



Change in Accounting Period Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust

OMB No. 1545-1140

1999

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year, The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 1999 calendar year, OR tax year beginning 10/01/99, and ending 9/30/00

B Check if:

- Change of address
Initial return
Final return
Amended return
(state reporting)

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

Rockledge Little League Inc
c/o Betsi Beatty Moist, President

Number and street (or P O box, if mail is not delivered to street address) Room/suite

994 Beacon Road

City or town, state or country, and ZIP + 4

Rockledge FL 32955

D EIN

51-0186018

E Telephone number

321-639-5658

F Check if exemption application is pending

H Enter four-digit group exempt no. (GEN) 3158

Accounting method: X Cash Accrual Other (specify)

Type of organization- X Exempt under section 501(c) (3) section 4947(a)(1) nonexempt charitable trust

Note: Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts MUST attach a completed Sch. A (Form 990).

Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, the organization should file a return without financial data. Some states require a complete return.

Enter the organization's 1999 gross receipts (add back lines 5b, 6b, and 7b, to line 9) \$ 95,451

If \$100,000 or more, the organization must file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 32.)

Table with 21 rows for Revenue, Expenses, and Changes in Net Assets or Fund Balances. Includes columns for description, sub-rows (a, b, c), and amounts.

STATUTE UNIT RECEIVED MAR 06 2006 TPR BRANCH OGDEN

STATUTE UNIT RECEIVED APR 05 2006

Part II Balance Sheets - Table with columns (A) Beginning of year and (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

For Paperwork Reduction Act Notice, see page 1 of the separate Instr.

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Form 990-EZ (1999)

Part II Statement of Program Service Accomplishments (See Specific Instructions on page 36.)

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

Little League Baseball

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the no. of persons benefited, or other relevant information for each program title.

28 See Statement 2

(Grants \$) **28a**

29

(Grants \$) **29a**

30

(Grants \$) **30a**

31 Other program services (attach schedule)

(Grants \$) **31a**

32 Total program service expenses (add lines 28a through 31a)

32 **0**

Part III List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instr. on page 36.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Statement 3				

Part IV Other Information (See Specific Instructions on page 37.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the yr? (If "Yes," att a stmt.)		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		0
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instr. & enter the amount involved.		
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		0
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," att. an explanation.		<input checked="" type="checkbox"/>
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		0
d Enter: Amount of tax on line 40c, above, reimbursed by the organization		0
41 List the states with which a copy of this return is filed. None		
42 The books are in care of Betsi B Moist Located at 969 Bayberry Lane Rockledge		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of and enter the amount of tax-exempt interest received or accrued during the		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including attachments, and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge. (Important: See General Instruction B, page 14.)
Betsi B Moist
Signature of officer

Paid Preparer's Use Only

Preparer's signature *[Signature]*
Firm's name (or yours if self-employed) **Advanced Tax Center**
and address **3819 Murrell Rd St Rockledge, FL**

SCHEDULE A
(Form 990)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information-(See separate instructions.)

OMB No 1545-0047

1999

Department of the Treasury
Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization

Rockledge Little League Inc
c/o Betsi Beatty Moist, President

Employer identification number

51-0186018

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$ 50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990) 1999

Part III Statements About Activities

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying, organizational activities, and grants.

Reason for Non-Private Foundation Status (See pages 2 through 4 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- List of reasons for non-private foundation status, including: 5. A church, convention of churches... 6. A school... 7. A hospital... 8. A Federal, state, or local government... 9. A medical research organization... 10. An organization operated for the benefit of a college... 11a. An organization that normally receives a substantial part of its support from a governmental unit... 11b. A community trust... 12. An organization that normally receives: (1) more than 33 1/3% of its support from contributions... 13. An organization that is not controlled by any disqualified persons...

Provide the following information about the supported organizations. (See page 4 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 of the instructions.)

Part IV Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or FY beginning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, & contrib. received. (Do not incl. unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a busn. unrelated to the organization's charitable, etc., purpose					
18 Gross inc. from int., dividends, amounts received from pymt. on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn. taxable inc. (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's ben. & either paid to it or expended on its behalf					
21 The value of services or facil. furnished to the org by a governmental unit without charge. Do not incl. the value of serv. or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule Do not include gain or (loss) from sale of cap. assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24 ▶ **26a**

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c**

d Add: Amounts from column (e) for lines: 18 _____ 19 _____
22 _____ 26b _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: **N/A**

(1998) _____ (1997) _____ (1996) _____ (1995) _____

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: **N/A**

(1998) _____ (1997) _____ (1996) _____ (1995) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____
17 _____ 20 _____ 21 _____ ▶ **27c**

d Add: Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 4 of the instr.)

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 8 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (with checked box for No)

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

General Footnote

Change in Accounting Period - Copies of prior years returns available indicate a tax year-end of August 31st. However, the accounting year-end is, and has been, Sept 30th for many years because of the requirements of Little League Baseball Inc., which holds the Group IRC 501(C)(3) exemption. Therefore, we have changed the TAX year to match the corporation's accounting year-end.

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
	\$
Indirect Expense	
Bank Charges	
Batting Cage	18,140
Concession Stock	24,379
Equipment	16,180
Jr. Allstars	
Little League Inc	6,238
Locks & Keys	
Misc Expenses	1,109
Registration	655
Scoreboards	
Signs	600
TODAY Newspaper	
Tournament Expenses	
Travel Expenses - All-Stars	1,275
Trophies	
Umpires	
Uniforms	15,394
Total	<u>\$ 83,970</u>

Federal Statements

Statement 2 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Provide a Little League Baseball program for the City of Rockledge, FL. All Revenues and Expenses were directly associated with the purpose.

Statement 3 - Form 990-EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

<u>Name</u>	<u>Title</u>	<u>Average Hours</u>	<u>Address</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
James P McKnight	President		Rockledge FL			
Betsi B Moist	Secretary		Rockledge FL			
Patty Nolen	Treasurer		Rockledge FL			
Alan Wester	V Pres		Rockledge FL			
Charlie Lester	V President		Rockledge FL			