

2004

Open to Public Inspection

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)

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.

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2004 calendar year, or tax year beginning 09/01, 2004, and ending 08/31, 2005

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

C Name of organization: LITTLE LEAGUE BASEBALL INC, 3090209 EAU GALIE GOLD LL, P O BOX 361606, MELBOURNE FL 32936-1606

D Employer identification number: 91-1928034, E Telephone number, F Group Exemption Number

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

G Accounting method: X Cash, Other (specify)

I Website:

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one): 501(c) ( ) 4947(a)(1) or 527

K 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, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.

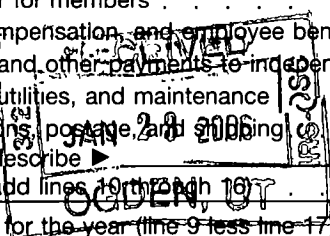
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Table with 21 rows for Revenue and Net Assets. Revenue items include contributions, program service revenue, membership dues, investment income, and special events. Net Assets items include grants, salaries, and other expenses. Total revenue is 63,519 and total expenses is 55,075.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets. Columns (A) Beginning of year and (B) End of year. Total assets at end of year is 16,382.

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<b>Part III Statement of Program Service Accomplishments</b> (See page 41 of the instructions.)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)
What is the organization's primary exempt purpose? _____ Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
28 _____ _____ (Grants \$ _____)	<b>28a</b>
29 _____ _____ (Grants \$ _____)	<b>29a</b>
30 _____ _____ (Grants \$ _____)	<b>30a</b>
31 Other program services (attach schedule) _____ (Grants \$ _____)	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a) _____	<b>32</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 41 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
Jack Chambers Melbourne, FL	PRESIDENT 20-25 HRS	-0-		
Pam Williams Melbourne, FL		-0-		

<b>Part V Other Information</b> (Note the attachment requirement in General Instruction V, page 14.)	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>34</b> 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 type="checkbox"/>	<input checked="" type="checkbox"/>
<b>35</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>38a</b> 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 type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. <b>38b</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>39</b> <b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>40a</b> <b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> <b>501(c)(3) and (4) organizations.</b> 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 an explanation. . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Enter: Amount of tax on line 40c, above, reimbursed by the organization . . . . . ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed. ▶ _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>42</b> The books are in care of ▶ Pam Williams Telephone no. ▶ (321) 259-4269 Located at ▶ 1805 Evers Rd, Melbourne FL ZIP + 4 ▶ 32935	<input type="checkbox"/>	<input type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ 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 . . . ▶ <b>43</b> _____	<input type="checkbox"/>	<input type="checkbox"/>

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Jack Chambers* Date: 1-17-06

Type or print name and title: JACK CHAMBERS PRESIDENT

<b>Paid Preparer's Use Only</b>	Preparer's signature: <i>Jeanne B Libbee</i>	Date: 12/13/05	Check if self-employed: <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst V): P00444734
	Firm's name (or yours if self-employed), address, and ZIP + 4: JEANNE B LIBBEE, CPA 543 W PINE RD, MELBOURNE FL 32904	EIN: 592990012	Phone no: (321) 725-2103	