Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	for the	2013 calenda	ar year, or tax year beginning	November 1	, 2013, and	ending	October	31 ,20 14
В	Check if ap	oplicable:	C Name of organization			DE	mployer ident	ification number
	Address change Plum Baseball & Softball Association						-3948869)
	Name cha	-	Number and street (or P.O. box, if mail i	s not delivered to street address)	Roc	om/suite E T	elephone num	ber
=	Initial retu		41	2-973-63	376			
=	Terminate Amended		City or town, state or province, country,	and ZIP or foreign postal code		F	Group Exemp	tion
=		n pending	Plum , PA 15239				Number ►	
G	Account	ting Method:	X Cash Accrual Other (s	specify) >		H Che	ck ▶ 🗓 if th	ne organization is no
1 1	N ebsite	: ▶	·					n Schedule B
JI	ax-exen	npt status (che	eck only one) — X 501(c)(3)	(c) () ◀ (insert no.) ☐ 49	47(a)(1) or]527 (For	m 990, 990-E	Z, or 990-PF).
K	Form of	organization:		☐ Association ☐	Other			
			7b, to line 9 to determine gross rece	· -	00,000 or more	, or if total ass	sets	
(Pa	rt II, col	umn (B) belov	v) are \$500,000 or more, file Form 99	90 instead of Form 990-EZ.			. ▶ \$	168,806.00
P	art I	Revenu	e, Expenses, and Changes	in Net Assets or Fund	Balances (see the ins	tructions fo	
		Check if	the organization used Schedu	le O to respond to any q	uestion in th	is Part I.		🗆
	1		ons, gifts, grants, and similar am					2,322
	2	Program se	ervice revenue including governr	ment fees and contracts			. 2	149,065
	3	Membershi	ip dues and assessments				. 3	
	4	Investment	income				. 4	
	5a	Gross amo	ount from sale of assets other that	an inventory	5a			
	b	Less: cost	or other basis and sales expens					
	С	Gain or (los	ss) from sale of assets other than	n inventory (Subtract line s	b from line 5	ia)	. 5c	0.00
	6	Gaming an	d fundraising events			·		
	а	Gross inco	ome from gaming (attach Sc	hedule G if greater tha	เท			
E		\$15,000) .			6a			
Revenue	b	Gross inco	me from fundraising events (not	including \$	of cor	ntributions		
æ		from fundra	aising events reported on line 1) (attach Schedule G if th	ne			
		sum of suc	ch gross income and contribution	ns exceeds \$15,000)	6b	6,5	07	
	С	Less: direc	t expenses from gaming and fur	ndraising events	6c		23	
	d	Net income	e or (loss) from gaming and fur	ndraising events (add line	s 6a and 6b	and subtrac	ct	
		line 6c) .	• • • • • • • • •				· 6d	5,784.00
	7a	Gross sales	s of inventory, less returns and a	allowances	7a			
	b	Less: cost	of goods sold		7b			
	С	Gross profi	it or (loss) from sales of inventor	y (Subtract line 7b from lir	ne 7a)		. 7с	0.00
	8	Other rever	nue (describe in Schedule O) .				. 8	10,912
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d,	7c, and 8		<u>)</u>	9	168,083.00
	10	Grants and	l similar amounts paid (list in Sch	nedule O)			. 10	
	11	Benefits pa	aid to or for members				. 11	
es	12	Salaries, ot	ther compensation, and employe	ee benefits			. 12	
Expenses	13	Professiona	al fees and other payments to in	dependent contractors .			. 13	
g	14	Occupancy	/, rent, utilities, and maintenance				. 14	
ш	15	Printing, pu	ublications, postage, and shippir	ng	·		. 15	
	16	Other expe	enses (describe in Schedule O)				. 16	152,800
_	17	Total expe	nses. Add lines 10 through 16	<u> </u>	<u></u> .	<u></u> .)	17	152,800.00
S	18	Excess or ((deficit) for the year (Subtract line	e 17 from line 9)			. 18	15,283.00
set	19		or fund balances at beginning					
As		end-of-yea	r figure reported on prior year's	return)			. 19	28,168.00
Net Assets	20	Other chan	ges in net assets or fund balanc	es (explain in Schedule O)		. 20	
z	21	Net assets	or fund balances at end of year.	Combine lines 18 through	h 20		▶ 21	43,451.00
Foi	Paper		ion Act Notice, see the separate ir					orm 990-EZ (2013)

Par						
	Check if the organization used Schedu	le O to respond to ar				<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			21,289	_	32,506
23	Land and buildings			1		1
24	Other assets (describe in Schedule O)			6,878		10,944
25	Total assets			28,168.00		43,451.00
26	Total liabilities (describe in Schedule O) .				26	
27	Net assets or fund balances (line 27 of colur			28,168.00	27	43,451.00
Part		•		· 1		Expenses
	Check if the organization used Schedu		ny question in this l	Part III 📋		uired for section
What	is the organization's primary exempt purpose?	See Attached				c)(3) and 501(c)(4) nizations and section
as mo	ribe the organization's program service accompassured by expenses. In a clear and concise ons benefited, and other relevant information for	manner, describe the each program title.	e services provided	, the number of	4947	7(a)(1) trusts; optional thers.)
	Organized and operated recreation					
	the children of Plum Borough, PA					
	(Cropto \$) If this amou	nt includes foreign gra	ente check here		28a	152,800
29					<u> 20a</u>	152,800
29						
•						
	(Grants \$) If this amou	nt includes foreign gra	ints check here		29a	
30	(Clarito W) In time differen					
•						
•	(Grants \$) If this amou	nt includes foreign gra	ints, check here .	▶ □	30a	
31	Other program services (describe in Schedule C)				
	(Grants \$) If this amou	nt includes foreign gra	ints, check here .	▶ 🗆	31a	
	Total program service expenses (add lines 28				32	
32 Part	List of Officers, Directors, Trustees, and k	ey Employees (list eact	n one even if not comp	ensated—see the in	struc	ctions for Part IV)
		ey Employees (list eact	n one even if not comp ny question in this	pensated—see the in Part IV	struc	ctions for Part IV)
	List of Officers, Directors, Trustees, and k	ey Employees (list eact	n one even if not comp	pensated—see the in Part IV	struc	ctions for Part IV)
Part	List of Officers, Directors, Trustees, and R Check if the organization used Schedu	le O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	struc	etions for Part IV)
Robe P.O.	List of Officers, Directors, Trustees, and P Check if the organization used Schedu (a) Name and title ert Sekerka - President Box 114057 Plum, PA 15239	le O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	struc 	etions for Part IV)
Robe P.O.	List of Officers, Directors, Trustees, and P Check if the organization used Schedu (a) Name and title ert Sekerka - President Box 114057 Plum, PA 15239 id Seitz - Vice President	le O to respond to as (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc 	Estimated amount of ther compensation
Robe P.O.	List of Officers, Directors, Trustees, and P Check if the organization used Schedu (a) Name and title ert Sekerka - President Box 114057 Plum, PA 15239	le O to respond to as (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc 	Estimated amount of ther compensation
Robe P.O. Davi	List of Officers, Directors, Trustees, and Market Check if the organization used Scheducert Sekerka - President Box 114057 Plum, PA 15239 id Seitz - Vice President Box 114057 Plum, PA 15239 es Poe - Treasurer	(ey Employees (list each lie O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struc	Estimated amount of ther compensation
Robe P.O. Davi P.O. Jame	List of Officers, Directors, Trustees, and Market Check if the organization used Scheducert Sekerka - President Box 114057 Plum, PA 15239 Separate President Box 114057 Plum, PA 15239 Box 114057 Plum, PA 15239 Box 114057 Plum, PA 15239	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struc 	Estimated amount of ther compensation
Robe P.O. Davi P.O. Jame	List of Officers, Directors, Trustees, and Market Check if the organization used Scheducert Sekerka - President Box 114057 Plum, PA 15239 dd Seitz - Vice President Box 114057 Plum, PA 15239 es Poe - Treasurer Box 114057 Plum, PA 15239 c Seigh - Secretary	(b) Average hours per week devoted to position 10	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	Estimated amount of ther compensation 0
Robe P.O. Davi P.O. Jame P.O. Eric	Check if the organization used Schedule: (a) Name and title ert Sekerka - President Box 114057 Plum, PA 15239 id Seitz - Vice President Box 114057 Plum, PA 15239 es Poe - Treasurer Box 114057 Plum, PA 15239 es Poe - Secretary Box 114057 Plum, PA 15239	(ey Employees (list each lie O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struc	Estimated amount of ther compensation 0
Robe P.O. Davi P.O. Jame P.O. Eric P.O.	Check if the organization used Schedular Sekerka - President Box 114057 Plum, PA 15239 id Seitz - Vice President Box 114057 Plum, PA 15239 es Poe - Treasurer Box 114057 Plum, PA 15239 es Poe - Secretary Box 114057 Plum, PA 15239 es Seigh - Secretary Box 114057 Plum, PA 15239 white - Softball Director	(b) Average hours per week devoted to position 10 10	n one even if not comp ny question in this of the compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struc	Estimated amount of ther compensation 0 0
Robe P.O. Davi P.O. Jame P.O. Eric P.O. Jay	Check if the organization used Schedular Sekerka - President Box 114057 Plum, PA 15239 Id Seitz - Vice President Box 114057 Plum, PA 15239 C Seigh - Secretary Box 114057 Plum, PA 15239 White - Softball Director Box 114057 Plum, PA 15239	(b) Average hours per week devoted to position 10	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	Estimated amount of ther compensation 0
Robe P.O. Davi P.O. Jame P.O. Eric P.O. Will	Check if the organization used Schedular Check if the organization used Schedular Sekerka - President Box 114057 Plum, PA 15239 id Seitz - Vice President Box 114057 Plum, PA 15239 es Poe - Treasurer Box 114057 Plum, PA 15239 es Seigh - Secretary Box 114057 Plum, PA 15239 White - Softball Director Box 114057 Plum, PA 15239 White - Softball Director Box 114057 Plum, PA 15239	tey Employees (list each lie O to respond to an be of the order of the	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struc	Estimated amount of ther compensation 0 0 0
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Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		X
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
00	detailed description of each activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	00		
	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		Х
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)?			
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		X
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
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			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	36		<u>X</u>
b	Did the organization file Form 1120-POL for this year?	37b		Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0,12		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \triangleright 0; section 4912 \triangleright 0; section 4955 \triangleright 0			
b	Section 501(c)(3) and 501(c)(4) 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	-	v
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400		X
	organization managers or disqualified persons during the year under sections 4912,			
_	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		X
41	List the states with which a copy of this return is filed ► None			
42a	The organization's books are in care of ▶ James Poe Telephone no. ▶ 412-	370-	473	6
h	Located at ► 108 Emerald Drive New Kensington, PA ZIP + 4 ► 1506 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	8		
U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
	If "Yes," enter the name of the foreign country: ▶	420		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here		. •	► □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Vac	N.
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		X
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		Х
	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44.1		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		X
45a 45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	40a		X
- ~	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		Y

46	Did th	ne organization engage, directly or indidates for public office? If "Yes," of	ndirectly, in political c complete Schedule C	campaign activities or , Part I	n behalf of o	in opposi	tion . 46	res	X
Part '		Section 501(c)(3) organization: All section 501(c)(3) organization 50 and 51.	s must answer que			mplete th	e tables	for lin	es
		Check if the organization used Sc	hedule O to respond	to any question in	this Part VI				. 🔲
477	District						. —	Yes	No
47	year?	ne organization engage in lobbying If "Yes," complete Schedule C, Par	tll			during the	tax . 47	,	х
48		organization a school as described i					. 48	3	Х
49a		ne organization make any transfers t					. 49		Х
_ b	IT "Ye	s," was the related organization a se	ection 527 organization five highest company	on?			. [49	b	<u> </u>
50	emple	ovees) who each received more that	s live highest compen s \$100,000 of compen	isated employees (or esation from the orga	ner than οπια Inization If th	ers, aireci	ors, trus o enter '	iees an	а кеу
	cripic	byces) who each received more than					e, enter	None.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	compensation	contributions benefit plans,	to employee and deferred			
									-

					-				
		·							
		number of other employees paid ov		. >					
51	\$100,	000 of compensation from the organization	nization. If there is no	ensated independent one, enter "None."	contractors	wno eacr	receive	d more	than
	(a)	Name and business address of each independ	dent contractor	(b) Type of ser	vice	(c)	Compense	tion	
								-14	
							<u></u> ,	·	
				-					
				1	1				

						4.4.4			
		•		·	>				
d 52	Did th	ne o <u>rganizatio</u> n complete Schedule	A? Note . All section 5	01(c)(3) organizations	• •	· •	N □ Va		
52	Did th	ne organization complete Schedule rempt charitable trusts must attach	ated organization a section 527 organization? If or the organization's five highest compensated employees (other than officers, directors, trustees and key och received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Average hours per week devoted to position (compensation from the organization. If there is none, enter "None." (c) Reportable compensation (compensation from the organization. If there is none, enter "None." (d) Health benefits, other blanks, and deferred compensation of other compensation from the organization's five highest compensated independent contractors who each received more than ensation from the organization. If there is none, enter "None." (e) Compensation (e) Compensation (e) Compensation (e) Compensation (e) Compensation (f) Type of service (e) Compensation (f) Type of service (f) Type of service (g) Type of						
52 Under p	Did the none of th	ne organization complete Schedule a compt charitable trusts must attach of perion, I declare that I have examined this	A? Note . All section 5 a completed Schedul return, including accompan	01(c)(3) organizations e A	ents. and to the	best of my kn			
52 Under p true, cor	Did the none of th	ne organization complete Schedule a compt charitable trusts must attach of perion, I declare that I have examined this	A? Note . All section 5 a completed Schedul return, including accompan	01(c)(3) organizations e A	ents. and to the	best of my kn			
Under ptrue, cor	Did the none of th	ne organization complete Schedule Action to Charitable trusts must attach of period, I declare that I have examined this demplete. Declaration of preparer (other than Signature of officer	A? Note . All section 5 a completed Schedul return, including accompany officer) is based on all info	01(c)(3) organizations e A	ents, and to the	best of my kn	owledge ar	nd belief,	
Under ptrue, cor	Did the none of th	ne organization complete Schedule Action to Charitable trusts must attach of period, I declare that I have examined this demplete. Declaration of preparer (other than Signature of officer	A? Note . All section 5 a completed Schedul return, including accompany officer) is based on all info	01(c)(3) organizations e A	ents, and to the	best of my kn	owledge ar	nd belief,	
Under p true, cor Sign Here	Did the none of th	ne organization complete Schedule Acempt charitable trusts must attach of periory, I declare that I have examined this demplete. Declaration of preparer (other than Signature of officer	A? Note . All section 5 a completed Schedul return, including accompany officer) is based on all info	01(c)(3) organizations e A	ents, and to the has any knowled Date	best of my kn	owledge ar	nd belief,	
Under ptrue, cor	Did the nonexpendities rrect, and	ne organization complete Schedule Acempt charitable trusts must attach of perjury, I declare that I have examined this demplete. Declaration of preparer (other than Signature of officer Type or print name and title	A? Note . All section 5 a completed Schedul return, including accompany officer) is based on all info	01(c)(3) organizations e A	ents, and to the has any knowled Date	best of my knige.	owledge ar	nd belief,	
Under p true, cor Sign Here	Did the nonest rect, and arer	ne organization complete Schedule Acempt charitable trusts must attach of perjury, I declare that I have examined this demplete. Declaration of preparer (other than Signature of officer Type or print name and title	A? Note . All section 5 a completed Schedul return, including accompany officer) is based on all info	01(c)(3) organizations e A	ents, and to the has any knowled Date	check self-employ	owledge ar	nd belief,	
Under ptrue, cor Sign Here Paid Prep Use	Did the nonex rect, and arer Only	ne organization complete Schedule Acempt charitable trusts must attach of perior, I declare that I have examined this idemplete. Declaration of preparer (other than Signature of officer Type or print name and title Print/Type preparer's name Firm's name	A? Note. All section 5 a completed Schedul return, including accompany officer) is based on all info	01(c)(3) organizations e A	ents, and to the has any knowled Date	best of my kn ge. Check □ self-employ	owledge ar	d belief,	it is

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.

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

OMB No. 1545-0047

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

Open to Public Inspection

Name of the organization **Employer identification number** Plum Baseball & Softball Association 45-3948869 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 11, check only one box.) 1 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.) 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). 6 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 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). ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II **c** Type III–Functionally integrated **d** Type III–Non-functionally integrated e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. governing document? col. (i) of your above or IRC section (i) organized in the support? U.S.? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	4) 0000	# N 0040		(0 00/0		T
_	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support	(-) 0000	#-> 0040	(-) 0044	(D 0040	() 0040	
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	Gross income from interest, dividends,						
8	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 IV.)		3				
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	n's first, secon		-	12 ear as a sectio	` '` '
Secti	on C. Computation of Public Suppor				• • • • •	• • • • •	· · · L
14	Public support percentage for 2013 (line			1. column (fl)		14	%
15 16a	Public support percentage from 2012 Scl 331/3% support test—2013. If the organi box and stop here. The organization qua	hedule A, Part zation did not	II, line 14 check the box	on line 13, and	 d line 14 is 33¹,	15 /3% or more, c	% heck this
b	33 ¹ / ₃ % support test—2012. If the organ check this box and stop here. The organ	nization did no	t check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- facts-and-circu	and-circumsta ımstances" tes	nces" test, che st. The organiza	eck this box an	id stop here. E as a publicly si	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part IV how the organization or supported organization	tion meets the neets the "facts	e "facts-and-ci s-and-circumst	rcumstances" tances" test. T	test, check th he organization	is box and st on qualifies as a	, and line op here.
18	Private foundation. If the organization di instructions						see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	didei tile te	ests listed be	iow, piease cc	implete Fart	11.)	
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees		(0, 000	(0, 20	(4) 20:2	(0) 2010	(i) rotal
	received. (Do not include any "unusual grants.")			155,285	154,844	168 0824	 4 78,211.00
2	Gross receipts from admissions, merchandise					100,002	270,211.00
	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			155,285.001	54,844.001	68,082.004	178,211.00
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			<u> </u>			
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Cooti	on B. Total Support					4	£78,211.00
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(-) 0011	(4) 0040	(-) 0040	(n =
9	Amounts from line 6	(a) 2009		(c) 2011	(d) 2012	(e) 2013	(f) Total
_	Gross income from interest, dividends,			155,285.001	54,844.001	68,082.004	1/8,211.00
iva	payments received on securities loans, rents,				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	royalties and income from similar sources .						ł
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses	ĺ					
	acquired after June 30, 1975						
С	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						
12	Other income. Do not include gain or					***************************************	
	loss from the sale of capital assets						
	(Explain in Part IV.)				ļ		
13	Total support. (Add lines 9, 10c, 11,						<u></u>
	and 12.)					4	178,211.00
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	nd, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he						▶ 🗆
Secti	on C. Computation of Public Support						
15	Public support percentage for 2013 (line					15	100.00%
16	Public support percentage from 2012 Sc			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2013 (17	0 %
18	Investment income percentage from 2012					18	%
19a	331/3% support tests—2013. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2012. If the organiz						
	line 18 is not more than 33 ¹ / ₃ %, check this						
20	Private foundation. If the organization di	o not check a	DOX ON JINE 14	. 142 or 195 o	neck this have	and see instruc	Stione -

Schedule A (l	Form 990 or 990-EZ) 2013	age 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. 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.

OMB No. 1545-0047

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

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

Open to Public Inspection

Employer identification number

Plum Baseball & Softball	Association	45-3948869					
Form 990 EZ Part II Line 24 - Other Assets							
Beginning of the Year - 1	Machinery and Equipment - \$6,878						
	ary and Equipment 510 044						
Form 990EZ Part III -Orga	anization's Primary Exempt Purpose						
	ty for all children in Plum Borough PA t						
	d Baseball and Softball games, leagues a						
tournaments in varying	age groups. Also to promote and instill	the values					
	honesty, loyalty, courage, teamwork and						
for others in all partic							
Form COOFE Doub I Line 1	C. Ohlan Danasa						
Form 990EZ Part I Line 1							
Bank Charges	10						
Contributions	85						
Commissions and fees	29,206						
Insurance	7,574						
Office expense	472						
Rental expense	6,340						
Repairs and maintenance	1,604						
Supplies	48,270						
Tournament expenses	36,635						
Utilities	11,209						
Miscellaneous	11,395						
Total other expenses	152,800						