

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2004

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

Form 990 header section including: A For the 2004 calendar year, or tax year beginning 10/1/2004 and ending 9/30/2005; B Check if applicable; C Name of organization PORT ST JOHN LITTLE LEAGUE ASSOCIATION, INC.; D Employer identification number 52-1287610; E Telephone number (321) 639-1369; F Accounting method: X Cash; G Website; J Organization type: X 501(c)(3); K Check here; L Gross receipts 121,572.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 Gross rents; 7 Other investment income; 8 Gross amount from sales of assets other than inventory; 9 Special events and activities; 10 Gross sales of inventory; 11 Other revenue; 12 Total revenue; 13-17 Expenses; 18-21 Net Assets.

SCANNED FEB 21 2006

RECEIVED stamp with date JAN 26 2006 and text INTERNAL REVENUE SERVICE

Handwritten notes: MSERVA, 67, NE 23

Part II Statement of Functional Expenses

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 page 22 of the instructions)

Table with 5 columns: Line number, Description, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include Grants and allocations, Specific assistance, Benefits paid, Compensation of officers, etc., and Total functional expenses.

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 [X] No

Part III Statement of Program Service Accomplishments (See page 25 of the instructions)

Table with 2 columns: Description of program service, Program Service Expenses. Row a: PROVIDED CHILD DEVELOPMENT UTILIZING SPORTING EVENTS FOR 402 SCHOOL AGE CHILDREN THROU... (Grants and allocations \$ 75,361)

Part IV Balance Sheets (See page 25 of the instructions)

				(A)		(B)	
				Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only							
Assets	45 Cash—non-interest-bearing			6,698	45	2,985	
	46 Savings and temporary cash investments				46		
	47 a Accounts receivable	47a	0				
	b Less allowance for doubtful accounts	47b	0	0	47c	0	
	48 a 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	
	51 a 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				52		
	53 Prepaid expenses and deferred charges				53		
	54 Investments—securities (attach schedule)		<input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0
	55 a 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	
57 a 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)				6,698	59	2,985	
Liabilities	60 Accounts payable and accrued expenses				60		
	61 Grants payable				61		
	62 Deferred revenue				62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			0	63	0	
	64 a 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				67		
	68 Temporarily restricted				68		
	69 Permanently restricted				69		
	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			6,698	70	2,985	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71		
	72 Retained earnings, endowment, accumulated income, or other funds				72		
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)				6,698	73	2,985	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)				6,698	74	2,985	

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 page 27 of the instructions)

a	Total revenue, gains, and other support per audited financial statements	a	121,572
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) through (4)	b	0
c	Line a minus line b	c	121,572
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 EX		-32,114
	Add amounts on lines (1) and (2)	d	-32,114
e	Total revenue per line 12, Form 990 (line c plus line d)	e	89,458

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

a	Total expenses and losses per audited financial statements	a	120,602
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) through (4)	b	0
c	Line a minus line b	c	120,602
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 EXPE		-32,114
	Add amounts on lines (1) and (2)	d	-32,114
e	Total expenses per line 17, Form 990 (line c plus line d)	e	88,488

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions)

(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
Name <u>KIM SCOTT</u> Str <u>4796 FAIRSUN STR</u> City <u>COCOA</u> ST <u>FL</u> ZIP <u>32927</u>	Title <u>PRESIDENT</u> Hr/WK <u>40</u>	0	0	0
Name <u>BECKI ROSENBA</u> Str <u>4925 CURTIS BLVD</u> City <u>COCOA</u> ST <u>FL</u> ZIP <u>32927</u>	Title <u>VICE-PRESIDENT</u> Hr/WK <u>20</u>	0	0	0
Name <u>TAMI BERRY</u> Str <u>5190 HOGAN PLAC</u> City <u>COCOA</u> ST <u>FL</u> ZIP <u>32927</u>	Title <u>TREASURER</u> Hr/WK <u>20</u>	0	0	0
Name <u>CANDY DIKUS</u> Str <u>2950 BAY BLVD</u> City <u>COCOA</u> ST <u>FL</u> ZIP <u>32927</u>	Title <u>VICE-PRESIDENT</u> Hr/WK <u>20</u>	0	0	0
Name <u>JOAN SOTTORI</u> Str <u>4509 PONDS DRIVE</u> City <u>COCOA</u> ST <u>FL</u> ZIP <u>32927</u>	Title <u>PLAYER AGENT</u> Hr/WK <u>20</u>	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			

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 page 28 of the instructions

Part VI Other Information (See page 28 of the instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	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?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures See line 81 instructions 81a		
b	Did the organization file Form 1120-POL for this year?		X
82 a	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?		X
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 N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
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		
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?		
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		
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0; section 4955 <input type="checkbox"/> 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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b 0		
91	The books are in care of <input type="checkbox"/> Name TAMI BERRY Telephone no. <input type="checkbox"/> (321) 639-1369 Located at <input type="checkbox"/> 5190 HOGAN PLACE, COCOA City ST ZIP + 4 <input type="checkbox"/> 32927		
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 <input type="checkbox"/> 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a REGISTRATION					30,624
b SPONSOR ADVERTISING					13,951
c UNIFORM SALES					4,148
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					32,878
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	81,601
105 Total (add line 104, columns (B), (D), and (E))					81,601

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 page 34 of the instructions.)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(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
	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(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)

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including attachments, if any, and believe that it is true, correct, and complete. Declaration of preparer (other than officer) is based on and includes information provided by the taxpayer.

Signature of officer: Kurt R. Benny

Type or print name and title: Kurt R. Benny President

Paid Preparer's Use Only

Preparer's signature: [Signature]

Firm's name (or yours if self-employed), address, and ZIP + 4: HIGGINBOTHAM COMPANIES, INC. 3935-L N US1, COCOA, FL 32926

Line 9 (990) - Special events and activities

	Event A	Event B	Event C	All others	Totals
1 Special event name	CONCESSIONS	-----	-----	-----	
1a Number of special events	1	-----	-----	-----	
2 Gross receipts	39,971	-----	-----	-----	2 39,971
3 Less contributions	-----	-----	-----	-----	3 0
4 Gross revenue	39,971	0	0	0	4 39,971
5 Less direct expenses	32,114	-----	-----	-----	5 32,114
6 Net income or (loss)	7,857	0	0	0	6 7,857

Line 43g for 990

	Total:	
1 TOURNAMENT FEES-PROGRAM SERVICES	1	3,875
2 SPONSORSHIP	2	350
3 -----	3	-----
4 -----	4	-----
5 -----	5	-----