

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2001

under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

200209

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, OR tax year beginning 10/1/2001, and ending 9/30/2002

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

Please use IRS label or print or type See Specific Instructions

C Name of organization: PORT ST JOHN LITTLE LEAGUE ASSOCIATION, INC. Address: 5190 HOGAN PLACE, COCOA, FL 32927

D Employer identification number: 52-1287610. E Telephone number: (321) 639-1369. F Accounting method: [X] Cash [] Accrual [] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? [] Yes [X] No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? [] Yes [] No. H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No.

G Web site:

J Organization type (check only one) [X] 501(c) (3) (insert no) [] 4947(a)(1) or [] 527

K Check here [] 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, it should file a return without financial data. Some states require a complete return.

I Enter 4-digit GEN

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 109,047 M Check [] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes sub-rows (a, b, c) for detailed reporting. Total revenue (line 12) is 75,468. Total expenses (line 17) is 88,101. Net assets at end of year (line 21) is 5,431.

INTERNAL REVENUE SERVICE W & I FIELD ASSISTANCE MELBOURNE, FL

RECEIVED FEB 14 2006 ACCOUNTS MGMT. TEAM 108 - STATUTE SINGMAN ACCOUNTS MGMT. CTR.

RECEIVED (A) Securities (B) Other

SCANNED MAR 22 2006

(HTA)

Form 990 (2001)

RCVD IN BATCHING MAR 02 2006

11 NE

Part II Statement of

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 21)

Functional Expenses

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	0			
23 Specific assistance to individuals (attach schedule)	0			
24 Benefits paid to or for members (attach schedule)	0			
25 Compensation of officers, directors, etc	0			
26 Other salaries and wages	0			
27 Pension plan contributions	0			
28 Other employee benefits	0			
29 Payroll taxes	0			
30 Professional fundraising fees	8,272			8,272
31 Accounting fees	0			
32 Legal fees	0			
33 Supplies	1,846		1,846	
34 Telephone	1,343		1,343	
35 Postage and shipping	61		61	
36 Occupancy	0			
37 Equipment rental and maintenance	450		450	
38 Printing and publications	925		925	
39 Travel	4,500	4,500		
40 Conferences, conventions, and meetings	0			
41 Interest	0			
42 Depreciation, depletion, etc (attach schedule)	0			
43 Other expenses not covered above (itemize) a <u>Bank Fees</u>	355		355	
b <u>Charter Fees</u>	3,113	3,113		
c <u>Equipment</u>	55,883	55,883		
d <u>Insurance</u>	468	468		
e <u>Licenses</u>	61		61	
f <u>Professional Fees</u>	950		950	
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	88,101	68,896	10,933	8,272

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

(See Specific Instructions on page 24)

What is the organization's primary exempt purpose? Little League Baseball

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

a	<u>PROVIDED CHILD DEVELOPMENT UTILIZING SPORTING EVENTS FOR 441 SCHOOL AGE CHILDREN TH</u>			
	(Grants and allocations \$ _____)			68,896
b				
	(Grants and allocations \$ _____)			
c				
	(Grants and allocations \$ _____)			
d				
	(Grants and allocations \$ _____)			
e	<u>Other program services (attach schedule)</u>	(Grants and allocations \$ _____)		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)			68,896

Part IV Balance Sheets

(See Specific Instructions on page 24)

Note:		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)
				Beginning of year		End of year
Assets						
45	Cash - non-interest-bearing			18,064	45	5,431
46	Savings and temporary cash investments				46	
47a	Accounts receivable	47a	0			
b	Less allowance for doubtful accounts	47b	0	0	47c	0
48a	Pledges receivable	48a	0			
b	Less allowance for doubtful accounts	48b	0	0	48c	0
49	Grants receivable				49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)			0	50	0
51a	Other notes and loans receivable (attach schedule)	51a	0			
b	Less allowance for doubtful accounts	51b	0	0	51c	0
52	Inventories for sale or use			0	52	0
53	Prepaid expenses and deferred charges			0	53	0
54	Investments - securities (attach schedule)	<input type="checkbox"/> Cost	<input type="checkbox"/> FMV	0	54	0
55a	Investments - land, buildings, and equipment basis	55a	0			
b	Less accumulated depreciation (attach schedule)	55b	0	0	55c	0
56	Investments - other (attach schedule)			0	56	0
57a	Land, buildings, and equipment basis	57a	0			
b	Less accumulated depreciation (attach schedule)	57b	0	0	57c	0
58	Other assets (describe _____)			0	58	0
59	Total assets (add lines 45 through 58) (must equal line 74)			18,064	59	5,431
Liabilities						
60	Accounts payable and accrued expenses			0	60	0
61	Grants payable			0	61	0
62	Deferred revenue			0	62	0
63	Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0
64a	Tax-exempt bond liabilities (attach schedule)			0	64a	0
b	Mortgages and other notes payable (attach schedule)			0	64b	0
65	Other liabilities (describe _____)			0	65	0
66	Total liabilities (add lines 60 through 65)			0	66	0
Net Assets or Fund Balances						
Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
67	Unrestricted			0	67	0
68	Temporarily restricted			0	68	0
69	Permanently restricted			0	69	0
Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74						
70	Capital stock, trust principal, or current funds			18,064	70	5,431
71	Paid-in or capital surplus, or land, building, and equipment fund			0	71	0
72	Retained earnings, endowment, accumulated income, or other funds			0	72	0
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			18,064	73	5,431
74	Total liabilities and net assets/fund balances (add lines 66 and 73)			18,064	74	5,431

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	109,047
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) thru (4)	b	0
c	Line a minus line b	c	109,047
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) FUNDRAISING E		
	\$ -33,579		
	Add amounts on lines (1) and (2)	d	-33,579
e	Total revenue per line 12, Form 990 (line c plus line d)	e	75,468

a	Total expenses and losses per audited financial statements	a	121,680
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) thru (4)	b	0
c	Line a minus line b	c	121,680
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) FUNDRAISING EXPENSE		
	\$ -33,579		
	Add amounts on lines (1) and (2)	d	-33,579
e	Total expenses per line 17, Form 990 (line c plus line d)	e	88,101

Part V List of Officers, Directors, Trustees, and Key Employees

(List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RICK ZINGER 5080 CARRICK ROAD, COCOA, FL 32927	PRESIDENT 20	0	0	0
PATRICK RYAN 6745 ANECIA AVENUE, COCOA, FL 32927	VICE-PRESIDENT 20	0	0	0
KURT BERRY 5190 HOGAN PLACE, COCOA, FL 32927	VICE-PRESIDENT SC 20	0	0	0
KIMBERLY SCOTT 4796 FAIRSUN STREET, COCOA, FL 32927	TREASURER 20	0	0	0
JACQUAI GINES 4586 SEATFLE STREET, COCOA, FL 32927	PLAYER AGENT 20	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

Yes

No

If "Yes," attach schedule - see Specific Instructions on page 27

Part VI Other Information

(See Specific Instructions on page 27)

Yes or No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	No
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	No
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0
b	Did the organization file Form 1120-POL for this year?	81b	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	No
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter		
a	Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter		
a	Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	
89a	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		
b	501(c)(3) and 501(c)(4) orgs. 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," attach a statement explaining each transaction	89b	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 _____ 0		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization _____ 0		
90a	List the states with which a copy of this return is filed <u>NONE</u>		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions.)	90b	0
91	The books are in care of <u>TAMI BERRY</u> Telephone no <u>(321) 639-1369</u> Located at <u>5190 HOGAN PLACE, COCOA, FL</u> ZIP + 4 <u>32927</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year _____	92	

Part VII Analysis of Income-Producing Activities

(See Specific Instructions on page 32.)

Note	Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue					
a	REGISTRATION					27,224
b	SPONSOR ADVERTISING					12,184
c	UNIFORM SALES					7,038
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a FUNDRAISING					15,191
b						
c						
d						
e						
104	Subtotal (add cols (B), (D), and (E))		0		0	61,637
105	Total (add line 104, columns (B), (D), and (E))					61,637

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

(See Specific Instructions on page 32.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	PROVIDED SCHOOL AGE CHILDREN DEVELOPMENT OF THEIR LEADERSHIP, MOTIVATIONAL, AND INTERPERSONAL SKILLS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(See Specific Instructions on page 33.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

(See Specific Instructions on page 33.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all the information provided to the preparer with respect to this return.

Please Sign Here

Kurt R. Berry
Signature of officer
Kurt R. Berry Pres
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *[Signature]*
Firm's name (or yours if self-employed): HIGGINBOTHAM CO
address, and ZIP code: 3835-L N US1, COC

990		Total:	9,874
1	Refunds-Program Services	1	867
2	Tournament Fees-Program Services	2	4,065
3	Utilities-Management and General	3	4,942
4		4	
5		5	