

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



#### Form **990-EZ**

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

OMB No 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service

Private foundation

Sponsoring organizations of donor advised funds organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 5 12(b)(13) must life Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the pard of the year may use this form

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

2010 and ending 2011 For the 2010 calendar year, or tax year beginning OCT SEP 30, Check if applicable D Employer identification number C Name of organization LITTLE LEAGUE BASEBALL, INC. Address change 88-0162960 CARSON VALLEY LITTLE LEAGUE Name change Number and street (or P.O box, if mail is not delivered to street address) Room/suite E Telephone number linitial return (775)782-7303P.O. BOX 1064 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return 89410 GARDNERVILLE, NV Number ► GEN Application pending X Cash Accrual Other (specify) H Check \( \) \( \) If the organization is not Accounting Method required to attach Schedule B Website. ► N/A Tax-exempt status (check only one) - X 501(c)(3) ) **◄**(insert no.) 4947(a)(1) or 527 501(c) ( (Form 990, 990-EZ, or 990-PF). Check In the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, 70,623. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I ) Check if the organization used Schedule O to respond to any question in this Part I 46,346 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 Membership dues and assessments 3 3 4 Investment income Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract, line 5b) from line 5a) 5c RECEIVE Gaming and fundraising events a Gross income from gaming (attach Schiedule G if greater than NAC CINN/Regune ത് JAN 2 0 2012 \$15,000) 6a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15.0007 UCN 3,495 6b 2,445 Less: direct expenses from gaming and fundraising events 1,050. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 20,782. 7a 7a Gross sales of inventory, less returns and allowances 16,924 SEE SCHEDULE O 7b b Less cost of goods sold 3,858. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c وبع Other revenue (describe in Schedule O) 8  $\Theta$ 51,254. Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 SEE SCHEDULE O 1,850. 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors 13 SEE SCHEDULE O 22,542. 14 Occupancy, rent, utilities, and maintenance 14 2,488. Printing, publications, postage, and shipping 15 SEE SCHEDULE O 39,881. 16 16 Other expenses (describe in Schedule O) 66,761. 17 Total expenses Add lines 10 through 16 17 <15,507.> Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 29,200. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule 0) 20 13. 693. Net assets or fund balances at end of year. Combine lines 18 through 20 21

Form **990-EZ** (2010)

LHA For Paperwork Reduction Act Notice, see the separate instructions

CARSON VALLEY LITTLE LEAGUE

	990-EZ (2010) CARSON VALLEY LITTLE LEA	GUE	8	<u> 8 -</u>	01629	60 Page 2
Pa	Balance Sheets. (see the instructions for Part II )					
	Check if the organization used Schedule 0 to respond to any question					X
		(/	A) Beginning of year	ļ	(B) f	nd of year
22	Cash, savings, and investments		24,632.	22	<u> </u>	<u>7,837.</u>
23	Land and buildings			23		<del></del>
24	Other assets (describe in Schedule 0) SEE SCHEDULE	0	<u>4,568.</u>			<u>5,856.</u>
25	Total assets		<u>29,200.</u>	25		<u> 13,693.</u>
26	Total liabilities (describe in Schedule 0)		0.		<u> </u>	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21		29,200.	27		13,693.
Pa	rt III Statement of Program Service Accomplishme	ents (see the instructions for	· _			xpenses
	Check if the organization used Schedule O to respond to any question	on in this Part III	<u>_</u>	X)		for section and 501(c)(4)
Wha	t is the organization's primary exempt purpose? SEE SCHEDULE	0			organizati	ons and section
	cribe what was achieved in carrying out the organization's exempt pu			е	4947(a)(1   for others	) trusts, optional
	services provided, the number of persons benefited, and other releva				101 Uliters	-1
	PROVIDING THE YOUTH OF CARSON VALL					
	THE OPPORTUNITY TO PARTICIPATE IN	LITTLE LEAGUE	BASEBALL.		1 1	
	· <del>-</del>					
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>		28a	<u>66,761.</u>
29			<del></del>		!	
					1	
	Grants \$ ) If this amount includes foreign	grants, check here	<b>&gt;</b> [		29a	
30				_		
		······································				
		<del></del>		_		
	Grants \$ ) If this amount includes foreign	grants, check here	<u> </u>		30a	
	Other program services (describe in Schedule O)					
	Grants \$ ) If this amount includes foreign	grants, check here			31a	
	Total program service expenses (add lines 28a through 31a)	Employees		<u> </u>	32	<u>66,761.</u>
Ра	rt IV List of Officers, Directors, Trustees, and Key		ven if not compensated (se	e the	instructions f	or Part IV )
	Check if the organization used Schedule O to respond to any question		1	(4) .		
		(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter	i to e	ontributions employee	(e) Expense account and
	(a) Name and address	position	-0-)		efit plans & leferred	other allowances
<del></del>	DDID INCODERN				pensation	
	BBIE JACOBSEN	PRESIDENT			0	
	BOX 1064, GARDNERVILLE, NV 89410	0.00	0.		0.	0.
	KE DAVIES	_VICE PRESIDEN			^	
	BOX 1064, GARDNERVILLE, NV 89410	0.00	0.		0.	0.
	ERRY ACKERMAN	TREASURER			^	
	BOX 1064, GARDNERVILLE, NV 89410	0.00	0.		0.	0.
	CKY VALENZUELA	SECRETARY			^	
	BOX 1064, GARDNERVILLE, NV 89410	0.00	0.		0.	0.
	ATHER HOYLE	PLAYER AGENT			^	_
PO	BOX 1064, GARDNERVILLE, NV 89410	_0.00_	0.		0.	0.
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03217 02-02						
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Form 990-EZ (2010) CARSON VALLEY LITTLE LEAGUE

88-0162960 Page 3

Pa	Other Information (Note the statement requirements in the instructions for Part V)			
	Check if the organization used Schedule O to respond to any question in this Part V		<b>V</b>	X
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in			,,
	Schedule 0	_ 33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			v
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
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, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or	05-		x
	501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	N/	
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	14/	<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	20		X.
	complete applicable parts of Schedule N  Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0.	36		
		1		v
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	200		x
	in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes." complete Schedule L. Part II and enter the total amount involved  N/A	38a		^
		1		
39	Section 501(c)(7) organizations. Enter.  Initiation fees and capital contributions included on line 9  N/A			
a		-		
b		1		
4U a	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 •			ļ
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ?			
		40b		X
	If "Yes," complete Schedule L, Part I	400	<u> </u>	A
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	or disqualified persons during the year under sections 4912, 4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	ļ		
a	^			
	•	İ	ļ }	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	•	X
41	List the states with which a copy of this return is filed.   NONE	100		
41	The organization's books are in care of CARSON VALLEY LITTLE LEAGUE Telephone no. > (775)7	82-	730	3
42 a	Located at ▶ P.O. BOX 1064, GARDNERVILLE, NV ZIP+4 ▶ 8			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority		•	
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	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		Х
	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		<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
-	of Form 990-EZ	44b	L	X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
_	ın Schedule O	44d		<u></u>
		Form 9	90-EZ	(2010

ZEPHYR COVE, NV 89448

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

Form 990-EZ (2010)

032 174 03-04-11

#### SCHEDULE A

' (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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.

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

OMB No 1545-0047

Open to Public Inspection

Name of	the organizat	on LITTLE	LEAGUE BASE	BALL,	INC.			E	mployer i	dentificati	ion nu	mber		
r		CARSON	VALLEY LITTI	LE LEA	GUE		_		88	-0162	<u> 960</u>	ı		
Part I	Reason	for Public Cha	rity Status (All organi	zations mu	ist comple	te this pai	rt ) See ins	tructions						
The organ	nization is not	a private foundation	because it is (For lines	1 through	11, check	only one I	oox)							
1 🖳	A church, co	invention of churche	es, or association of chui	rches desc	cribed in se	ection 170	D(b)(1)(A)(ı	).						
2	A school des	scribed in section 1	<b>70(b)(1)(A)(II).</b> (Attach So	chedule E.)	)									
3 🖳			ital service organization											
4 📙	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in <b>s</b> e	ection 170	(b)(1)(A)(ii	ii). Enter th	ie hospital	's nam	ıe,		
,	city, and sta													
5	An organizat	ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	y a govern	mental uni	t describe	d ın				
		<b>(b)(1)(A)(ıv).</b> (Comp	•											
6 🖳			nent or governmental un											
7 [X]	An organizat	ion that normally red	ceives a substantial part	of its supp	oort from a	governme	ental unit d	or from the	general p	ublic desc	ribed i	n		
	section 170(b)(1)(A)(vı). (Complete Part II )  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )													
8 🖳	-				-									
9 📖			ceives (1) more than 33											
	activities rela	ited to its exempt fu	inctions - subject to certa	aın except	ions, and (	2) no more	e than 33 <sup>-</sup>	1/3% of its	support fi	rom gross	invest	ment		
	income and	unrelated business t	taxable income (less sec	tion 511 ta	ax) from bu	isinesses	acquired b	y the orga	ınızatıon af	ter June 3	0, 197	5		
		<b>509(a)(2).</b> (Complet	•											
10	_	•	perated exclusively to te		•			•						
11			perated exclusively for t						-	-		or		
			ations described in secti				2) See <b>se</b> e	ction 509(	<b>a)(3).</b> Chec	k the box	that			
			organization and compl		-									
	a Type		• •		e III - Fund	•	-			Type III - C				
e 📖			at the organization is not									n		
_			than one or more publicl						$\theta(a)(1)$ or se	ection 509	(a)(2)			
f			tten determination from	the IRS th	at it is a Ty	pe I, Type	ell, or Type	e III						
		rganization, check t		٠.		_			_					
9	_		organization accepted ai			,		•						
			directly controls, either a	lone or tog	jether with	persons o	described	ın (ii) and (i	III) below,		Yes	No		
	_	• •	supported organization?							11g(i)				
		•	n described in (i) above?		-0					11g(ii)				
•.	• •	•	a person described in (i)							11g(iii)	LJ			
h	Provide the i	ollowing information	about the supported or	ganization	(S)									
		<u> </u>	(III) Type of	Carlo Abras		( ) D.d		(va) le	tho	<del></del>				
	of supported	(ii) EIN	organization		organization sted in your		u nomy me tion in col.	Forganizatio	on in col. I	(vii) Am		İ		
orga	anization		(described on lines 1-9		document?		r support?	(i) organız U S	ed in the	sup	port			
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No					
	<del></del>		(coc memorial)	1.00	110	- 103	110	103	140					
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			}											
				1										
Total														
LHA For P	aperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (Form	990 or 99	0-EZ)	2010		

Form 990 or 990-EZ.

Schedule A (Form 990 or 990 EZ) 2010 CARSON VALLEY LITTLE LEAGUE

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Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	84,718.	55,821.	51,447.	36,050.	46,346.	274,382.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to					ı	
	the organization without charge						
4	Total. Add lines 1 through 3	84,718.	55,821.	51,447.	36,050.	46,346.	274,382.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			ŀ			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						274,382.
Sec	ction B. Total Support		· · · · · · · · · · · · · · · · · · ·	···			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	84,718.	55,821.	51,447.	36,050.	46,346.	274,382.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	13.	13.	4.	2.		32.
9	Net income from unrelated business			Ì			
	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	<b>Total support.</b> Add lines 7 through 10						274,414.
12	•	•	•			12	183,584.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thire	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	. —
Sec	organization, check this box and storetion C. Computation of Publ	o here ic Support Per	rcentage	W * * *			
	Public support percentage for 2010 (			olumn (fl)		14	99.99 %
	Public support percentage for 2010 (		•	Ciarin (ijj		15	99.98 %
	33 1/3% support test - 2010. If the o			line 13, and line 1.	4 is 33 1/3% or m		
108	stop here. The organization qualifies				5 55 17570 07 111		<b>▶ X</b>
h	33 1/3% support test - 2009. If the o		_		ine 15 is 33 1/3%	or more, check th	
•	and stop here. The organization qua						▶□
17:	10% -facts-and-circumstances tes	•			13. 16a. or 16b. a	nd line 14 is 10%	or more.
.,,	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
ŀ	10% -facts-and-circumstances tes	_		-	•	7a, and line 15 is 1	10% or
•	more, and if the organization meets the						
	organization meets the "facts-and-cire						<b>▶</b> □
12	Private foundation. If the organization						s F
-10	Trivate roundation. If the organization	did flot offoot d	200 000 000			edule A (Form 990	
					00110		

# Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization	on failed to qualify under Part II	If the organization fails to

gualify under the test		lease comp	lete Part II)				
Section A. Public Support		V 3006	(h) 2007	(0) 2009	(4) 2000	(5) 2010	(6) Total
Calendar year (or fiscal year beginni		) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<ol> <li>Gifts, grants, contributions, a membership fees received (I</li> </ol>		,					
include any "unusual grants	·						
2 Gross receipts from admission merchandise sold or services formed, or facilities furnished any activity that is related to organization's tax-exempt put	s per- I in the						
3 Gross receipts from activities	s that						
are not an unrelated trade or	bus-	ĺ					
iness under section 513	<u> </u>					<del></del>	
4 Tax revenues levied for the or ization's benefit and either pa or expended on its behalf	Ĭ						
5 The value of services or facili	ities						
furnished by a governmental	unit to						
the organization without cha	rge						
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1	, 2, and	$\neg$				•	
3 received from disqualified p	oersons						
b Amounts included on lines 2 and 3 rec from other than disqualified persons the exceed the greater of \$5 000 or 1% of amount on line 13 for the year	nat						
c Add lines 7a and 7b							
8 Public support (Subtract line 7c from	n line 6 )				<u> </u>		
Section B. Total Support					···	<del></del>	
Calendar year (or fiscal year beginni	ng in) ►(a	) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6							
10a Gross income from interest, dividends, payments receive securities loans, rents, royalt and income from similar soul	ies						
<b>b</b> Unrelated business taxable incor	ne						
(less section 511 taxes) from buacquired after June 30, 1975	sinesses						
c Add lines 10a and 10b							
11 Net income from unrelated b activities not included in line whether or not the business regularly carried on	10b,						
12 Other income Do not include or loss from the sale of capit assets (Explain in Part IV)							
13 Total support (Add lines 9 10c, 11,	and 12)			<u> </u>		L	
14 First five years. If the Form		ganızatıon's	first, second, thir	d, fourth, or fifth t	ax year as a sectioi	n 501(c)(3) orga	inization,
check this box and stop her					<del></del>		<u> </u>
Section C. Computation of	of Public Su	pport Per	centage				
15 Public support percentage for	or 2010 (line 8, d	column (f) di	vided by line 13, c	olumn (f))		15	%
16 Public support percentage fr						16	%
Section D. Computation of	of Investme	<u>nt Income</u>	e Percentage				
17 Investment income percenta	ge for <b>2010</b> (line	e 10c, colum	nn (f) divided by lin	e 13, column (f))		17	%
18 Investment income percenta	ge from <b>2009</b> S	chedule A, F	Part III, line 17			18	%
19a 33 1/3% support tests - 20	10. If the organi	zation did ne	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and lin	ie 17 is not
more than 33 1/3%, check the							▶□
b 33 1/3% support tests - 200 line 18 is not more than 33 1							
20 Private foundation. If the or							
	<u> </u>						

#### SCHEDULE O

~(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

LITTLE LEAGUE BASEBALL, INC. CARSON VALLEY LITTLE LEAGUE

Employer identification number 88-0162960

EODM OOO EE DADE I LINE 7 ODOGG DOGETH EDOM CALEGOE INVENTORY.	
FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:	
INCOME:  1. GROSS RECEIPTS	
2. RETURNS AND ALLOWANCES	
3. LINE 1 LESS LINE 2	
4. COST OF GOODS SOLD (LINE 13)	
5. GROSS PROFIT (LINE 3 LESS LINE 4)	
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	
7. MERCHANDISE PURCHASED	16,924.
8. COST OF LABOR	0.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	16,924.
12. INVENTORY AT END OF YEAR	0.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	16,924.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: YOUTH ATHLETICS	
GRANTEE NAME: DOUGLAS HIGH SCHOOL BASEBALL	
GRANTEE ADDRESS: 1670 HWY 88 MINDEN, NV 89423	
GRANTEE RELATIONSHIP: NONE	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 04/08/11	
AMOUNT GIVEN:	1,500.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990	or 990-EZ) (2010)

### SCHEDULE O

~(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

LITTLE LEAGUE BASEBALL, INC. CARSON VALLEY LITTLE LEAGUE

Employer identification number 88-0162960

DESCRIPTION OF OTHER EXPENSES:  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  O32211 01-24-11	AMOUNT : nedule O (Form 990 or 990-EZ) (2010)
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
TOTAL TO FORM 990-EZ, LINE 14	
OTHER EXPENSES	21,054.
DEPRECIATION	1,488.
DESCRIPTION OF EXPENSES:	AMOUNT:
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES	S, AND MAINTENANCE:
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	1,850.
AMOUNT CITYEN	100
PROPERTY DESCRIPTION: CASH	
GRANTEE RELATIONSHIP: NONE	JIIINGTON, DC 20004
GRANTEE NAME: AMERICAN BONG ASSOCIATION  GRANTEE ADDRESS: 1301 PENNSLYVANIA AVE NW, SUITE 800 WAS	SHINGTON DC 20004
ACTIVITY CLASSIFICATION: TOBACCO USE PREVENTION  GRANTEE NAME: AMERICAN LUNG ASSOCIATION	
AMOUNT GIVEN:	250.
DATE OF GIFT: 02/09/11	
PROPERTY DESCRIPTION: CASH	
GRANTEE RELATIONSHIP: NONE	
GRANTEE ADDRESS: 1638 MONO AVE MINDEN, NV 89423	
GRANTEE NAME: ASPIRE PROGRAM	
ACTIVITY CLASSIFICATION: YOUTH ATHLETICS	
CARSON VALLEY LITTLE LEAGUE	88-0162960

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

LITTLE LEAGUE BASEBALL, INC. Employer identification number Name of the organization CARSON VALLEY LITTLE LEAGUE 88-0162960 COACH, UMPIRE, AND OTHER BACKGROUND CHECK SERVICE FEES 126. BANK CHARGES/CREDIT CARD FEES 1,175. 2,500. COACH & UMPIRE CLINICS EOUIPMENT, UNIFORMS, PHOTOS & AWARDS 23,186. 5,186. INSURANCE/DISTRICT FEES 25. LICENSES & PERMITS 3,898. OFFICE EXPENSE 867. TELEPHONE EXPENSE 2,918. UMPIRING FEES 39,881. TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ, PART II, LINE 24, OTHER ASSETS: BEG. OF YEAR END OF YEAR DESCRIPTION 4.568. 5,856. OTHER DEPRECIABLE ASSETS FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PROVIDING THE YOUTH OF CARSON VALLEY AND OUTLYING AREAS THE OPPORTUNITY TO PARTICIPATE IN LITTLE LEAGUE BASEBALL. PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization** 990-EZ

(Including Information on Listed Property) ► Attach to your tax return.

OMB No 1545-0172

➤ See separate instructions. Sequence No 67 Business or activity to which this form relates Name(s) shown on return Identifying number LITTLE LEAGUE BASEBALL, INC. CARSON VALLEY LITTLE LEAGUE FORM 990-EZ PAGE 1 88-0162960 Election To Expense Certain Property Under Section 179 Note If you have any listed property, complete Part V before you complete Part I 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,000,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0 5 5 Dollar limitation for tax year Subtract line 4 from line 1 lf zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 7 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 1,488 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property ) (See instructions) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2010 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use (b) Month and (d) Recovery (a) Classification of property (e) Convention (f) Method vear placed (g) Depreciation deduction period only - see instructions) 19a 3 year property 5-year property b 7-year property d 10-year property 15-year property e 20-year property S/L 25-year property 25 yrs 9 27 5 yrs MM S/L h Residential rental property 27 5 yrs MM S/L MM S/L 39 yrs Nonresidential real property 1 MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

40-year Part IV | Summary (See instructions )

Class life

12-year

20a

b

21 Listed property Enter amount from line 28

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21

Enter here and on the appropriate lines of your return Partnerships and S corporations see instr 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

1,488.

12 yrs

40 yrs

23

S/L

S/L

S/L

21

22

MM

	•		
Form	4562	(2010)	

88-	01	629	60	Page	2
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Form 4562 (2010)		SON VAL											960	
Part V Listed Proper amusement)	ty (Include a	utomobiles, ce	rtaın oth	ner vehic	les, cert	taın com	puters	s, and prop	perty us	ed for e	ntertainn	nent, red	creation,	or
Note: For any	vehicle for wi	hich vou are us	ina the	standar	d mileag	e rate oi	dedu	cting lease	expen:	se, comp	ete ont	v 24a. 2	4b, colui	nns (a)
through (c) of S	Section A, all	of Section B, a	and Sec	tion C if	applica:	ble								
Section A	- Depreciation	on and Other I	nforma	ition (Ca	ution: S	See the i	nstruc	tions for li	mits for	passeng	er auton	nobiles	)	
24a Do you have evidence to s	support the bu	siness/investme	nt use cla	aimed?	Y	es	_ No_	24b If "Y	es," is t	he evide	nce writt	ten?	Yes	No
(a)	(b)	(c)		(d)		(e)		(f)		(g)	(	h)	t .	(i)
Type of property	Date	Business/		Cost or		sis for depri siness/inve		Recovery		ethod/		eciation		cted
(list vehicles first)	placed in service	investment use percentag	e ot	her basıs	,00	use only		period	Con	vention	dedi	uction	3	on 179 ost
25 Special depreciation alle	owance for a			nlaced	ın servic	se durino	the t	ax vear an	d.					
used more than 50% in			лорону	piacca	111 001 110	oo damii	,	an jour an	•	25				
26 Property used more that											<u> </u>		l	
26 Froperty used more tria	1								<u> </u>				Γ	
	<del>                                     </del>	9/						ļ			<del> </del>		<del> </del>	
	<del>                                     </del>	9/							<del> </del> -	-	<u> </u>		<del> </del>	
	<u> </u>	9/				_		l	l				L .	
27 Property used 50% or I	ess in a quali							<del></del>	l		T-			
	<u> </u>	- %						ļ <del></del>	S/L -		<b> </b>		4	
		9/	6					ļ	S/L·				1	
		%	<u>6  </u>					<u> </u>	S/L ·		ļ			
28 Add amounts in column	(h), lines 25	through 27 Er	nter her	e and or	line 21,	, page 1				28				
29 Add amounts in column	(i), line 26_E	nter here and	on line	7, page	1							29		
						on Use	of Vel	hicles						
Complete this section for ve	ehicles used	by a sole prop	rietor, p	artner, o	r other '	more th	an 5%	owner," o	or relate	d persor	ו			
If you provided vehicles to	our employe	es, first answe	r the qu	iestions	ın Secti	on C to	see if	you meet a	an exce	ption to	completi	ng this	section f	or
those vehicles														
			- (	 а)	1	b)		(c)	I	(d)	1	e)	1	 f)
30 Total business/investment	miles driven d	iuring the	-	ncle	1 '	hicle	\	/ehicle		hicle		ncle		ucle
		uning are	V 61	noic	V C1	11010	· ·	7 (111010		111010	¥ 0.1	1010	701	1010
year (do not include com							<u> </u>							
31 Total commuting miles	-												<del> </del>	
32 Total other personal (no	ncommuting	j) miles												
driven						_			<u> </u>		ļ		-	
33 Total miles driven during	•								1					
Add lines 30 through 32	2					Τ	<u> </u>	<del>-  </del>		r	<b> </b>	τ		·
34 Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
during off-duty hours?							ļ .		ļ		ļ			
35 Was the vehicle used p	rımarıly by a	more							1					
than 5% owner or relate	ed person?													
36 Is another vehicle availa	able for perso	onal												
use?								_						
	Section C	- Questions for	or Empl	loyers V	Vho Pro	vide Vel	nicles	for Use b	y Their	Employ	ees			
Answer these questions to			-	-								re not n	nore than	15%
owners or related persons		,							•	. ,				
37 Do you maintain a writte	en policy stat	tement that pro	ohibits a	all perso	nal use o	of vehicl	es inc	cludina cor	nmutino	ı. by you	r		Yes	No
employees?	on policy ora	tomorre trial pre	31112110	poroo.			00,0			,, ~, ,	•			1
38 Do you maintain a writte	on noticy stat	tomont that nr	abibite r	orconal	use of v	ehicles	avcar	at commut	ına hv	vour				<del>                                     </del>
employees? See the ins		·								youi				1
					incers, d	meciois	, 01 17	o oi illoie	OWITEIS					<del> </del>
39 Do you treat all use of v	•													<del>                                     </del>
40 Do you provide more th					informat	tion from	ı your	employees	s about					
the use of the vehicles,	and retain th	ne information i	received	32									-	<b>├</b> -
41 Do you meet the require	ements conc	erning qualified	d autom	obile de	monstra	ation use	?							
Note: If your answer to	<u>37, 38, 39, 4</u>	0, or 41 is "Yes	s," do no	ot comp	lete Sec	tion B fo	o <u>r the c</u>	covered ve	hicles					J
Part VI Amortization	-									<u></u>				
(a)		Date	(b)		(c)	h la		(d)		(e) Amortiza		^	(f) mortization	
Description of	or costs		amortization begins	<u> </u>	Amortizat amoun	t .		Code section		period or pe			or this year	
42 Amortization of costs th	nat begins du	iring your 2010	tax yea	ar										
· · · · · · · · · · · · · · · · · · ·							7							
43 Amortization of costs th	nat began be	fore your 2010	tax vea	ar							43			
44 Total. Add amounts in	_				o report						44			
												F	orm <b>456</b>	2 (2010)
016252 12-21-10														_ \~~ '~'

016252 12-21-10

FOOTNOTE 1

VOLUNTEERS, PRIMARILY PARENTS OF LITTLE LEAGUE BASEBALL PLAYERS, OPERATED SNACK BARS FOR THE BENEFIT OF CARSON VALLEY LITTLE LEAGUE THE SNACK BARS SOLD FOOD, DRINKS AND SNACKS DURING LITTLE LEAGUE BASEBALL GAMES TO PLAYERS, FAMILY, FRIENDS, AND COACHES THE VOLUNTEERS IN THE SNACK BARS WERE NOT COMPENSATED FOR THEIR TIME OR SERVICES IRC SEC. 513(A) (1) PROVIDES THAT UNRELATED TRADE OR BUSINESS INCOME DOES NOT INCLUDE INCOME FROM TRADE OR BUSINESS IN WHICH SUBTANTIALLY ALL THE WORK IN CARRYING ON THE TRADE OR BUSINESS IS PERFORMEED FOR THE ORGANIZATION BY VOLUNTEERS WITHOUT COMPENSATION TO THE VOLUNTEERS. CARSON VALLY LITTLE LEAGUE IS THEREFORE EXEMPT FROM REPORTING SNACK BAR OPERATIONS ON FORM 990-T

CARSON VALLEY LITTLE LEAGUE (CVLL)'S PURPOSE IS TO ASSIST YOUTH IN DEVLOPING AND PROMOTING QUALITIES OF CITIZENSHIP, DISCIPLINE, TEAMWORK, AND PHYSICAL WELL BEING CVLL ACCEPTS UNIVERSITY SCHOLARSHIP APPLICATIONS FROM PLAYERS WISHING TO CONTINUE THEIR EDUCATION BEYOND HIGH SCHOOL UNIVERSITY SCHOLARSHIPS ARE AWARDED TO INDIVIDUALS FOR THEIR SCHOLASTIC ACHIEVEMENTS AND THEIR WILLINGNESS TO FURTHER THE PURPOSES OF CVLL THROUGH THAT INDIVIDUAL'S PARTICIPATION IN COMMUNITY AND YOUTH ACTIVITIES