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**Short Form** 

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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than Open to Public \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

2009

OMB No 1545-1150

DLN: 93492227018972

**Inspection** 

Department of the Treasury Internal Revenue Service

Form 990-EZ

		2009 calenda <u>r year, o</u>		and ending 09	<u> </u>					
		ck if applicable Please PORT ST JOHN LITTLE LEAGUE ASSOCIATION INC						nployer identification number		
	ddress ( ame ch			2-1287610						
	ame cii nitial ret erminat	<b>E</b> Teleph	one numl	per						
_		Specific	City or town, state or country, and ZIP + 4			<b>F</b> Group	Exemptio	on		
_		on pending Instruc-	SHARPES, FL 32959			Numbe	r Þ	<b>F</b>		
• Se	ection		ons and 4947(a)(1) nonexempt charitable ompleted Schedule A (Form 990 or 990-EZ).		<b>G</b> Accounting mo		Cash	Accrual		
I W	ebsite	<b></b> N∕A				if the d	_	ation		
J Ta	x-Exer	mpt status (check only o	ne)— 501(c) (3) (insert no ) 4947(a)(1	) or <b>「</b> 527	is <b>not</b> requir Schedule B (			EZ, or 990-PF)		
			ıs not a section 509(a)(3) supporting organı		gross receipts are	normall	y <b>not</b> m	nore than		
			m 990 return is not required, but if the organ determine gross receipts, if \$500,000 or more, file Forr			be sure t ► \$	o file a	74,250		
	inles s		nses, and Changes in Net Assets o			- 1	ns for P	*		
	1		grants, and similar amounts received .		Tirees (See the I	, Istractio	1	arci )		
	2		nue including government fees and contracts	s			2	57,107		
	3	Membership dues and				. F	3			
	4	Investment income				`.	4			
	5a		ale of assets other than inventory		<sub>5a</sub>		•			
a.	b		asis and sales expenses		5b					
5			ile of assets other than inventory (Subtract I	ine 5b from lin			5c			
Revenue	6		ctivities (complete applicable parts of Sched			ming,				
	a	Gross revenue (not in								
		reported on line 1)								
	Ь									
	c	Net income or (loss)	from special events and activities (Subtract	line 6b from lii	ne 6a)		6c			
	7a	Gross sales of invent								
	Ь	Less cost of goods s	old		7b					
	c	Gross profit or (loss)	from sales of inventory (Subtract line 7b from	m line 7a) .			7c			
	8	Other revenue (descr	nhe ▶®			,	8	17,143		
	9		nes 1, 2, 3, 4, 5c, 6c, 7c, and 8		•	<u> </u>	9	74,250		
	10	Grants and similar an	nounts paid (attach schedule)				10			
	11	Benefits paid to or for	members			.	11	-		
	12									
Š	13	Professional fees and	other payments to independent contractors			.	13			
en 5	14	Occupancy, rent, util		14	3,024					
Expenses	15									
	16	Other expenses (des	cribe 🏲 🤁			, [	16	80,271		
	17	Total expenses. Add I				<u> </u>	17	83,295		
93	18	Excess or (deficit) for	r the year (Subtract line 17 from line 9)				18	-9,045		
Net.Assets	19	Net assets or fund ba	lances at beginning of year (from line 27, co	lumn (A )) (mu:	st agree with					
ą.		end-of-year figure rep	ported on prior year's return)				19	17,934		
ž	20	Other changes in net assets or fund balances (attach explanation)								
	21	Net assets or fund ba	lances at end of year Combine lines 18 thro	ugh 20 .		▶	21	8,889		
Pa	rt II	Balance Sheets	—If Total assets on line 25, column (B) are	\$1,250,000 o	r more, file Form	990 inste	ad of F	orm 990-EZ		
		(See t	he instructions for Part II)	( <u>A</u>	A) Beginning of ye	ar T	(B) F	nd of year		
22	Cash	, savings, and investm				934 22	ι= , -	8,889		
23 Land and buildings			.	, ,	23					
		<del></del>				24				
		assets		. – –	17,	934 <b>25</b>		8,889		
26	Total	l <b>liabilities</b> (describe 🕨		, 🗀		26				

8,889

27

Part IIII Statemen	nt of Program Service Accomplishments (See the Instructions for Part III )		Expenses		
What is the organization To promote organized sp	(Required for section 501 (c)(3) and 501(c)(4)				
	eved in carrying out the organization's exempt purposes. In a clear and concise manner, ovided, the number of persons benefited, and other relevant information for each	4947	izations and section (a)(1) trusts, nal for others)		
28 PROVIDE CHILD DE	VELOPMENT UTILIZING SPORTING EVENS FOR 402 CHILDREN				
(Grants \$ )	If this amount includes foreign grants, check here ▶ ┌	28a	56,910		
29					
(Grants \$ )	If this amount includes foreign grants, check here 🕨 🦵	29a			
30					
(Grants \$ )	If this amount includes foreign grants, check here ▶ ┌	30a			
31 Other program service	es (attach schedule)				
(Grants \$ )	If this amount includes foreign grants, check here 🕨 🦵	31a			
32 Total program service	expenses (add lines 28a through 31a)	32	56.910		

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Form **990-EZ** (2009)

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		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	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
ь	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b		Νo
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 🔭 37a			
b	Did the organization file Form 1120-POL for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return? . $$ . $$ .	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 • 0 , section 4912 • 0 , section 4955 • 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
С	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of ► MICHAEL SMITH Telephone no	<b>►</b> (32	1)636-	0039
	3895 FAY BLVD  Located at ► COCOA, FL  ZIP + 4	<b>▶</b> <u>32</u>	2927	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Νο
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	<b>42</b> c		Νo
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		<b>▶</b> □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		Νo

Par	t VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and sectior	n 4947(a)(1) n		-		-	stions
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to							Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I						46		No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							47		No
48	48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								No
49a Did the organization make any transfers to an exempt non-charitable related organization?							49a		No
<b>b</b> If "Yes," was the related organization a section 527 organization?							49b		
		ete this table for the organizati yees) who each received more t							
(a) N	hours per week (c) Compensation employee benefit plans			(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and				
NONE									
-									
50(f)	Tota	I number of other employees pa	ıd over \$100,000 .				<b>-</b>		
		ete this table for the organizati pensation from the organization			dent cont	ractors who each received r	nore th	an \$10	0,000
		me and address of each indepe	-		000	(b) Type of service	(c) (	Compen	sation
NONE									
51(d)	<b>)</b> Tota	I number of other independent o	contractors each receiv	ring over \$10					
		Under penalties of perjury, I declare t and belief, it is true, correct, and com							
Please Sign ******									
Here	:	Signature of officer  MICHAEL SMITH PRESIDENT							
		Type or print name and title							
Paid		Preparer's Signature Tracey Higginbotham		Date 2012-08-14					
Prepa Use O	nlv	Firm's name (or yours Higginbotha fir self-employed), address, and ZIP + 4	am Companies Inc						
		Cocoa, FL							
May tl	he IRS	discuss this return with the pro		ee instructioi					

Name of the organization
PORT ST JOHN LITTLE LEAGUE ASSOCIATION INC

## OMB No 1545-0047

Inspection

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Employer identification number** 

52-1287610

Pa	rt I	Reas	on for Pul	blic Charity Stat	us (All org	anızatıons	must comp	lete this pa	art.) See in	structions		
he d	rganız	zatıon ıs	not a privat	e foundation because	eıtıs (Forlı	nes 1 throug	gh 11, check	only one bo	x )			
1	Γ	A churc	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).									
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )										
3	Γ	A hospi	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state									
5	Γ	An orga	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		sect ion	170(b)(1)(	<b>A)(iv).</b> (Complete Pa	art II )							
6	Γ	A federa	al, state, or	local government or	governmenta	al unıt descr	ıbed ın <b>secti</b>	on 170(b)(1)	(A)(v).			
7	<b>▽</b>	describ	ed ın	t normally receives a  A)(vi) (Complete Pa		l part of its s	support from	a governmer	ntal unit or fro	om the gene	ral public	:
8	Г			described in <b>section</b>		<b>(Vi)</b> (Com	plete Part II	)				
9	Ĺ.			t normally receives					utions. meml	bership fees	. and aro	SS
	•			ties related to its ex								
				ss investment incon								
		acquire	d by the org	anızatıon after June :	30,1975 Se	ee <b>section 5</b>	<b>09(a)(2).</b> (C	omplete Part	:III )			
10	Γ	An orga	ınızatıon org	anızed and operated	exclusively	to test for p	ublic safety	See <b>section</b> !	509(a)(4).			
11	Γ	one or r	nore publicl	anized and operated y supported organiza pes the type of suppo <b>b</b> Type II	itions descri orting organi	bed in section zation and c	on 509(a)(1)	or section 5 s 11e throug	09(a)(2) Se h 11h	e <b>section 50</b>		Check
e f g	ı	other the section of the or check the Since A	ian foundation 509(a)(2) rganization i his box	ox, I certify that the con managers and oth received a written de 006, has the organiz	er than one o	or more publ from the IRS	icly supporte	ed organizati Гуре I, Туре	ons describe	d in section	509(a)(	1) or
				ectly or indirectly co	ontrols, eithe	r alone or to	gether with p	persons desc	cribed in (ii)		Yes	No
				governing body of the						11g(	i)	
		(ii) a fa	mıly membe	r of a person describ	oed in (i) abo	ve?				11g(	ii)	
		(iii) a 3	5% controll	ed entity of a person	ı described ii	n (ı) or (ıı) al	oove?			<b>11</b> g(i	ii)	
h		Provide	the followin	g information about t	the supporte	d organizati	on(s)				·	
(i) Name of supported organization			(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi Is t organiza col (i) or in the l	he tion in ganized	A m	vii) ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No		

# Support Schedule for Organizations Described in IRC 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.)

S	ection A. Public Support	a checked the i	ox on line 3, 7	, or o or rare i	· <i>)</i>			
	endar year (or fiscal year beginning	( ) 2005	(1) 2006	( ) 2007	( I) 2000		200	
	ın)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	<b>(e)</b> 2	.009	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	64,096	67,562	86,108	40,700		59,242	317,708
	ınclude 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	64,096	67,562	86,108	40,700		59,242	317,708
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							317,708
	line 4							
	ection B. Total Support endar year (or fiscal year beginning							
Care	in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	<b>(e)</b> 2	009	<b>(f)</b> ⊤otal
7	A mounts from line 4	64,096	67,562	86,108	40,700		59,242	317,708
8	Gross income from interest,	,	,	,	,			<del>,</del>
0	dividends, 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 (Explain in Part							
	IV ) Do not include gain or loss	10,890	7,040	2,666	8,562		17,143	46,301
	from the sale of capital assets			+				
11	<b>Total support</b> (Add lines 7 through 10)							364,009
12	Gross receipts from related activities	es etc (See instr	uctions )	<u> </u>		12	 	
	·		•		<b>6</b> 4.1		2 \	
13	<b>First Five Years</b> If the Form 990 is f check this box and <b>stop here</b>	or the organizatio	n s iirst, second,	tnira, iourtn, or ii	ith tax year as a :	501(5)(3	s) organiza	ation, ▶□
	encer and box and stop here							- 1
S	ection C. Computation of Pub	lic Support Po	ercentage					
14	Public Support Percentage for 2009			l 1 column (f))		14		87 280 %
15	Public Support Percentage for 2008	Schedule A. Par	t II. line 14			15		
	33 1/3% support test—2009. If the	•	•	on line 13 and li	no 14 is 33 1/20/		chack th	ne boy
100	and <b>stop here.</b> The organization qua				116 14 13 33 1/3/0	01 111016	, check ti	<b>▶</b> ▼
b	33 1/3% support test—2008. If the	•			a, and line 15 is 3	3 1/3%	or more, d	
	box and <b>stop here.</b> The organization	_			•		•	<b>▶</b> ┌
17a	10%-facts-and-circumstances test-				e 13, 16a, or 16b	and line	e 14	,
	ıs 10% or more, and ıf the organizat	on meets the "fa	cts and circumst	ances" test, chec	k this box and <b>st</b> e	op here.	Explain	
	in Part IV how the organization mee	ts the "facts and	cırcumstances" 1	est The organiza	ition qualifies as a	a publicl	y support	ed
	organization							<b>►</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ							
	Explain in Part IV how the organizat	ion meets the "fa	cts and circumst	ances" test The	organızatıon qualı	ifies as a	a publicly	. –
4.0	supported organization			10-101 17	4 7 h - h - 1 - 1 - 1			<b>►</b> □
18	Private Foundation If the organizati	on ala not check	a pox on line 13,	16a, 16b, 17a or	1/b, check this b	oox and	see	<b>L</b>

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

	(Complete only if you	checked the	box on line 9 of	f Part I.)			
	ction A. Public Support		_	,		_	,
Cale	ndar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	ın) Gıfts, grants, contributions, and						
1	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						
/a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons						
ь	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						
	Add lines 7a and 7b			1			
8	<b>Public Support</b> (Subtract line 7c from line 6)						
	ection B. Total Support						I
	ndar year (or fiscal year beginning						
- Cui-C	in)	<b>(a)</b> 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	<b>(e)</b> 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
_	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	ın lıne 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 )						
13	Total support (Add lines 9, 10c,						
	11 and 12)						
14	First Five Years If the Form 990 is fo	r the organizat	ion's first, second	, thırd, fourth, or	fifth tax year as	a 501(c)(3) orga	
	check this box and <b>stop here</b>						<b>►</b> □
			\				
	ection C. Computation of Publi			4.2 1 (6))		<del>- 1 - 1</del>	
15	Public Support Percentage for 2009			13 column (f))		15	0 %
16	Public support percentage from 2008	3 Schedule A , F	Part III, line 15			16	
Se	ction D. Computation of Inve						
17	Investment income percentage for <b>2</b>	<b>009</b> (line 10c c	olumn (f) dıvıded b	oy line 13 columr	n (f))	17	0 %
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	.7		18	
19a	33 1/3% support tests—2009. If the				line 15 is more		d line 17 is not
~	more than 33 1/3%, check this box a						27 13 1100
	organization	· [					
b	<b>33 1/3% support tests—2008.</b> If the	organization di	d not check a box	on line 14 or line	e 19a, and line 1	5 is more than 33	3 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

#### Facts And Circumstances Test

Part II Line 10 OTHER INCOME IS FROM FUNDRAISING EVENTS THAT INCLUDES A SPAGHETTI DINNER, A COMEDY SHOW, AND CHILDREN DANCES

Schedule A (Form 990 or 990-EZ) 2009

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 52-1287610

Name: PORT ST JOHN LITTLE LEAGUE ASSOCIATION INC

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

(a) Name and address	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense
	hours per week	(If not paid,	employee benefit plans &	account and
	devoted to position	enter -0)	deferred compensation	other allowances
MICHAEL SMITH 3895 FAY BLVD COCOA,FL 32927	P 028 00	0		

# **TY 2009 Other Expenses Schedule**

Name: PORT ST JOHN LITTLE LEAGUE ASSOCIATION INC

**EIN:** 52-1287610

**Software ID:** 09000123

**Software Version:** 2009.0.12

Description	Amount
Fundraising .	5,211
Supplies .	562
Telephone .	834
Bankıng	205
Equipment	56,182
Organizational fees	3,112
Concessions	13,937
Office	228

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93492227018972

## **TY 2009 Other Revenues Schedule**

Name: PORT ST JOHN LITTLE LEAGUE ASSOCIATION INC

**EIN:** 52-1287610

**Software ID:** 09000123

**Software Version:** 2009.0.12

Description	Amount
DINNER, SHOW, AND DANCES	17,143