization(s). (ii) EIN (i) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetan (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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.)

Secti	on A. Public Support	, , , , , , , , , , , , , , , , , , , ,		, [<u>, </u>		
Caler	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48,890.	42,213.		52,432.	59,019.	250,408.
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	48,890.	42,213.	47,854.	52,432.	59,019.	250,408.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						250,408.
	on B. Total Support			y			
	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	48,890.	42,213.	47,854.	52,432.	59,019	250,408.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		1	3.	2	1	<u> </u>
9	Net income from unrelated business activities, whether or not the business is regularly carried on			i			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	758.	450.				1,208.
11	Total support. Add lines 7 through 10						251,623
12	Gross receipts from related activities, etc.				_ · · ·	12	115,910.
13	First five years. If the Form 990 is for the	-			-		
	organization, check this box and stop her		<u>.</u>			<u></u>	<u> </u>
	on C. Computation of Public Suppor					<u> </u>	
14	Public support percentage for 2018 (line 6			1, column (f))		14	99.52 %
15	Public support percentage from 2017 Sch				(15	99.53 %
loa	331/3% support test—2018. If the organic box and stop here. The organization qual						
b	331/3% support test—2017. If the organization						
	this box and stop here. The organization						
170				-			
174	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts- facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	and stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the	e "facts-and-c s-and-circums	circumstances" stances" test.	test, check t The organization	this box and son qualifies as	a publicly
18	Private foundation. If the organization distructions	d not check a l	box on line 13,	, 16a, 16b, 17a	, or 17b, checl	k this box and	see

-							1 490 7
Part							
	(Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	ll.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	/ (f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")						
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 .						
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				 		
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.)						
	on B. Total Support		/			: : - 1	
	dar year (or fiscal year beginning in)	(a) 2014 /	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,	/					
	payments received on securities loans, rents,	/					
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	ľ					
	acquired after June 30, 1975						
	Add lines 10a and 10b /.						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on			i			
40	• • •						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)] ,			
13	Total support. (Add Jines 9, 10c, 11,						
13	and 12.)	i					
14	First five years. If the Form 990 is for the	e organization	'e firet secon	d third fourth	or fifth tay w	ear as a section	n 501(c)(3)
• •	organization, check this box and stop he						
Section	on C. Computation of Public Suppor						<u> </u>
15	Public support percentage for 2018 (line			13 column (fl)		15	
16	Public support percentage from 2017 Sci					16	
	on D. Computation of Investment In				· · · · ·		
17	Investment income percentage for 2018 (ov line 13 colu	mn (f)	17	%
18	Investment income percentage from 2017					18	
19a	33½% support tests—2018. If the organ						
. ••	17 is not more than 331/3%, check this box						
b	/331/3% support tests - 2017. If the organiz						
-/	line 18 is not more than 331/3%, check this	box and stop h	ere. The organ	zation qualifies	as a publicly s	upported organ	ization >
20/	Private foundation. If the organization di						
-7 -		oook a l		, .ou, or 130, C		and dee manue	<u> </u>

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

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

			1	1
1	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		Yes	No
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
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).			
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2		·
O.	(b) and (c) below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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	44		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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.	4c		
5a	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			
L	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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		_6_		
•	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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?	7		1
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a 9b		
С	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.	9c		
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	10a		
	determine whether the organization had excess business holdings.)	10b	 	J

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	L		
	below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	[[
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ł		[,
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported	}		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	Ì		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	<u> </u>	
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1	l	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed	<u> </u>		
	the supported organization(s).	1		L
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ļ	ļ	ļ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			<u> </u>
_		_1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	<u> </u>	<u> </u>	
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	
	supported organizations played in this regard.	<u> </u>		
Conti	on E. Type III Functionally Integrated Supporting Organizations	3	<u>!</u>	<u> </u>
			-4:	-1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i The organization satisfied the Activities Test. Complete line 2 below.	กรเกน	CHOIL	S).
a b	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	etaiet	lanel
2	Activities Test. Answer (a) and (b) below.	300 111	Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ľ		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	}	}	
	how the organization was responsive to those supported organizations, and how the organization determined		1	
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		-	
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1	}	
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	l	ļ	(
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		_
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	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		ı	
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)
1 Aggregate fair market value of all non-exempt-use assets (see	-		
instructions for short tax year or assets held for part of year):			
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			
factors (explain in detail in Part VI):			
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,			
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			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			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y int	egrated Type III support	ng organization (see

Part	l ype III Non-Functionally integrated 509(a)(3	s) Supporting Organi	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6		·	
10			·	
			(ii)	(iii)
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	_		
4	Distributions for 2018 from			
	Section D, line 7.			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**18**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization			Employer identification fidinger
Little League Baseball Inc. DBA 4310804 Suns	et Little League		85-0404930
Form 990-EZ, Part I, Line 7, Gross Profit from	Sales of Invento	ory:	
Income:			-
1. Gross Receipts	27,432.		·
2. Returns and Allowances	0.	••••••	·
3. Line 1 less line 2	27,432.		,
4. Cost of Goods Sold (line 13)	18,833.		
5 Gross Profit (line 3 less line 4)	8,599.		
Cost of Goods Sold.			
6. Inventory at Beginning of Year	0.		
7. Merhcandise Purchased	17,533.		
8. Cost of Labor	0.		
9. Materials and Supplies	1,050		
10. Other Costs	250.		
11. Add Lines 6 through 10	18,833		
12 Inventory at End of Year	0.		
13. Cost of Goods Sold (line 11 less line 12)	18,833		
Form 990-EZ, Part I, Line 8, Other Revenue:			
Description of Other Revenue: Amount:			
Interest Income	1.		
Uniform Fees	1,697.		
Total to Form 990-EZ, Line 8	1,698.		
Form 990-EZ, Part I, Line 16, Other Expenses.			
Description of Other Expenses: Amount:			
Awards	953.		
Allstar Expenses	14,099.		
Bank Fees	35.		

Name of the organization Little League Baseball Inc. DBA 4310804 S	unset Little Lea	aque		Employer identification number 85-0404930			
Equipment	6,772.						
Little League Fees	5,911.	•••••					
Registration Expenses	1,182.						
Uniforms	33,899.						
Telephone	2,885.						
Facility Upgrades	1,849.						
Other Charges	692.						
Field Supplies	797.						
Total to Form 990-EZ, Line 16	69,074						
Form 990-EZ, Part II, Line 24, Other Assets							
Description	Beg. of Year	r	End of Year				
Accounts Receivable	139.		139.				
Form 990-EZ, Part II, Line 26, Other Liabılıt	ies:						
Description	Beg of Year	r	End of Year				
Accounts Payable	6,817.		13,307.				
Form 990-EZ, Part III, Primary Exempt Purp	oise - Operate a	Little League Bas	seball and Softball Program				
Form 990-EZ, Part IV, List of Officers, Directors, Trustees, and Key Employees (continued)							
Isaac DeLeon, Fundraising Manager	4.00 0.	0. 0.					
Brandi Schaeffer, Director of Softball	4.00 0.	0. 0					
Gerald Segura, Special Events Coordinato	r 4.00 0.	0. 0.					
Jason Shepard, Player Agent	4.00 0.	0. 0.					
Ashlee Cushing, Player Agent	4 00 0.	0. 0.					
Janet Cerros, Player Agent	4.00 0.	0. 0					
Form 990-EZ, Part V, Line 35b - Not Applicable							
Form 990-EZ. Part V, Line 44d - The organization did not, during the year, receive any payments for indoor tanning services							
							
		·	·····	•••••••••••			