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OMB No 1545-0047 **Return of Organization Exempt From Income Tax** 2009 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Open to Public Department of the Treasury Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 2009, and ending 20 For the 2009 calendar year, or tax year beginning C Name of organization PETERSBURG LITTLE LEAGUE D Employer identification no. Check if applicable Please 52-1278807 Address change Doing Business As label or print or Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change type. PO BOX 1577 Initial return Specific G Gross receipts Terminated City or town, state or country, and ZIP + 4 Instruc-27,724 PETERSBURG, AK 99833 tions Amended return TAMARA EVENS Name and address of principal officer Application pending Is this a group return for affiliates? PO BOX 1577, PETERSBURG, AK 99833 Yes X No X 501(c) ((insert no) 4947(a)(1) or Are all affiliates included? If "No," attach a list (see instructions) Group exemption number Tax-exempt status Website: ▶ N/A H(c) 1975 Form of organization X Corporation Trust Association L Year of formation M State of legal domicile Part I Summary PETERSBURG LITTLE LEAGUE TEACHES BASEBALL. Briefly describe the organization's mission or most significant activities Ą G Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 n 6 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 · · · b Net unrelated business taxable income from Form 990-T, line 34 · · · · · · 0 Prior Year Current Year 3,680 3,360 Contributions and grants (Part VIII, line 1h) 481 930 Program service revenue (Part VIII, line 2g) · · · · · · · · 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,164 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 4,610 10,005 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) · · · · · · · · · 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Е Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) 5,609 Other expenses (Part IX, column (A), lines 11a-11d, 111-241 O 17 Total expenses Add lines 13-17 must ental Cartin Volume 18 5.609 0 Revenue less expenses Subtract line 18 from line 12 · · · · 19 1999 10,005 End of Year Net Assets 20 Total assets (Part X, line 16) 19,857 29,862 Fund 21 Total liabilities (Part X, line 26) 745 Net assets or fund balances Subtract line 29,117 22 19,857 ances Signature Block s of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge ation of preparer (other than officer) is based on all information of which preparer has any knowledge 5-13-10 ture of officer Here Presiden Type or print name and title Preparer's identifying number Date Check if Preparer's (see instructions) employed ►X signature 05-13-2010 ⊈reparer's se Only LEVILANI KITO & CF JAMES EIN

Form 990 (2009)

No

Phone no ▶ 907-772-4632

ay the IRS discuss this return with the preparer shown above? (see instructions)

PQ BOX 1182

PETERSBURG, AK 99833

Firm's name (or yours

if self-employed address, and ZIP + 4

Form	990 (2009) PETERSBURG LITTLE LEAGUE	52-1278807	Page 2
	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	PETERSBURG LITTLE LEAGUE TEACHES BASEBALL.		
2	Did the organization undertake any significant program services during the year which were not listed on		
-	the prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·	· · · · TYes	□No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3	services?	· · · · Tyes	No
	if "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	anu	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	· ·)
	PETERSBURG YOUTH PLAY BASEBALL. ALL EXPENDITURES ARE FOR FIELDS, EQUIPTMENT, SU	PPLIES AND	
	TOURNAMENT TRAVEL.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$,
40	(Code) (Expenses #	<u> </u>	 ′
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
			<u> </u>
			
		<u> </u>	· ·
A =4	Other program services (Describe in Schedule O)		
4d		,	
4-			
_ 4e _	Total program service expenses		000 (2000)

52-1278807

Page 2

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		i	
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	<u>_x</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			i
	complete Schedule D, Part IV	9		X.
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		1	
	Schedule D, Part VI		Į	
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			i
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		ŀ	
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more		j	ļ
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			ı F
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1	1	
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	İ		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	1		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	Ĭ		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15]	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			-
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	_X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

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Pa	rt IV Checklist of Required Schedules (continued)	-		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u>x</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X_
b	Is the organization 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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			İ
	Part IV · · · · · · · · · · · · · · · · · ·	28c		_ X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I · · · · · · · · · · · · · · · · · ·	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	•	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35_		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			}
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	l x l	İ

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	_X_	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			1 1
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			ļ
	this return?	3a	<u>X</u>	L
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	<u> </u>
4a	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)? • • • • • • • • • • • • • • • • • • •	4a		X
b	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			ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
	Prohibited Tax Shelter Transaction?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_	1	1
	organization solicit any contributions that were not tax deductible?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u></u> -
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		
	benefit contract?	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? • • • • • • • • • • • • • • • • • • •	7h		X
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	_ / 11		
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year? • • • • • • • • • • • • • • • • • • •	8		X
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		X
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
ь 10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • 10b			
b 11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

orm	1330 (2003)	2-12788	07	Р	age 6
Pai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and			
-	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in				
	Schedule O See instructions				
<u>Sec</u>	tion A. Governing Body and Management				
_		a 1		Yes	No
1a	Enter the number of voting members that are independent	4			
b	Little the number of voting members that are independent				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		2		
•	any other officer, director, trustee, or key employee?				<u> </u>
3			3		v
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders? • • • • • • • • • • • • • • • • • • •		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	Ì			
<i>,</i> u	of the governing body? • • • • • • • • • • • • • • • • • • •		7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
•	the year by the following				
а	The governing body? • • • • • • • • • • • • • • • • • • •		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			4.5	
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O · · · · · · · · · · · · · · · · · ·		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal				
	enue Code)				
				Yes	No
i0a	Does the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				
	form?		11	Х	<u></u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts? • • • • • • • • • • • • • • • • • • •		12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this is done		12c		
13	Does the organization have a written whistleblower policy?	• • • • •	13		<u> X</u>
14	Does the organization have a written document retention and destruction policy?	• • • • •	14		X
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		40-		
	with a taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		165		لـــــا
	the organization's exempt status with respect to such arrangements?	· · · · · · · · · · · · · · · · · · ·	16b		L
	List the states with which a copy of this Form 990 is required to be filed.			 -	
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)				
10					
	available for public inspection. Indicate how you make these available. Check all that apply Own website				
19	Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest				
. 3	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the				
	organization > TAMARA EVENS (907) 772-4853				

BOX PETERSBURG, AK 99833

Check this box if the organization did not compensate any current officer, director, or trustee

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B) Average			-	C)			(D)	(E)	(F)
Name and Title	hours per week	I t d nrı dur ı se vt c ı e t de o u r	ion (con to n unit to n unit to unit t	O f f c e r	ĸ	H c e g mp h p o s s s e t e d	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DUANE BELL										
PRESIDENT	5.00	X	<u> </u>	X	<u> </u>			C	0	0
TAMARA EVENS SECRETARY TREASURER	5.00	х		x						0
										:
								-		
	<u> </u>									

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Pa	rt VII Section A. Officers, Directors, Trustees, Ko	ey Employee	es, and	i Hiç	jhes	t Co	mpens	sate	d Employees (conf	inued)			
	(A)	(B)			((C)			(D)	(E)	(F)		
	Name and Title	Average hours per	Posit I t d	$\overline{}$	heck	all tha	atapply) Hce iom	F	Reportable compensation from	Reportable compensation from related		stimated mount of other	
		week	dur secuteto de or a o	s u t s i t t e	C e	y employee	ghensated	r E e r	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or a:	mpensation from the ganization nd related ganization	ì
												·	
<u>1b</u>	Total	• • • • •	• • •	• •	• •	• •	• • •	<u> </u>	<u> </u>				0
2	Total number of individuals (including but not limited to reportable compensation from the organization ▶	those listed	l abov	e) w	ho re	ecer	ved m	ore t	han \$100,000 in	()	T.:	
3	Did the organization list any former officer, director or											Yes	No
4	employee on line 1a? If "Yes," complete Schedule J fo For any individual listed on line 1a, is the sum of repor										. 3	├	_X_
4	the organization and related organizations greater than	n \$150,000?	If "Ye	s," c	omp	lete	Sched	dule	J for such				
_	ındıvıdual										4		X
5	Did any person listed on line 1a receive or accrue comservices rendered to the organization? If "Yes," complete										5		X
	tion B. Independent Contractors												
1	Complete this table for your five highest compensated compensation from the organization	ındependen	it conti	acto	ors tr	nat r	eceive	a me	ore than \$100,000	OT			
	(A)								(B)			(C)	
	Name and business address								Description of s	services	Comp	ensation	
_						•			1				
2	Total number of independent contractors (including bu	it not limited	to tho	se li	sted	abo	ve) wh	o re	ceived				
_	mare than \$400,000 in companies from the erganiz					-	,	_					

Part \	/111	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · · · · · 1a			TOVCHAC		012, 013, 0 014
		· · · · · · · · · · · · · · · · · · ·	3,360				
Contri-	b		3,300				
butions,	C	Fundraising events · · · · · · 1c					
guits, grands	d	Related organizations • • • • • • • 1d					
granus and	е	Government grants (contributions) - • 1e					
other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above					
	g	Noncash contributions included in lines 1a-1f \$	·		!	,	
	h	Total. Add lines 1a-1f · · · · · · · ·		3,360			
			Business Code				····
	2a	CONCESSION STAND	900099	481	481		
	b						
Program Service	С				· · ·		
Revenue	d						
	е						
	f	All other program service revenue · · · · ·		-			
		Total. Add lines 2a-2f		481	·	·	
		Investment income (including dividends, interest					I
		other similar amounts)					
		Income from investment of tax-exempt bond pro					
		Royalties · · · · · · · · · · · · · · · · · · ·		·			
	,	-					
	6.	Gross Rents · · · · · · ·	(II) Personal				
		Less rental expenses · · · ·					
		Rental income or (loss) · · ·		<u></u>			
		Net rental income or (loss)	Τ				
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less cost or other basis and sales expenses · · · ·					
0	С	Gain or (loss)					
'n		Net gain or (loss)					
е		Gross income from fundraising					
r		events (not including \$					
R		of contributions reported on line 1c)					
e		See Part IV, line 18 · · · · · · · · a					
e	h	Less direct expenses · · · · · · · b					
n		Net income or (loss) from fundraising events					<u> </u>
u e		Gross income from gaming activities					
_	-	See Part IV, line 19 · · · · · · · · a	23,883				
	h	Less direct expenses · · · · · · · b	17,719				
		Net income or (loss) from gaming activities •	<u> </u>	6,164	6,164		
				0,100	- 0,202		
		Gross sales of inventory, less returns and allowances · · · · · · · · a					
		Less cost of goods sold $ \cdot \cdot \cdot \cdot \cdot \cdot b$					
	С	Net income or (loss) from sales of inventory •	· · · · · · • <u> </u>				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue · · · · · · · · · · · · · · · · · · ·					
	е	Total. Add lines 11a-11d · · · · · · · ·					
	12	Total revenue. See instructions · · · · · ·		10,005	6,645	C	C

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column	II (A) but are not requi	ica to complete colum	110 (5), (6), 6114 (5).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		ехрепзез	general expenses	ехрепаса
•					
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22 · · · · · · · · · · · · · · · · · ·				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·				
4	Benefits paid to or for members • • • • • • • • • • • • • • • • • • •				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions) · · · · · ·				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting · · · · · · · · · · · · · · · · · · ·				
đ	Lobbying · · · · · · · · · · · · · · · · · · ·				
е	Professional fundraising services See Part IV, line 17 •				
f	Investment management fees · · · · · · · · · · ·				
g	Other • • • • • • • • • • • • • • • • • • •	-			
12	Advertising and promotion				-
13	Office expenses · · · · · · · · · · · · · · · · · ·				
14	Information technology · · · · · · · · · · · · · · · · · · ·				
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·				
17	Travel · · · · · · · · · · · · · · · · · · ·				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · ·				
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
22	Depreciation, depletion, and amortization • • • • • •				
23	Insurance · · · · · · · · · · · · · · · · · · ·				
24	Other expenses litemize expenses not			-	
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	LEAGUE CHARTER				
b	ADVERTISING AND MISC				
c	TOURNAMENT EXPENSES				
d	FIELD			-	
e	SUPPLIES				
f	All other expenses · · · · · · · · · · · · · · · · · ·				
25	Total functional expenses. Add lines 1 through 24f · ·	0	0	0	0
26	Joint Costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

52-1278807

Part	<u> </u>	Balance Sheet			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	19,857	1	29,862
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	<u> </u>
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
1		Schedule L · · · · · · · · · · · · · · · · · ·	·	5	
	6	Receivables from other disqualified persons (as defined under section			
A		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
s		Part II of Schedule L · · · · · · · · · · · · · · · · · ·		6	
S	7	Notes and loans receivable, net		7	
ť	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D · · · · · 10a			
	b	Less accumulated depreciation - · · · · · · · · · 10b		10c	
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · [13	
	14	Intangible assets • • • • • • • • • • • • • • • • • • •		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,857	16	29,862
	17	Accounts payable and accrued expenses		17	74!
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
L	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·		19	
i a	20	Tax-exempt bond liabilities • • • • • • • • • • • • • • • • • • •		20	
ь	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · ·		21	
:	22	Payables to current and former officers, directors, trustees, key			
¦		employees, highest compensated employees, and disqualified		l	
t		persons Complete Part II of Schedule L		22	
e	23	Secured mortgages and notes payable to unrelated third parties · · · · · · ·		23	
s	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
- 1	26	Total liabilities. Add lines 17 through 25	0	26	745
		Organizations that follow SFAS 117, check here X and			
F		complete lines 27 through 29, and lines 33 and 34.			
u	27	Unrestricted net assets • • • • • • • • • • • • • • • • • • •	19,857	27	29,117
n d	28	Temporarily restricted net assets		28	
٦	29	Permanently restricted net assets	_	29	
В		Organizations that do not follow SFAS 117, check here			
a I		and complete lines 30 through 34.			
а	30	Capital stock or trust principal, or current funds		30	
n c	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
e	32	Retained earnings, endowment, accumulated income, or other funds		32	
s	33	Total net assets or fund balances	19,857	33	29,117
J	34	Total liabilities and net assets/fund balances	19,857	34	29,862

Par	rt XI Financial Statements and Reporting				
		_	Y	es	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in			- 1	
	Schedule O	L			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2	2a		X
b		7	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O			- 1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			1	
	issued on a consolidated basis, separate basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133? · · · · · · · · · · · · · · · · · ·	5	за 📗	1	Х
b	The same of the sa	-			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	;	зь		
	EEA		orm 99	90 (2	(009)

EEA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► See separate instructions.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

PET	ERSE	BURG LITTLE LEA								.278807			
Pa	rt I	Reason for	Public Charit	y Status (All organiz	ations mus	t complete	this part)	See instri	uctions				
Γhe	orgar			use it is (For lines 1 thro									
1		A church, convention	n of churches, or as	ssociation of churches d	escribed in	section 1	70(b)(1)(A))(i).					
2		A school described i	n section 170(b)(1)	(A)(ii). (Attach Schedule	Ε)								
3		A hospital or a coop	erative hospital ser	vice organization descri	bed in sect	tion 170(b)	(1)(A)(iii).						
4		A medical research	organization opera	ted in conjunction with a	hospital de	escribed in	section 1	70(b)(1)(A)(iii). Enter	the hospit	al's nam	e,	
		city, and state											
5		An organization ope	rated for the benefi	it of a college or universi	ty owned o	r operated	by a gove	ernmental	unit descri	bed in			
		section 170(b)(1)(A)	(iv). (Complete Par	t II)									
6		A federal, state, or lo	ocal government or	governmental unit desc	rıbed ın se	ction 170(b)(1)(A)(v).						
7		An organization that	normally receives	a substantial part of its s	support from	n a goverr	nmental un	it or from	the genera	l public			
		described in section	170(b)(1)(A)(vi). (C	Complete Part II)									
8		A community trust de	escribed in section	170(b)(1)(A)(vi). (Comp	lete Part II)							
9	\mathbf{X}	An organization that	normally receives	(1) more than 33 1/3%	of its suppo	ort from co	ntributions	, member	ship fees, a	and gross			
		receipts from activitie	es related to its exe	empt functions - subject	to certain e	exceptions	, and (2) n	o more tha	an 33 1/3%	of its			
		support from gross in	nvestment income	and unrelated business	taxable inc	ome (less	section 51	l1 tax) froi	n business	es			
		acquired by the orga	ınızatıon after June	30, 1975 See section (509(a)(2). (Complete	Part III)						
10		An organization orga	anized and operate	d exclusively to test for p	oublic safet	ty See sec	ction 509(a	a)(4).					
11		An organization orga	anized and operate	d exclusively for the ben	efit of, to p	erform the	functions	of, or to c	arry out the	•			
		purposes of one or n	nore publicly suppo	orted organizations desc	ribed in se	ction 509(a	a)(1) or se	ction 509(a)(2) See	section			
		509(a)(3). Check the	box that describes	the type of supporting of	rganızatıoı	n and com	plete lines	11e throu	gh 11h				
		a Type I	b Type	ell c	Type III-	Functiona	lly integrate	ed	d	Type I	II-Other		
е	Ш	By checking this box	t, I certify that the o	rganization is not contro	lled directly	y or indired	tly by one	or more d	ısqualıfied				
		persons other than f	oundation manage	rs and other than one or	more publ	licly suppo	rted organ	izations d	escribed in	section			
		509(a)(1) or section											
f		•		etermination from the IRS	S that it is a	Type I, T	ype II, or T	ype III sur	porting				
		organization, check t			• • • • •	• • • • •		• • • • •			• • • •	• • •	• • ∟
g		=	06, has the organiz	zation accepted any gift	or contribut	tion from a	ny of the						
		following persons?									1		
			•	controls, either alone or	-	vith person	s describe	ed in (ii)				Yes	No
		****		y of the supported organ							11g(i)		
		•	•	cribed in (i) above? ••			• • • • •				11g(i)		
_				n described in (i) or (ii) a			• • • • •		• • • • •		11g(iii)		
h	6 N			the supported organiza			63.54			1-45-	4.5	A A	
	(I) N	ame of supported organization	(ii) EIN	(m) Type of organization (described on lines 1-9	(iv) Is the o	-	(v) Did ye the organi	•	(vi) organizati	is the		Amount upport	Of
				above or IRC section	governing d	-	col (i)	of your	(i) organiz				
				(see instructions)	Yes	No	Yes	port? No	Yes	No			
					163	110	163	- 140	163	140			
									ŀ				
			-					 	 				
	•												
								ļ <u>-</u>					
													
					1		1	Ī	I	i l	ľ		

18

Sche	edule A (Form 990 or 990-EZ) 2009 PETEI	RSBURG LITTI	E LEAGUE			52-127880	7 Page 2	
	Support Schedule for Org (Complete only if you checked the			ections 170(b	o)(1)(A)(iv) and	d 170(b)(1)(A)(\	/i)	
Se	ction A. Public Support							
ale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 1 through 3							
5	The portion of total contributions by each							
	person (other than a governmental unit or			1				
	publicly supported organization) included						1	
	on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)							
6	Public support. Subtract line 5 from In 4							
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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							
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
1	Total support. Add lines 7 through 10 •				1			
2	Gross receipts from related activities, etc. (s	ee instructions)				- 12		
3	First five years. If the Form 990 is for the or organization, check this box and stop here						▶□	
<u>Sec</u>	ction C. Computation of Public Su			·				
4	Public support percentage for 2009 (line 6,	column (f) divided	d by line 11, colum	n (f)) • • • • •		- 14	%	
5	Public support percentage from 2008 Scheo	lule A, Part II, line	e 14 · · · · · ·	• • • • • • • •		- 15	%	
6a	33 1/3% support test - 2009. If the organizat	ion did not check	the box on line 13	, and line 14 is 33	1/3% or more, ch	eck this box	_	
	and stop here. The organization qualifies as a publicly supported organization · · · · · · · · · · · · · · · · · · ·							
b	33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this							
	box and stop here. The organization qualifie	es as a publicly si	upported organizat	ion			▶□	
7a	10%-facts-and-circumstances test - 2009. If	the organization	did not check a bo	ox on line 13, 16a,	or 16b, and line 1	4 is 10% or		
	more, and if the organization meets the "fac	ts-and-circumsta	nces" test, check t	his box and stop h	ere. Explain in Pa	rt IV how the		
	organization meets the "facts-and-circumsta	nces" test. The o	rganization qualifi	es as a publicly su	pported organizat	ion • • • • • • •	• • • • • • • • • • • • • • • • • • •	

b 10%-facts-and-circumstances test - 2008. 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

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

							
	ction A. Public Support endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	chadi year (or ilsoar year beginning ill)	(4) 2003	(6) 2000	(0, 200)	(a) 2000	(0) 2000	(1) 10(4)
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	22,025	4,292	5,502	4,610	3,841	40,270
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 bus under sec 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	22,025	4,292	5,502	4,610	3,841	40,270
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 \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · ·						· · · <u>- · · - · · · · · · · · · · · · ·</u>
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·						40,270
Se	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6 · · · · · · · · ·	22,025	4,292	5,502	4,610	3,841	40,270
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	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 in line 10b, whether or not the business is regularly carried on				1,000	7,164	8,164
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) · · · · · · · · · · · · · · · · · · ·						48,434
14	First five years. If the Form 990 is for the organization, check this box and stop here	ganization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3	3)	▶ 📋
Se	ction C. Computation of Public Su						
15	Public support percentage for 2009 (line 8, c		•		<u> </u>	15	83.14 %
16	Public support percentage from 2008 Sched			· · · · · · · · · · · · ·		16	%
	ction D. Computation of Investme					·_ ·_	
17	investment income percentage for 2009 (line		="		• • • • • • • •	17	0.00 %
18	Investment income percentage from 2008 Sc	chedule A, Part III, I	ine 17 • • • •	• • • • • • • • •	• • • • • • • • • • • •	18	%
19a	33 1/3% support tests - 2009. If the organiza 17 is not more than 33 1/3%, check this box						▶ 🕱
b	33 1/3% support tests - 2008. If the organiza line 18 is not more than 33 1/3%, check this	box and stop here.	The organization	qualifies as a publi	cly supported orga	ınızatıon • • •	▶ 📋
20	Private Foundation: If the organization did n	ot check a box on I	ine 14, 19a, or 19b	, check this box an	nd see instructions	••••	▶ 🗌

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Open to Public Inspection

PETERSBURG LITTLE LE	EAGHE				52-	1278807		
		e organization	n answered	d "Yes" to Form 990, F		<u> </u>		
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations								
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations								
 Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization 								
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundr custody or c contribut	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
Total			· · · · >	<u> </u>		<u></u>		
3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing								
	 				·			
· · · · · · · · · · · · · · · · · · ·					_ 			
								
	_			-				
								

<u>Pa</u>	rt II	Fundraising Events. Commore than \$15,000 on Form 990	nplete if the organization a 0-EZ, line 6a. List events w	nswered "Yes" to Form 99 with gross receipts greater t	0, Part IV, line 18, or report than \$5,000	ed		
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Tota Add col	al Events	ih
R			(event type)	(event type)	(total number)		(a) (iii)	
e v								
e n	1 2	Gross receipts · · · · · · · · Less Charitable						
u	2	contributions · · · · · · · ·						
e	3	Gross revenue (line 1						
		minus line 2)	<u>-</u>					
Ь	4	Cash prizes · · · · · · · · · ·						
ı	5	Non-cash prizes · · · · · ·						
r e								
c t	6	Rent/facility costs · · · · · ·						
- 1	-	Food and however						
E x	7	Food and beverages · · · · ·					-	
p e	8	Entertainment · · · · · · · · ·						
ก s								
e	9	Other direct expenses · · · · ·				· · ·		
s	10	Direct expense summary Add lines	4 through 9 in column (d)			(١
	11	Net income summary Combine line	•		•	•		
Pa	rt II							
		than \$15,000 on Form 990-EZ,	line 6a					
R e v			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))		
enue		Ţ.						
e e	1	Gross revenue · · · · · · ·		23,883			23,88	83
Direct	_							
e	2	Cash prizes · · · · · · · · ·						
- 1	3	Non-cash prizes · · · · · ·						
Expenses								
e	4	Rent/facility costs · · · · ·						
s e	_	Other direct expenses		17,719			17,7	19
*	5	Other direct expenses · · · · ·	Yes %	Yes %	Yes %		* ' , ' .	
	6	Volunteer labor	No No	X No	No —			
		_						
	7	Direct expense summary Add lines	2 through 5 in column (d)	• • • • • • • • • • • • • • • • • • • •			17,7	19)
	8	Net gaming income summary Comb	une line 1 column (d) and	d line 7			6,1	64
		Thet gaining income summary Come	one inc 1, column (d), and	d line /		<u></u>	Yes	No
9	Ent	ter the state(s) in which the organizati	ion operates gaming activ	ities AK,				
а		he organization licensed to operate g	aming activities in each of	f these states?	• • • • • • • • • • • •	· · · · 9a	<u> </u>	ļ
b	lf "I	No," Explain						
	_					—		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?							х
		Yes," Explain		_				
11	<u>D</u> c	es the organization operate gaming a	activites with normembers	7		11	-	X
12		es the organization operate gaming a he organization a grantor, beneficiary			r other entity	- ''		
		3.2.2.,,		•	- -	12	, 1	v

Table No No No No No No No N	Sched	ule G (Form 990 or 990-EZ) 2009 PETERSBURG LITTLE LEAGUE 52-1278	807	Р	age 3
a The organization's facility	`,			Yes	No
b An outside facility . 13b 100.000 % 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records Name	13	Indicate the percentage of gaming activity operated in			Ì
Provide the name and address of the person who prepares the organization's gaming/special events books and records Name ► TAMARA EVENS Address ► PO BOX 886 PETERSBURG, AK 99833 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ [If "Yes," enter name and address Name ► JAMES SWAINSON Address ► PO BOX 1510 PETERSBURG, AK 99833 16 Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	а	The organization's facility • • • • • • • • • • • • • • • • • • •	6		
and records Name ► TAMARA EVENS Address ► PO BOX 886 PETERSBURG, AK 99833 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	b		6]
Name ► TAMARA EVENS Address ► PO BOX 886 PETERSBURG, AK 99833 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14	Provide the name and address of the person who prepares the organization's gaming/special events books			
Address PO BOX 886 PETERSBURG, AK 99833 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		and records			
Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a X b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$		Name ► TAMARA EVENS			
to if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ if "Yes," enter name and address Name ▶ JAMES SWAINSON Address ▶ PO BOX 1510 PETERSBURG, AK 99833 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Address ▶ PO BOX 886 PETERSBURG, AK 99833			
to if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ if "Yes," enter name and address Name ▶ JAMES SWAINSON Address ▶ PO BOX 1510 PETERSBURG, AK 99833 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	15a	Does the organization have a contract with a third party from whom the organization receives gaming			
amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address Name ▶ JAMES SWAINSON Address ▶ PO BOX 1510 PETERSBURG, AK 99833 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			15a	X	
C If "Yes," enter name and address Name ▶ JAMES SWAINSON Address ▶ PO BOX 1510 PETERSBURG, AK 99833 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the			
Name ▶ JAMES SWAINSON Address ▶ PO BOX 1510 PETERSBURG, AK 99833 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		amount of gaming revenue retained by the third party ▶ \$			}
Address PO BOX 1510 PETERSBURG, AK 99833 16 Gaming manager information Name Gaming manager compensation \$ Description of services provided Director/officer	С	If "Yes," enter name and address			İ
Address PO BOX 1510 PETERSBURG, AK 99833 16 Gaming manager information Name Gaming manager compensation \$ Description of services provided Director/officer					
Saming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Name JAMES SWAINSON			
Saming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Addison by no pay 1510 primppopying ary 00022			1
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	46				
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	10	Gaming manager information			
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer		Name >			
Description of services provided Director/officer Employee Independent contractor Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?					
Director/officer Employee Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Gaming manager compensation ▶ \$			
Director/officer Employee Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?					
17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? • • • • • • • • • • • • • • • • • • •		Description of services provided			
17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? • • • • • • • • • • • • • • • • • • •					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer Employee Independent contractor	İ l		
retain the state gaming license? • • • • • • • • • • • • • • • • • • •	17	Mandatory distributions			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent	а				}
		retain the state gaming license?	17a	X	
ın the organization's own exempt activities during the tax year ▶\$	b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
		ın the organization's own exempt activities during the tax year ▶\$		ļ.,,	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Open to Public Inspection Employer identification number

PETERSBURG LITTLE LEAGUE	52-1278807
01. Form 990 governing body review (Part VI, line 11)	
EACH BOARD MEMBER READS AND COMMENTS ON FORM 990.	
02. Governing documents, etc, available to public (Part VI, line 19)	
ALL DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC ON REQUEST.	

2009 Page 1 990 **Overflow Statement** FEIN Name(s) as shown on return 52-1278807 PETERSBURG LITTLE LEAGUE OTHER INCOME DETAIL Description GAMING Amount 23,883 23,883 Total: