

**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

**2003**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2003 calendar year, or tax year beginning 10/1/2003 and ending 9/30/2004	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization CT, LITTLE LEAGUE BASEBALL, DISTRICT 4 INC Number and street (or P O box, if mail is not delivered to street address) Room/suite 100 PUTNEY DRIVE City, town, or country State ZIP + 4 WEST HAVEN CT 06516
	<b>D</b> Employer identification number 06-1389067
	<b>E</b> Telephone number 203- 4445444
	<b>F</b> Group Exemption Number ▶ 3158

• 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  Cash  Accrual Other (specify) ▶

**I** Website: ▶  
**J** Organization type (check only one)—  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

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

**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 ▶ \$ 80,070

Part I		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions)	
	1	Contributions, gifts, grants, and similar amounts received	1
	2	Program service revenue including government fees and contracts	2
	3	Membership dues and assessments	3 19,390
	4	Investment income	4
	5a	Gross amount from sale of assets other than inventory	5a
	5b	Less: cost or other basis and sales expenses	5b
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	6
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
	6b	Less: direct expenses other than fundraising expenses	6b
	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c
	7a	Gross sales of inventory, less returns and allowances	7a
	7b	Less: cost of goods sold	7b
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c
	8	Other revenue (describe ▶ See attached statement)	8 60,680
	9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶	9 80,070
Expenses	10	Grants and similar amounts paid (attach schedule)	10
	11	Benefits paid to or for members	11
	12	Salaries, other compensation, and employee benefits	12
	13	Professional fees and other payments to independent contractors	13
	14	Occupancy, rent, utilities, and maintenance	14
	15	Printing, publications, postage, and shipping	15
	16	Other expenses (describe ▶ See attached statement)	16 78,363
	17	<b>Total expenses</b> (add lines 10 through 16) ▶	17 78,363
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18 1,707
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 3,448
	20	Other changes in net assets or fund balances (attach explanation)	20
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶	21 5,155

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 (See page 40 of the instructions)	
		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	3,448	22 5,155
23	Land and buildings		23
24	Other assets (describe ▶ _____)		24
25	<b>Total assets</b>	3,448	25 5,155
26	<b>Total liabilities</b> (describe ▶ _____)		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	3,448	27 5,155

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Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		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? <u>LITTLE LEAGUE BASEBALL &amp; SOFTBALL</u>		
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	<u>LIASION BETWEEN LITTLE LEAGUES AND CORPORATE HEADQUARTERS SERVING OVER 5,500 CHILDREN AGES 5-18 IN 14 LOCAL LEAGUES</u> (Grants \$ _____)	28a
29	_____ (Grants \$ _____)	29a
30	_____ (Grants \$ _____)	30a
31	Other program services (attach schedule) (Grants \$ _____)	31a
32	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>

Part IV List of Officers, Directors, Trustees, and Key Employees (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
Name <u>DAVID RUOTOLO</u> Str <u>100 PUTNEY DR</u> City <u>WEST HAVEN</u> ST <u>CT</u> ZIP <u>06516</u>	Title <u>PRESIDENT</u> Hr/WK <u>10</u>			
Name <u>RITA RUOTOLO</u> Str <u>100 PUTNEY DR</u> City <u>WEST HAVEN</u> ST <u>CT</u> ZIP <u>06516</u>	Title <u>SECRETARY</u> Hr/WK <u>2</u>			
Name <u>TONY MENTONE</u> Str <u>541 HILL ST</u> City <u>HAMDEN</u> ST <u>CT</u> ZIP <u>06514</u>	Title <u>TREASURER</u> Hr/WK <u>3</u>			

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		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		X
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		X
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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		
38 a	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?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____; section 4955 _____		
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," attach an explanation		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		
d	Enter Amount of tax on line 40c, above, reimbursed by the organization		
41	List the states with which a copy of this return is filed		
42	The books are in care of Name <u>TAXPAYER</u> Business check here <input type="checkbox"/> Telephone no <u>203-444-5444</u> Located at <u>100 PUTNEY DR</u> City <u>WEST HAVEN</u> ST <u>CT</u> ZIP + 4 <u>06516</u>		
43	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 <u>43</u> N/A		

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.

Please Sign Here: Signature of officer David Ruoto Date 11/29/04  
 Signature of officer David Ruoto Date 11/29/04 PRESIDENT  
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See Gen Inst W) \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_ EIN \_\_\_\_\_ Phone no \_\_\_\_\_

**Line 8 (990-EZ) - Other revenue**

1	TOURNAMENT INCOME	1	59,975
2	PINS	2	705
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10	Total other revenue	10	60,680

**Line 16 (990-EZ) - Other expenses**

1	Fund Raising	1	
2	TOURNAMENT UMPIRE FEES	2	35,275
3	TOURNAMENT EXPENSES	3	14,277
4	EASTERN REGIONAL EXPENSES	4	15,378
5	BASEBALLS	5	5,812
6	INTERNATIONAL CONFERENCES	6	7,016
7	DUES AND SUBSCRIPTIONS	7	580
8	FILING FEES	8	25
9		9	
10		10	
11	Total other expenses	11	78,363