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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 , and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Little Miss Kickball International Inc

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P O Box 8046

City or town, state or country, and ZIP + 4
Corpus Christi, TX 78468

D Employer identification number
23-7116271

E Telephone number
(361) 241-1896

F Group Exemption Number ▶ 7041

G Accounting method ☑ Cash ☐ Accrual
Other (specify) ▶

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

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

I Website: ▶ www littlemisskickball com

J Organization type (check only one)— ☑ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 51,325

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	1,500
	2	Program service revenue including government fees and contracts		2	31,750
	3	Membership dues and assessments		3	17,185
	4	Investment income		4	890
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $____ _____of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	51,325
Expenses	10	Grants and similar amounts paid (attach schedule)		10	29,146
	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	592
	15	Printing, publications, postage, and shipping		15	1,062
	16	Other expenses (describe ▶)		16	32,691
	17	**Total expenses** (add lines 10 through 16) ▶		17	63,491
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-12,166
	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	41,526
	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	29,360

Part II Balance Sheets—If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	41,526	22	29,360
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	41,526	25	29,360
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	41,526	27	29,360

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

What is the organization's primary exempt purpose?
REGULATORY PARENT ORGANIZATION OF AN ORGANIZED LITTLE LEAGUE SPORT FOR YOUNG KIDS

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

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 Regulatory parent organization for various leagues that are an organized sport for young girls to participate in and to promote and develop fitness, teamwork & cooperation skills (Grants $ 8,750) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	33,447
29 Parent organization monitors and promulgates the rules, regulations, guidelines, etc for the various leagues It oversees the activities and receives financial reports (Grants $ 20,396) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	30,044
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
31 Other program services (attach schedule) . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**	63,491

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

(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
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			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 but not reported to the IRS? 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 **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?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction 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 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	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?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total 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			
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 (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," complete Schedule L, Part I.*	40b		No
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No
41	List the states with which a copy of this return is filed ▶			
42a	The books are in care of ▶ LINDA SANDERS Telephone no ▶ (361) 854-7573			
	Located at ▶ 11219 WINDSOR Dr Corpus Christi, TX ZIP + 4 ▶ 78410			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	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 ?	42c		No
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			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		No

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as 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?		No
b	If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of other independent contractors receiving over $100,000 ▶		

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 — 2009-12-01 — Date

Linda Sanders Treasurer — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ San Juanita Vera	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Collier Johnson & Woods PC 555 N Carancahua Suite 1000 Corpus Christi, TX 784780052			EIN ▶ Phone no ▶ (361) 884-9347

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Little Miss Kickball International Inc

Employer identification number
23-7116271

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(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 the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, 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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	18,160	20,325	22,705	20,369	18,685	100,244
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	20,955	21,440	23,325	25,121	31,750	122,591
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 1-5	39,115	41,765	46,030	45,490	50,435	222,835
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						222,835

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	39,115	41,765	46,030	45,490	50,435	222,835
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	373	634	676	898	890	3,471
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	373	634	676	898	890	3,471
11 Net income from unrelated business activities not included in line 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)						226,306

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	98 470 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	98 810 %

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17	1 530 %
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18	1 190 %

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 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 ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 23-7116271
Name: Little Miss Kickball International Inc

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

(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
Tina Saenz PO Box 149 San Diego, TX 78384	President 10 00	0	0	0
Fred Swartz 905 Miramar Corpus Christi, TX 78411	1st Vice President 10 00	0	0	0
Lillian Torres 15 Casa De Amigos Brownsville, TX 78521	2nd VP/Scholarship 10 00	0	0	0
Joan Swartz 905 Miramar Corpus Christi, TX 78411	Secretary 10 00	0	0	0
Linda Sanders 11219 Windsor Dr Corpus Christi, TX 78410	Treasurer 10 00	0	0	0
JIMMY SANDERS 11219 WINDSOR Dr Corpus Christi, TX 78410	Rules Director 5 00	0	0	0
GAIL IVIE 6654 Opengate Dr Corpus Christi, TX 78413	Equipment 5 00	0	0	0
Marianne Mojica 4426 Cobblestone Corpus Christi, TX 78411	Expansion 5 00	0	0	0
Pat Ramirez PO Box 270063 Corpus Christi, TX 78410	Hospitality 5 00	0	0	0
ADRIENNE CAVAZOS 1426 CASA LINDA Corpus Christi, TX 78411	Nominations/Elections 5 00	0	0	0
GREG BEHRENS 5212 VALBUM CIRCLE AUSTIN, TX 78737	WEBMASTER 5 00	0	0	0
Jim Southwell 4606 Colorado Crossing Austin, TX 78731	PUBLIC RELATIONS 5 00	0	0	0

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TY 2008 General Explanation Attachment

Name: Little Miss Kickball International Inc

EIN: 23-7116271

Identifier	Return Reference	Explanation
Form 990-EZ, Part V, Line 35		Income on Form 990-EZ, Part 1, Line 2 is for kickballs used to play the game and for rule books that explain the rules of the games used by all leagues

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TY 2008 Grants and Similar Amounts Paid Schedule

Name: Little Miss Kickball International Inc

EIN: 23-7116271

Item No.	1
Class of Activity	Scholarship
Donee's Name	Brittany Mejorado
Donee's Address	4797 Paseo Del Rey Brownsville, TX 78526
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	None
Description	Cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-07

Item No.	2
Class of Activity	Scholarship
Donee's Name	Brittany Kay Barrera
Donee's Address	1567 Lazy Lane Corpus Christi, TX 78415
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	None
Description	Cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-07

Item No.	3
Class of Activity	Scholarship
Donee's Name	Megan Wimbish
Donee's Address	4234 Wolf Creek Dr Corpus Christi, TX 78413
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	None
Description	Cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-07

Item No.	4
Class of Activity	Scholarship
Donee's Name	Rachel Lewis
Donee's Address	438 Pennington Dr Corpus Christi, TX 78412
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	None
Description	Cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	5
Class of Activity	SCHolarshıp
Donee's Name	Mıchelle Mıchael
Donee's Address	3117 Seafoam Corpus Chrıstı, TX 78418
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	None
Description	Cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	6
Class of Activity	SCholarshıp
Donee's Name	Shea Mıller
Donee's Address	1129 Lolıta corpus Chrıstı, TX 78416
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	None
Description	Cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-07

Item No.	7
Class of Activity	Scholarship
Donee's Name	Stephanie Richter
Donee's Address	2649 Linn St corpus Christi, TX 78410
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	None
Description	Cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	8
Class of Activity	scholarship
Donee's Name	Kathleen Kusey
Donee's Address	4106 Tablerock Dr Austin, TX 78731
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-10

Item No.	9
Class of Activity	scholarship
Donee's Name	Amy Johnson
Donee's Address	5906 Lonesome Valley TR Austin, TX 78731
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-07

Item No.	10
Class of Activity	scholarship
Donee's Name	Kristi Harrington
Donee's Address	201 CR 116 corpus Christi, TX 78410
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-07

Item No.	11
Class of Activity	scholarship
Donee's Name	Alexa Morin
Donee's Address	6710 Whitewing Corpus Christi, TX 78413
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-07

Item No.	12
Class of Activity	scholarship
Donee's Name	Jaclyn Cavazos
Donee's Address	3618 Tripoli Dr corpus Christi, TX 78415
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-07

Item No.	13
Class of Activity	scholarship
Donee's Name	Margo Gonzalez
Donee's Address	6114 San Ramon corpus Christi, TX 78413
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	14
Class of Activity	scholarship
Donee's Name	Krystal Salazar
Donee's Address	4306 Lamont corpus Christi, TX 78411
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	15
Class of Activity	scholarship
Donee's Name	Mitra Salighedar
Donee's Address	2728 Blackstone Circle corpus Christi, TX 78414
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

Item No.	16
Class of Activity	scholarship
Donee's Name	Lori Marie Winnie
Donee's Address	1649 E Manor Drive corpus Christi, TX 78412
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	17
Class of Activity	scholarship
Donee's Name	Mary Elizabeth Lewis
Donee's Address	438 Pennington Dr corpus Christi, TX 78412
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	18
Class of Activity	scholarship
Donee's Name	Kristin Newman
Donee's Address	1409 Kaitlyn Lane Keller, TX 76248
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	None
Description	cash
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	19
Class of Activity	
Donee's Name	LMK Subordinate District Leagues I - V
Donee's Address	Various Corpus Christi, TX 78468
Amount (FMV)	3,596
Purpose of Payment to Affiliate	Charter Rebates at 25%
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	
Donee's Name	little Miss Kickball Subordinate Leagues
Donee's Address	Various Corpus Christi, TX 78468
Amount (FMV)	16,800
Purpose of Payment to Affiliate	Charter Rebates
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

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TY 2008 Other Expenses Schedule

Name: Little Miss Kickball International Inc

EIN: 23-7116271

Description	Amount
Game Equipment	17,340
Uniforms	1,330
TROPHIES & PRIZES	3,637
MEETING EXPENSE	789
TRAVEL	1,500
Tax Preparation fees all leagues	7,900
Operations	195

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TY 2008 Transfers Personal Benefits Contracts Declaration

Name: Little Miss Kickball International Inc

EIN: 23-7116271

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.