

Applicant/Program:

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Council Member Signature and Amount

District 1 _____ \$ _____
District 2 _____ \$ _____
District 3 _____ \$ _____
District 4 _____ \$ _____
District 5 _____ \$ _____
District 6 _____ \$ _____
District 7 _____ \$ _____
District 8 _____ \$ _____
District 9 _____ \$ _____
District 10 _____ \$ _____
District 11 _____ \$ _____
District 12 _____ \$ _____
District 13 _____ \$ _____
District 14 _____ \$ _____
District 15 _____ \$ _____

Applicant/Program:

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

District 16 _____ \$ _____

District 17 _____ \$ _____

District 18 _____ \$ _____

District 19 _____ \$ _____

District 20 _____ \$ _____

District 21 _____ \$ _____

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

**LOUISVILLE METRO COUNCIL
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

Legal Name of Applicant Organization Highview Athletic League Inc.

Program Name and Request Amount Pave damaged and gravel areas. \$13,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the entity in good standing with: <ul style="list-style-type: none"> ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? 	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the current Fiscal Year Budget included?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the IRS Form 990 included?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

Prepared by: John Torsky

Date: 5-30-17

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization: HIGHVIEW ATHLETIC LEAGUE, INC. <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 1334 VILLA PARK DRIVE LOU, KY. 40219			
Website: www.highviewyouthsports.com			
Applicant Contact:	ROGER ABELL	Title:	PRESIDENT
Phone:	502-299-3380	Email:	abellr@bellsouth.net
Financial Contact:	same	Title:	
Phone:		Email:	
Organization's Representative who attended NDF Training: N/A			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	6415 OUTER LOOP, LOU, KY. 40228		
Council District(s):	DISTRICT 23	Zip Code(s):	40219-40228-40229-40291
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: BASEBALL COMPLEX RENOVATION			
Total Request: (\$)	13,000	Total Metro Award (this program) in previous year: (\$)	0
Purpose of Request (check all that apply):			
<input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget)			
<input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals			
<input checked="" type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
The Following are Required Attachments:			
IRS Exempt Status Determination Letter Current year projected budget Current financial statement Most recent IRS Form 990 or 1120-H Articles of Incorporation (current & signed) Cost estimates from proposed vendor if request is for capital expense		Signed lease if rent costs are being requested IRS Form W9 Evaluation forms if used in the proposed program Annual audit (if required by organization) Faith Based Organization Certification Form, if applicable	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.			
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

Highview Athletic League provides youth sports such as Baseball, Basketball, Football, and Cheerleading to the area youngsters, ranging in ages from 3 to 18. Our goal is to not only teach these children the fundamentals of the sport, but also good sportsmanship, and morales and standards so they may become role models in the years to come.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
President-Roger Abell	12/31/2018
Vice President-John Graf	12/31/2017
Baseball President-Ricky Wyatt	12/31/2018
Baseball Vice President-Vacant	12/31/2017
Basketball President-Ray Bertelkamp	12/31/2017
Basketball Vice President-Vacant	12/31/2018
Football President-Vacant	12/31/2017
Football Vice President-Leon Nelson	12/31/2017
Cheer President-Crystal Watson	12/31/2018
Cheer Vice President-Susan Lanham	12/31/2017

Describe the Board term limit policy:
 All positions are two year terms. Presidents and Vice Presidents positions end every other year.

Three Highest Paid Staff Names	Annual Salary
Everyone is volunteers	

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Project start date was about 9/1/2016, with completion due by 4/15/17. The project is to replace the grass infield turf on two of our baseball fields, to synthetic turf, and well as improve drainage to outfields and surrounding areas. We also have put up new fences on two different fields, added irrigation to t-ball, and completely enclosed in the facility to keep out unwanted vandalism. We are wanting to repave the current pavement that is old, faded, and full of holes. We also want to expand the pavement all the way to the back t-ball field which would allow the elderly, and/or handicapped better accessibility to the fields to watch their grandchildren.

The MAIN purpose of this request for these particular funds is to be able to repave some damaged areas in our facility, which is a safety issue, AS WELL as add additional pavement for access to our t-ball fields. A majority of that crowd is grandparents, some elderly, and right now the road is gravel, which makes it difficult for people with canes, walkers, or wheelchairs to access.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

These funds will be used to repair and repave the existing pavement at our facility. The existing pavement is at least 15 yrs old, is cracked and chipping on a vast majority of the facility. Some areas are completely missing and are now just holes in the pavement. This is a safety issue for falling as well as kids consistently pick up pieces of the pavement and throw them around in different areas.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
 - ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

- Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
 - ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

The benefit of this project will impact about 450 of our baseball players through each season. With synthetic turf, this will eliminate rainouts, and the prolonging of our season each year. This will also save the league about \$10K per season, for field maintenance. We will be able to invite teams in to play AAU tournaments on weekends, as well as play the 6th grade Middle School Baseball league there as well. The overall complexion of the facility will be improved which will draw in new players, and persuade the current players to stay at Highview.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

We have a great relationship with the other surrounding leagues and often do INTERLEAGUE play with them as well. We are a member of the Highview Business Owners Association. We have conducted fundraisers for the Susan B. Komen foundation, as well as Kids Cancer Alliance, and are looking to work with the American Red Cross, and we contribute annual to the Kosair Shrine Circus.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project	\$13,000.00	\$211,000.00	\$224,000.00
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	5 %	95 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	\$0
United Way	\$0
Private Contributions (do not include individual donor names)	\$
Fees Collected from Program Participants	\$
Other (please specify)	\$211,000.00
Total Revenue for Columns 2 Expenses **	

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Total	13,000	211,000	224,000

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>		

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: 1/1/2016

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:	<i>Roger L. Abell</i>	Date:	12/13/2016 3/15/17
Legal Signatory: (please print):	Roger L. Abell	Title:	President
Phone: 502-299-3380	Extension: N/A	Email:	abellr@bellsouth.net

We do not do an
Annual Budget

HIGHVIEW

YOUTH SPORTS

Baseball, Basketball, Football & Cheerleading

Highview Youth Sports
1334 Villa Park Drive
Louisville, Ky. 40219
May 25, 2017

Louisville Metro Council
Councilman James Pedan
601 West Jefferson Street
Louisville, Ky. 40202


Dear James,

We recently submitted a NDF grant application to you, requesting funds to help with our project. The funds we requested was only a portion of the entire project, and we failed to list where the remaining funds for the project, were generated. Those remaining funds were funds that we have saved over the past 5-6 years and were generated through:

Fundraisers 90%
Concession Stand Sales 10%
Booster Club Sales 10%

We certainly appreciate the opportunity to apply for an NDF grant through Louisville Metro Council and are very grateful for any funds that you are able to get to us.

If any more information is needed to complete/correct our application, please feel free to contact us.

Sincerely, 
Roger L. Abell
Highview Youth Sports
President



May 16, 2017

Attn: Roger Abell
Roger Abell

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.. .

Project Name

Highview Little League -
Updated Spring 2017
6415 Outer Loop
Louisville, KY

We are happy to present to you the following proposal for work to be performed. If you have any questions, please do not hesitate to contact us. Thank you!

Resurface area at dugouts as reviewed. Approx. 7,660 sq. ft.

1. Mill edge keys as necessary
2. Broom and tack
3. Wedge and level as necessary
4. Apply 1.5" surface asphalt
5. Note: 1.5" is minimum thickness that will provide a sound long lasting surface.

Total Price for this item: \$8,500.00

Asphalt existing gravel path approx. 300' x 9' and approx. 700 sq. ft. of existing gravel to connect up to existing concrete and dugout.

1. Finish grade and roll stone
2. Apply 2" surface asphalt
3. Note: Owner to apply total kill herbicide approx. 10 days prior to start of work.

Total Price for this item: \$4,500.00

Asphalt pave up to concrete pad at shelter approx. 60' x 4' and 25' x 4'.

1. Excavate dirt and shrubs as necessary, haul away spoils
2. Place and compact stone to bring to proper elevation
3. Apply 2" surface asphalt

Total Price for this item: \$1,800.00

Proposal: Highview Little League - Updated Spring 20



Resurface section of roadway between tennis courts and batting cages. Approx. 120' x 15'.

1. Broom and tack
2. Apply 1" surface asphalt

Total Price for this item: \$1,300.00

Install approx. 115 l. f. of 4" tall rounded asphalt curb.

Total Price for this item: \$500.00

Asphalt pave gravel area @ shed - Approx, 22' x 42'

1. Furnish approx. 5 tons stone.
2. Finish grade & roll stone.
3. Apply 2" surface asphalt.

Total Price for this item: \$2,980.00



Price Breakdown: Highview Little League - Updated Sp 2017

Please find the following breakdown of all services we have provided in this proposal. This proposal originated on February, 28, 2017.

Item	Description	Cost
1	Resurface area at dugouts as reviewed. Approx. 7,660 sq. ft.	\$8,500.00
2	Asphalt existing gravel path approx. 300' x 9' and approx. 700 sq. ft. of existing gravel to connect up to existing concrete and dugout.	\$4,500.00
3	Asphalt pave up to concrete pad at shelter approx. 60' x 4' and 25' x 4'.	\$1,800.00
4	Resurface section of roadway between tennis courts and batting cages. Approx. 120' x 15'.	\$1,300.00
5	Install approx. 115 l. f. of 4" tall rounded asphalt curb.	\$500.00
6	Asphalt pave gravel area @ shed - Approx, 22' x 42'	\$2,980.00
Total		\$19,580.00

Authorization to Proceed & Contract

You are hereby authorized to proceed with the work as identified in this contract. By signing and returning this contract, you are authorized to proceed with the work as stated.

We understand that if any additional work is required different than stated in the this proposal/contract it must be in a new contract or added to this contract.

Please see all attachments for special conditions that may pertain to aspects of this project.

Proposal: Highview Little League - Updated Spring 20



Payment Terms

We agree to pay the total sum or balance in full 10 days after the completion of work.

I am authorized to approve and sign this project as described in this proposal as well as identified below with our payment terms and options.

Date: _____

A handwritten signature in cursive script that reads "Jeff Libs".

Roger Abell
Roger Abell
.
.
.
abellr@bellsouth.net
C: 502-299-3380

Jeff Libs / President
jeff@libspaving.com
C: 502-558-2760
Libs Paving Company, Inc.
7001 Atkins Road
Floyd Knobs, Indiana, 47119
P: 812-944-8942
F: 812-949-2806
<http://www.libspaving.com>

HIGHVIEW ATHLETIC LEAGUE INCORPORATED

General Information

Organization Number	0022985
Name	HIGHVIEW ATHLETIC LEAGUE INCORPORATED
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	4/14/1971
Organization Date	4/14/1971
Expiration Date	4/14/2070
Last Annual Report	5/4/2017
Principal Office	1334 VILLA PARK DRIVE LOUISVILLE, KY 40219
Registered Agent	ROGER L. ABELL 1334 VILLA PARK DRIVE LOUISVILLE, KY 40219

Current Officers

President	<u>Roger L. Abell</u>
Vice President	<u>John Graf</u>
Treasurer	<u>TERRY FRITSCH</u>
Director	<u>JON SELF</u>
Director	<u>WATSON CRYSTAL</u>
Director	<u>RICKY WYATT</u>

Individuals / Entities listed at time of formation

Director	<u>BURL RAPIER</u>
Director	<u>BOBBY J WELCH</u>
Director	<u>PAUL C BISIG SR</u>
Director	<u>NORMAN L MCPHERSON</u>
Director	<u>LOUIS A KISSEL</u>
Incorporator	<u>BURL RAPIER</u>
Incorporator	<u>BOBBY J WELCH</u>
Incorporator	<u>PAUL C BISIG SR</u>
Incorporator	<u>NORMAN L MCPHERSON</u>
Incorporator	<u>LOUIS A KISSEL</u>

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

High 409

22985

Commonwealth of Kentucky

Department of State



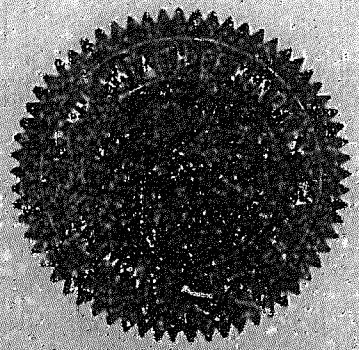
Office of Secretary of State

KENNETH F. HARPER, SECRETARY
DOMESTIC CORPORATION DEPARTMENT
NON-STOCK CORPORATION

I, KENNETH F. HARPER, Secretary of the State of Kentucky,
hereby certify that Articles of Incorporation of the
HIGHVIEW LITTLE LEAGUE, INCORPORATED (Louisville, Kentucky)

has this day been filed in my office.

It appearing from said Articles of Incorporation that the said Corporation has no capital stock, and no private pecuniary profit is to be derived therefrom, the said Corporation is not required by law to pay a tax on organization; and it further appearing that the aforesaid Corporation has complied with all the requirements of the law, this certificate is issued as evidence of the fact that the said Corporation is now authorized and empowered to do business in this State under its charter, subject to the restrictions imposed by the statutes of Kentucky.



SECRETARY OF STATE

Given under my hand as Secretary of State,
this 14th day of April 19 71

Kenneth F. Harper
Secretary of State

A. J. Lynn
Assistant Secretary of State

Articles of Incorporation and Charter

Highview Little League, Incorporated

Commonwealth of Kentucky

Articles of Incorporation entered into on 30 day of April

A.D. 1971 by and between the undersigned subscribers hereby associate themselves together as a body under the Laws of the State of Kentucky as a Corporation not-for-profit and they adopt the following proposed Charter:

Article I

The name of the corporation shall be Highview Little League, Incorporated.

Article II

The office and principal place of business of the Corporation shall be 7201 Briscoe Lane, Louisville, Jefferson County, Kentucky.

Article III

The general nature and purpose of the Corporation shall be:

- (1) To promote, develop, supervise and voluntarily assist in all lawful ways the interest of boys who will participate in baseball; to help and voluntarily assist boys in developing qualities of citizenship, sportsmanship and manhood.
- (2) To take by gifts or devise and to purchase, sell, transfer, mortgage and lease or rent real and personal property and do all things necessary and essential thereto.
- (3) To do all things necessary and essential to carry on activities of the league, including the establishment of facilities to be used by the league.

Article IV

This Corporation shall commence business upon the approval of these articles and shall continue in existence for a period of ninety-nine years.

SECRETARY OF STATE
RECEIVED
APR 30 1971

Commonwealth of Kentucky

Article V

The qualifications of the members and the manner of their admission into this corporation not-for-profit shall be as follows:

The membership of this corporation shall at all times be confined to the active membership, in good standing in Highview Little League, Incorporated.

Article VI

The number of officers of this corporation shall be five. Their term of office shall be for one year. Their nomination and election to take place in December of each year at the annual membership meeting at a place designated by the officers.

The names and addresses of the present officers who are to act in the capacity of principal officers until the selection of their successors are as follows:

Name	Address	Title
Burl Rapier	7201 Briscoe Lane Lou., Ky.	President
Bobby J. Welch	7202 Victoria Dr. Lou., Ky.	Vice-President
Paul C. Blais, Sr.	6500 Moorhaven Dr. Lou., Ky.	Secretary
Norman L. McPherson	6500 Green Manor Dr. Lou., Ky.	Treasurer
Louis A. Kissel	5307 Layne Road Lou., Ky.	Player Agent

Article VII

(1) This corporation does not contemplate pecuniary gain or profit to its members, but at all times shall be conducted as a non-profit corporation and no capital stock shall be issued or sold.

(2) The agent for service is Burl Rapier, 7201 Briscoe Lane, Lou., Ky., 40328, who will file with the County Clerk of Jefferson County and the Secretary of State of Kentucky.

Article VIII

The private property and effects of the officers and members of this corporation shall, under no circumstances, be liable or subject to or for the payment of the debts of this corporation.

Article IX

Provisions of these Articles may be amended at any time in accordance with the Law of the State of Kentucky.

In witness whereof, the said parties, as the officers and members of Highview Little League, Incorporated, as authorized do to do, have hereunto set their hand this 30 day of January, 1971.

Burt Haysen
Bob J. LeBlach
James M. ...
...
Louis A. ...

State of Kentucky
County of Jefferson
Subscribed and sworn to before me by

I witnessed the above signatures.

James C. ...
Notary Public

This 30 day of January, 1971.

RECORDED FOR STATE OF KY. 1971

ORIGINAL COPY
FILED AND RECORDED

Terrence J. ...

APR 14 1971

SECRETARY OF STATE OF KENTUCKY
FRANKFORT, KENTUCKY

BY ...
DEPUTY SECRETARY OF STATE

INTERNAL REVENUE SERVICE
 DISTRICT DIRECTOR
 P. O. BOX 2508
 CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: AUG 19 1990

Employer Identification Number:

DLN:

17053201011048

Contact Person:

D. A. DOWNING

Contact Telephone Number:

(513) 241-5199

HIGHVIEW ATHLETIC LEAGUE
 INCORPORATED
 C/O ROGER ABELL
 1244 PIGEON PASS
 LOUISVILLE, KY 40213

Accounting Period Ending:

December 31

Form 990 Required:

Yes

Addendum Applies:

Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that

Letter 947 (DO/CG)

HIGHVIEW ATHLETIC LEAGUE

you would no longer be classified as a section 509(a)(1) organization.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

You are required to make your annual return available for public inspection for three years after the return is due. You are also required to make available a copy of your exemption application, any supporting documents, and this exemption letter. Failure to make these documents available for public inspection may subject you to a penalty of \$20 per day for each day there is a failure to comply (up to a maximum of \$10,000 in the case of an annual return).

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

Letter 947 (DO/CG)

HIGHVIEW ATHLETIC LEAGUE

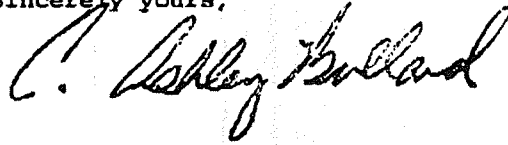
You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "C. Ashley Holland". The signature is written in a cursive style with a large initial "C".

District Director

HIGHVIEW ATHLETIC LEAGUE

You were not contacted by the Internal Revenue Service regarding your failure to file Form 1023 within 27 months of your incorporation; therefore, you qualify for an extension of time to apply under the "reasonable action and good faith" requirements of section 5.01 of Revenue Procedure 92-85. Exemption under section 501(c)(3) of the Code along with the deductibility of contributions to you is effective April 14, 1971, the date you were incorporated.

Letter 947 (DO/CG)

HIGHVIEW GOOD
Income Statement

For the Twelve Months Ending December 31, 2016

	Current Month This Year	Current Month Last Year	Year to Date This Year	Year to Date Last Year
Revenues				
SIGNUPS	\$ 0.00	\$ 0.00	\$ 0.00	10.00
SIGNUPS AAU BASEBALL	0.00	0.00	0.00	0.00
SIGNUPS - BASEBALL	0.00	0.00	22,358.00	24,246.00
SIGNUPS-BASKETBALL	1,282.00	1,850.00	38,114.00	37,430.00
SIGNUPS BASKETBALL	0.00	0.00	0.00	0.00
Basketball Tournament Fees	0.00	0.00	0.00	0.00
SIGNUPS-CHEERLEADING	0.00	188.94	0.00	188.94
SIGNUPS-CHEERLEADING BASKETBALL	648.00	0.00	7,944.00	7,419.00
SIGNUPS-CHEERLEADING FOOTBALL	0.00	0.00	5,519.00	4,208.00
SIGNUPS-FALLBALL	0.00	0.00	0.00	0.00
SIGNUPS-FOOTBALL	0.00	0.00	12,619.00	14,188.35
SIGNUPS - SOFTBALL	0.00	0.00	0.00	0.00
AAU Tournaments entry fee	0.00	0.00	0.00	0.00
SPONSORS	0.00	0.00	0.00	0.00
SPONSORS BASEBALL	0.00	0.00	2,093.27	3,805.00
SPONSORS BASKETBALL	0.00	0.00	0.00	3,000.00
SPONSORS CHEERLEADING	0.00	0.00	0.00	0.00
SPONSORS FALLBALL	0.00	0.00	0.00	0.00
SPONSORS FOOTBALL	0.00	0.00	4,000.00	0.00
SPONSOR 13U AAU	0.00	0.00	0.00	0.00
FUNDRAISING	0.00	0.00	0.00	0.00
FUNDRAISING BASEBALL	0.00	0.00	11,538.76	(2,131.41)
FUNDRAISING BASKETBALL	4,507.40	8,099.60	6,349.65	11,555.70
FUNDRAISING BASKETBALL	0.00	0.00	0.00	0.00
FUNDRAISING CHEERLEADING	35.00	313.75	1,367.45	1,111.65
FUNDRAISING FOOTBALL	0.00	135.00	1,902.30	1,435.70
FUNDRAISING 10U AAU	0.00	0.00	0.00	0.00
FUNDRAISING 13U AAU	0.00	0.00	0.00	0.00
FUNDRAISING 14-15 AAU	0.00	0.00	0.00	0.00
GATE INCOME	0.00	0.00	0.00	0.00
GATE INCOME BASEBALL	0.00	0.00	0.00	0.00
GATE INCOME BASKETBALL	0.00	0.00	0.00	200.00
GATE INCOME BASKETBALL	0.00	0.00	0.00	0.00
GATE INCOME FOOTBALL	0.00	0.00	3,848.00	0.00

HIGHVIEW GOOD
Income Statement

For the Twelve Months Ending December 31, 2016

	Current Month	Current Month	Year to Date	Year to Date
	This Year	Last Year	This Year	Last Year
CONCESSION STAND INCOME	0.00	0.00	0.00	0.00
CONCESSION STAND INCOME	0.00	0.00	0.00	0.00
CONCESSION STAND INCOME	0.00	0.00	0.00	(494.00)
CONCESSION STAND INCOME	0.00	0.00	0.00	0.00
CONCESSION STAND INCOME	0.00	0.00	0.00	810.00
GOVERNMENT SUPPORT	0.00	0.00	0.00	1,250.00
BINGO INCOME	563.00	15,695.00	202,344.00	285,833.00
Dividends	120.12	399.65	503.81	639.40
Capital Gains	371.57	513.10	631.72	513.10
INTEREST INCOME	14.85	14.30	173.02	113.01
Proceeds Insurance Reimburse	0.00	0.00	0.00	0.00
BOOSTER Fundraising	0.00	0.00	0.00	0.00
BOOSTER BASKETBALL Fundraising	0.00	0.00	0.00	0.00
Donations	10.00	0.00	(1,740.00)	0.00
Total Revenues	7,551.94	27,209.34	319,565.98	395,331.44

Cost of Sales	0.00	0.00	13.01	0.00
Equipment	0.00	0.00	18,955.52	3,278.26
EQUIPMENT BASEBALL	0.00	0.00	985.66	2,816.58
EQUIPMENT BASKETBALL	0.00	0.00	0.00	0.00
EQUIPMENT BASKETBALL	0.00	0.00	0.00	395.10
EQUIPMENT CHEERLEADIN	0.00	0.00	0.00	0.00
EQUIPMENT CHEERLEADIN BK	0.00	0.00	190.79	0.00
EQUIPMENT CHEERLEADIN FTBALL	0.00	0.00	0.00	0.00
EQUIPMENT FALLBALL	0.00	0.00	12,468.35	5,338.92
EQUIPMENT FOOTBALL	0.00	0.00	0.00	0.00
EQUIPMENT SOFTBALL	0.00	0.00	0.00	0.00
Uniforms	0.00	0.00	1,132.44	679.31
UNIFORMS BASEBALL	0.00	(2,790.55)	12,856.20	21,057.05
UNIFORMS BASKETBALL	2,278.19	325.71	20,043.41	1,526.36
UNIFORMS BASKETBALL	0.00	0.00	0.00	0.00
UNIFORMS CHEERLEADING	0.00	(420.00)	0.00	5,864.80
UNIFORMS CHEERLEADING BASKETBL	14.80	861.60	5,259.90	(70.25)

HIGHVIEW GOOD
Income Statement

For the Twelve Months Ending December 31, 2016

	Current Month	Current Month	Year to Date	Year to Date
	This Year	Last Year	This Year	Last Year
GYM RENTAL/FIELD MAINTENANCE	750.00	750.00	7,707.89	1,500.00
FIELD MAINTENANCE BASEBALL	0.00	0.00	10,978.62	20,838.55
GYM RENTAL BASKETBALL	1,135.00	500.00	4,200.00	2,774.42
GYM RENTAL BASKETBALL	0.00	0.00	3,000.00	3,000.00
Gym Rental Cheerleading	0.00	0.00	0.00	0.00
Gym Rental Cheerleading BKBL	0.00	0.00	2,640.00	1,220.00
Gym Rental Cheerleading FOOTBA	0.00	0.00	2,520.00	1,435.00
FIELD MAINTENANCE FALLBALL	0.00	0.00	0.00	0.00
FIELD MAINTENANCE FOOTBALL	0.00	(232.31)	117.33	1,685.02
ADVERTISING	0.00	0.00	0.00	250.00
ADVERTISING BASEBALL	0.00	0.00	1,510.10	3,224.41
ADVERTISING BASKETBALL	0.00	0.00	2,984.68	1,750.32
ADVERTISING BASKETBALL	0.00	0.00	0.00	0.00
Advertising - CL	0.00	0.00	0.00	0.00
Advertising - CL BASKETBALL	0.00	0.00	97.00	812.28
Advertising - CL FOOTBALL	0.00	0.00	46.20	188.51
ADVERTISING FALLBALL	0.00	0.00	0.00	0.00
ADVERTISING FOOTBALL	0.00	0.00	177.80	30.51
TROPHIES/BANQUETS	0.00	0.00	0.00	0.00
TROPHIES BASEBALL	0.00	0.00	2,283.65	2,320.65
TROPHIES BASKETBALL	0.00	0.00	10,069.31	1,748.65
TROPHIES BASKETBALL	0.00	0.00	0.00	0.00
TROPHIES BASKETBALL	0.00	0.00	0.00	1,220.06
TROPHIES/BANQUET CHEERLEADING	0.00	0.00	0.00	594.55
TROPHIES/BANQUET CHEERLEADING	0.00	0.00	884.10	344.60
TROPHIES/BANQUET CHEERLEADING	0.00	0.00	1,222.88	0.00
TROPHIES FALLBALL	0.00	0.00	0.00	0.00
TROPHIES/BANQUETS FOOTBALL	0.00	(955.00)	425.00	4,509.22
AAU TEAM COST	0.00	0.00	0.00	(232.71)
10 YEAR OLD AAU TEAM	0.00	0.00	0.00	0.00
B Steffens AAU acct	0.00	0.00	0.00	0.00
12 YEAR OLD AAU TEAM	0.00	0.00	0.00	0.00
13 YEAR OLD AAU TEAM	0.00	0.00	0.00	0.00
14 YEAR OLD AAU TEAM	0.00	0.00	0.00	0.00
15 YEAR OLD AAU TEAM	0.00	0.00	0.00	0.00
8 YEAR OLD AAU TEAM	0.00	0.00	0.00	0.00

HIGHVIEW GOOD
Income Statement
For the Twelve Months Ending December 31, 2016

	Current Month This Year	Current Month Last Year	Year to Date This Year	Year to Date Last Year
Bookkeeping Expenses	300.00	300.00	3,900.00	3,900.00
Consulting	0.00	0.00	906.00	0.00
REPAIRS	200.00	(64.93)	8,449.37	4,051.57
Penalties	0.00	0.00	0.00	0.00
MISC EXPENSES	0.00	0.00	2,073.90	947.88
EQUIPMENT RENTAL	0.00	0.00	0.00	0.00
SALES TAX	0.00	0.00	0.00	0.00
BANK FEES/CHARGES	99.86	37.86	1,227.34	1,059.59
MEETING EXPENSES	368.41	176.00	368.41	506.45
MEETING EXP BASEBALL	0.00	0.00	33.89	172.50
MEETING EXP BASKETBALL	168.06	0.00	256.89	195.62
MEETING EXP CHEERLEADING	0.00	0.00	0.00	174.12
MEETING EXP FOOTBALL	0.00	0.00	0.00	0.00
INTEREST EXPENSE	0.00	0.00	0.00	0.00
HIGHVIEW DAY EXPENSES	0.00	0.00	0.00	0.00
HIGHVIEW DAY EXPENSES BASEBALL	0.00	(360.00)	6,128.12	2,876.09
Basketball bash	0.00	0.00	0.00	8,330.31
PIG ROAST EXPENSES FOOTBALL	0.00	0.00	0.00	3,389.41
SECURITY COST	0.00	0.00	937.68	892.20
Penalties - IRS	0.00	0.00	0.00	0.00
Change in Value Investments	451.77	808.76	(473.61)	1,923.08
Bad Debts	0.00	0.00	0.00	0.00
BINGO EXPENSES	1,687.50	1,500.00	24,473.50	19,562.50
Total Expenses	31,040.29	31,487.18	106,859.85	106,698.36
Net Income	(\$ 35,566.54)	(\$ 10,080.47)	(\$ 1,862.57)	\$ 130,481.63

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Highview Athletic League

2 Business name/disregarded entity name, if different from above
Highview Youth Sports

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1334 Villa Park Drive

6 City, state, and ZIP code
Louisville KY 40219

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

--	--	--	--	--	--	--	--	--	--	--	--

or

Employer identification number

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person *Shea C. [Signature]* Date ▶ *12/8/16*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

My Copy

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Header section A through K containing organization details like name, address, principal officer, and tax-exempt status.

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes a sub-table for Net Assets or Fund Balances (lines 20-22) comparing Prior Year and Current Year.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature area for the preparer, including fields for signature, date, and name/title.

Paid Preparer Use Only section with fields for preparer name, signature, date, PTIN, firm name, EIN, and address.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

.....
.....
.....

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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4d Other program services (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶

Part 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)? <i>If "Yes," complete Schedule A</i>		✓
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		✓
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		✓
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		✓
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		✓
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		✓
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		✓
14 a Did the organization maintain an office, employees, or agents outside of the United States?		✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		✓
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		✓

Part IV Checklist of Required Schedules (continued)

		Yes	No
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
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? <i>If "Yes," complete Schedule J</i>		✓
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
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? <i>If "Yes," complete Schedule R, Part I</i>		✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c ✓	✓	
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 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b		
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		✓
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		✓
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		✓
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
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		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		✓
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

Part 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. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversions, members, governance decisions, meeting documentation, and officer reachability.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Line Number, Yes, No. Rows include questions about local chapters, written policies, Form 990 distribution, conflict of interest policies, whistleblower policies, document retention, compensation review, and joint venture investments.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

Terry Fritsch 6617 Fegenbush Lane Louisville, KY 40228

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

- 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, if any. 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Roger Abell President	20			✓				0		
(2) John Graf Vice President	7			✓				0		
(3) Jon Self President Football	5			✓				0		
(4) Leon Nelson Vice President Football	5			✓				0		
(5) Ray Bertelkamp Vice President Basketball	5			✓				0		
(6) Crystal Watson President Cheerleading	7			✓				0		
(7) Susan Lanham Vice President Cheerleading	7			✓				0		
(8) Ricky Wyatt President Baseball	5			✓				0		
(9) Debbie Vititow Vice President Baseball	5			✓				0		
(10) Rachel Thomas Activities and Sponsors	20			✓			26000.00			
(11) Terry Fritsch Bookkeeper	5			✓			3900			
(12) Greg Joyner Security	5			✓			8700.00			
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 285933.00				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 1250.00				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶		287083.00			
Program Service Revenue				Business Code			
	2a	Baseball		24246.00			
	b	Basketball		37440.00			
	c	Football		14188.35			
	d	Cheerleading		11815.94			
	e						
	f	All other program service revenue .					
g	Total. Add lines 2a-2f ▶		87690.29				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		1265.51			
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events . ▶			24402.69		
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
c	Net income or (loss) from gaming activities . . ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See instructions. ▶			400441.49			

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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 accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3900.00		3900.00	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	6256.03	6256.03		
13 Office expenses	2957.72		2957.72	
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	1048.69		1048.69	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27969.23		27969.23	
23 Insurance	11017.37		11017.37	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SEE ATTACHED SCHEDULE FOR BRKDWN	219961.37	181979.41	18419.46	19562.50
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e				
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

STATEMENT OF FUNCTIONAL EXPENSES					
	A Total	B Program Services	C Management & General	Fundraising	
NO 43 OTHER EXPENSES					
Electricity	\$ 3,637.97		\$ 3,637.97		
Telephone	\$ 3,094.25		\$ 3,094.25		
Water	\$ 3,700.22		\$ 3,700.22		
Trash/Porta Pots	\$ 1,133.83		\$ 1,133.83		
Postage/Shipping	\$ 664.19		\$ 664.19		
Mileage/Gas Exp	\$ 528.97		\$ 528.97		
Keys/Lock	\$ 100.98		\$ 100.98		
Flowers	\$ 1,146.75	\$ 1,146.75			
Misc Exp	\$ 947.88		\$ 947.88		
Printing	\$ 154.00		\$ 154.00		
Bingo Bookkeeper	\$ 19,562.50			\$ 19,562.50	
Equipment Rental	\$ -	\$ -			
Bank Fees	\$ 1,059.59		\$ 1,059.59		
Penalties	\$ -		\$ -		
Int Exp	\$ -				
Security Cost	\$ 5,397.20	\$ 5,397.20			
Uniforms/Equipment	\$ 69,770.18	\$ 69,770.18			
Dues/Sanctions	\$ 2,571.97	\$ 2,571.97			
Tournament Entry Fees	\$ 1,723.05	\$ 1,723.05			
Umpires/Cleanup/Referees	\$ 35,547.00	\$ 35,547.00			
Gym Rentals	\$ 12,057.52	\$ 12,057.52			
Field Maintenance	\$ 22,523.57	\$ 22,523.57			
Repairs	\$ 5,188.63	\$ 5,188.63			
Pig Roast Exp/HV day Exp	\$ 15,315.81	\$ 15,315.81			
Trophies/banquets	\$ 10,737.73	\$ 10,737.73			
Change in Balance Investment Accts	\$ 1,923.08		\$ 1,923.08		
Bad Debts	\$ -		\$ -		
Other Supplies	\$ 1,474.50	\$ -	\$ 1,474.50		
Total Expenses	\$ 219,961.37	\$ 181,979.41	\$ 18,419.46	\$ 19,562.50	

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	17768.32	1	40326.25
	2 Savings and temporary cash investments	121455.83	2	244937.60
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	306.48	9	228.34
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 316108.37		
	b Less: accumulated depreciation	10b 198914.36	136370.49	10c 117194.01
	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)	258447.59	16	402686.20	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	8893.83	30	8893.83
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	249553.76	32	266461.29
33 Total net assets or fund balances	16907.53	33	127331.08	
34 Total liabilities and net assets/fund balances	275901.12	34	402686.20	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	400441.49
2	Total expenses (must equal Part IX, column (A), line 25)	2	273110.41
3	Revenue less expenses. Subtract line 2 from line 1	3	127331.08
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	127331.08

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
c	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? . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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?		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Highview Athletic League	Employer identification number [REDACTED]
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 publicly 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test—2014. 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 qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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 failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	222470	226823	244802	235155	311486	1240816
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	73256	83337	81167	88731	87690	414181
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	295726	310160	326049	323886	399176	1654997
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1654997

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	295726	310160	326049	323886	399176	1654997
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	151	255	1035	1762	1266	4469
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	151	255	1035	1762	1266	4469
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-2743	-2746	9100	4105	0	7716
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	293134	307669	336184	329753	400442	1667182
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	99 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	.002 %
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	.002 %

- 19a 33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . ▶
- b 33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013 . . .			
d Excess from 2014 . . .			
e Excess from 2015 . . .			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

Highview Athletic League

Employer identification number

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Temporarily restricted endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	205855.12		104747.22	101107.90
d Equipment	71776.79		60878.51	10898.28
e Other	38476.46		33288.63	5187.83
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				117194.01

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Equipment & Furniture As of December 31, 2013	Date Pur	Pur Price	Useful Life	Dep Per Month	Months Depreciated	Total Dep	Current Value
Air Conditioner	7/3/1999	\$ 372.58	60	\$ 6.21	60	\$ 372.60	\$ (0.02)
Furniture for Meeting Room	9/12/1999	\$ 444.80	84	\$ 5.30	84	\$ 445.20	\$ (0.40)
Copier	2/6/2000	\$ 1,795.00	60	\$ 29.92	60	\$ 1,795.20	\$ (0.20)
Furniture Presidents Office	2/13/2000	\$ 455.70	60	\$ 7.60	60	\$ 456.00	\$ (0.30)
Ice Maker	5/13/2000	\$ 2,339.00	60	\$ 38.98	60	\$ 2,338.80	\$ 0.20
Lab Top Computer	7/19/2000	\$ 1,982.26	60	\$ 33.04	60	\$ 1,982.40	\$ (0.14)
Computer	12/20/2000	\$ 1,505.00	60	\$ 25.05	60	\$ 1,503.00	\$ 2.00
Radio Land Radios	3/30/2001	\$ 1,500.00	60	\$ 25.00	60	\$ 1,500.00	\$ -
Pa System	4/26/2001	\$ 2,400.00	60	\$ 40.00	60	\$ 2,400.00	\$ -
Air Conditioners	5/31/2001	\$ 1,224.85	60	\$ 20.41	60	\$ 1,224.60	\$ 0.25
Copier/Office	7/12/2001	\$ 506.91	60	\$ 8.45	60	\$ 507.00	\$ (0.09)
Picnic Tables	7/12/2001	\$ 2,344.08	60	\$ 39.07	60	\$ 2,344.20	\$ (0.12)
TV/MCR	8/25/2001	\$ 943.35	60	\$ 15.72	60	\$ 943.20	\$ 0.15
cbc Gold Cart	8/25/2001	\$ 2,370.00	60	\$ 39.50	60	\$ 2,370.00	\$ -
John Deer Gator	9/17/2001	\$ 5,782.00	60	\$ 96.37	60	\$ 5,782.20	\$ (0.20)
Aluminum Bleachers	2/19/2002	\$ 10,830.00	60	\$ 180.50	60	\$ 10,830.00	\$ -
Pitching Machine	4/9/2002	\$ 1,872.00	60	\$ 31.20	60	\$ 1,872.00	\$ -
Refrigerators	6/6/2002	\$ 714.00	60	\$ 11.90	60	\$ 714.00	\$ -
Ratz Fence Barrier Gates	6/6/2002	\$ 2,393.00	60	\$ 39.88	60	\$ 2,392.80	\$ 0.20
Computer Desk	3/30/2003	\$ 783.95	60	\$ 13.07	60	\$ 784.20	\$ (0.25)
Drink Freezer	4/30/2003	\$ 2,217.00	60	\$ 36.95	60	\$ 2,217.00	\$ -
Vent Hood/Exhaust Fan	5/28/2003	\$ 5,645.00	60	\$ 94.08	60	\$ 5,644.80	\$ 0.20
Bleacher Plates	6/4/2003	\$ 675.00	60	\$ 11.25	60	\$ 675.00	\$ -
Generator Water/Pump	5/21/2004	\$ 489.00	60	\$ 8.15	60	\$ 489.00	\$ -
Copier	8/31/2008	\$ 725.54	60	\$ 12.09	60	\$ 725.40	\$ 0.14
Cramer Power Hydration Sys	7/15/2010	\$ 4,999.00	60	\$ 83.32	60	\$ 4,999.20	\$ (0.20)
New Computer w/Office	9/30/2010	\$ 929.35	60	\$ 15.48	60	\$ 928.80	\$ 0.55
MPCX Receivers	12/1/2012	\$ 1,538.00	60	\$ 25.63	36	\$ 922.68	\$ 615.32
Sno Cone M/c	12/1/2012	\$ 667.67	60	\$ 11.13	36	\$ 400.68	\$ 266.99
Portable Scoreboard	1/24/2013	\$ 1,040.00	60	\$ 17.33	35	\$ 606.55	\$ 433.45
Post website startup cost	3/31/2013	\$ 1,500.00	60	\$ 25.00	21	\$ 525.00	\$ 975.00
Computer	1/31/2015	\$ 1,019.95	60	\$ 17.00	11	\$ 187.00	\$ 832.95
Scoreboards	5/5/2015	\$ 1,500.00	60	\$ 25.00	7	\$ 175.00	\$ 1,325.00
Scoring Tables	11/25/2016	\$ 5,012.80	60	\$ 83.55	1	\$ 83.55	\$ 4,929.25
Anodized seat Planks w/ end cps	12/15/2015	\$ 1,260.00	60	\$ 21.00	0	\$ -	\$ 1,260.00

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Highview Bingo (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	285833.00			
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	285833.00			
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Highview Athletic League

Employer identification number

Part VI Line 11B The board members look over the 990 and compare it to the financial statements received throughout the year at monthly board meetings. The financial statements are given to board members at monthly board meetings to verify. At the annual meeting held in December, all league members in attendance are given a copy of the financial statements. The 990 is also available at the meeting. It is also available upon request throughout the year

Part IX Line 24 See the attached spreadsheet showing a breakdown of the expenses.

HIGHVIEW ATHLETIC RESTORED
Balance Sheet
December 31, 2015

ASSETS

Current Assets		
REPUBLIC CHECKING	\$	22,178.71
REPUBLIC SAVINGS		200,423.24
First Investors		22,314.30
Ameriprise Financial		22,200.06
Bulk Rate Mail Balance		228.34
AAU Baseball		1,663.64
BOOSTER BASKETBALL		9,953.61
BOOSTER CHEERLEADING		2,106.54
BOOSTER FOOTBALL		10.44
BASEBALL BOOSTER		4,413.31
		<hr/>
Total Current Assets		285,492.19
Property and Equipment		
FURNITURE & EQUIPMENT		71,776.79
TRACTOR		38,476.46
LEASEHOLD IMPROVEMENTS		205,855.12
ACCUM. DEP - EQUIP/TRACTOR		(94,167.14)
ACCUM DEP - LEASEHOLD		(104,747.22)
		<hr/>
Total Property and Equipment		117,194.01
Other Assets		
		<hr/>
Total Other Assets		0.00
		<hr/>
Total Assets	\$	<u>402,686.20</u>

LIABILITIES AND CAPITAL

Current Liabilities		
		<hr/>
Total Current Liabilities		0.00
Long-Term Liabilities		
		<hr/>
Total Long-Term Liabilities		0.00
		<hr/>
Total Liabilities		0.00
Capital		
BEGINNING BALANCE EQUITY	\$	8,893.83
RETAINED EARNINGS		266,461.29
Net Income		127,331.08
		<hr/>
Total Capital		402,686.20
		<hr/>
Total Liabilities & Capital	\$	<u>402,686.20</u>

Advertising	\$	6,256.03	\$	219,961.37					
Depreciation	\$	27,969.23	\$	6,256.03	\$	27,969.23			
Insurance	\$	11,017.37	\$		\$	11,017.37			
office supplies	\$	2,957.72	\$		\$	2,957.72			
Bookkeeping	\$	3,900.00	\$		\$	3,900.00			
Concession stand repairs	\$	-	\$		\$	-			
Meeting exp	\$	1,048.69	\$		\$	1,048.69			
Total All Expenses	\$	273,110.41	\$	6,256.03	\$	46,893.01	\$	19,562.50	
	\$	273,110.41	\$	188,235.44	\$	65,312.47	\$	289,228.100	
Signups	\$	87,690.29							
Sponsors	\$	6,805.00							
Fundraising	\$	17,081.69							
Gate income	\$	200.00							
Concession Stand Income	\$	316.00							
Government Support	\$	1,250.00							
Bingo	\$	285,833.00							
Dividends	\$	639.40							
Capital Gains	\$	513.10							
Donations	\$	-							
Interest Income	\$	113.01							
Income Tota	\$	400,441.49							
Net Income	\$	127,331.08							

Equipment & Furniture As of December 31, 2016	Date Pur	Pur Price	useful Life	Dep Per Month	Months Depreciated	Total Dep	Current Value
Air Conditioner	7/31/1999	\$ 372.58	60	\$ 6.21	60	\$ 372.60	\$ (0.02)
Furniture for Meeting Room	9/12/1999	\$ 444.80	84	\$ 5.30	84	\$ 445.20	\$ (0.40)
Copier	2/6/2000	\$ 1,795.00	60	\$ 29.92	60	\$ 1,795.20	\$ (0.20)
Furniture Presidents Office	2/13/2000	\$ 455.70	60	\$ 7.60	60	\$ 456.00	\$ (0.30)
Ice Maker	5/13/2000	\$ 2,339.00	60	\$ 38.98	60	\$ 2,338.80	\$ 0.20
Lab Top Computer	7/19/2000	\$ 1,982.26	60	\$ 33.04	60	\$ 1,982.40	\$ (0.14)
Computer	12/20/2000	\$ 1,505.00	60	\$ 25.05	60	\$ 1,503.00	\$ 2.00
Radio Land Radios	3/30/2001	\$ 1,500.00	60	\$ 25.00	60	\$ 1,500.00	\$ -
Pa System	4/26/2001	\$ 2,400.00	60	\$ 40.00	60	\$ 2,400.00	\$ -
Air Conditioners	5/31/2001	\$ 1,224.85	60	\$ 20.41	60	\$ 1,224.60	\$ 0.25
Copier/Office	7/12/2001	\$ 506.91	60	\$ 8.45	60	\$ 507.00	\$ (0.09)
Picnic Tables	7/12/2001	\$ 2,344.08	60	\$ 39.07	60	\$ 2,344.20	\$ (0.12)
TV/VCR	8/25/2001	\$ 943.35	60	\$ 15.72	60	\$ 943.20	\$ 0.15
cbc Gold Cart	8/25/2001	\$ 2,370.00	60	\$ 39.50	60	\$ 2,370.00	\$ -
John Deer Gator	9/17/2001	\$ 5,782.00	60	\$ 96.37	60	\$ 5,782.20	\$ (0.20)
Aluminum Bleachers	2/19/2002	\$ 10,830.00	60	\$ 180.50	60	\$ 10,830.00	\$ -
Pitching Machine	4/9/2002	\$ 1,872.00	60	\$ 31.20	60	\$ 1,872.00	\$ -
Refrigerators	6/6/2002	\$ 714.00	60	\$ 11.90	60	\$ 714.00	\$ -
Rattz Fence Barrier Gates	6/6/2002	\$ 2,393.00	60	\$ 39.88	60	\$ 2,392.80	\$ 0.20
Computer Desk	3/30/2003	\$ 783.95	60	\$ 13.07	60	\$ 784.20	\$ (0.25)
Drink Freezer	4/30/2003	\$ 2,217.00	60	\$ 36.95	60	\$ 2,217.00	\$ -
Vent Hood/Exhaust Fan	5/28/2003	\$ 5,645.00	60	\$ 94.08	60	\$ 5,644.80	\$ 0.20
Bleacher Plates	6/4/2003	\$ 675.00	60	\$ 11.25	60	\$ 675.00	\$ -
Generator Water/Pump	5/21/2004	\$ 489.00	60	\$ 8.15	60	\$ 489.00	\$ -
Copier	8/31/2008	\$ 725.54	60	\$ 12.09	60	\$ 725.40	\$ 0.14
Cramer Power Hydration Sys	7/15/2010	\$ 4,999.00	60	\$ 83.32	60	\$ 4,999.20	\$ (0.20)
New Computer w/Office	9/30/2010	\$ 929.35	60	\$ 15.48	60	\$ 928.80	\$ 0.55
IMPCX Receivers	12/1/2012	\$ 1,538.00	60	\$ 25.63	48	\$ 1,230.24	\$ 307.76
Sno Cone M/c	12/1/2012	\$ 667.67	60	\$ 11.13	48	\$ 534.24	\$ 133.43
Portable Scoreboard	1/24/2013	\$ 1,040.00	60	\$ 17.33	47	\$ 814.51	\$ 225.49
Post website startup cost	3/31/2013	\$ 1,500.00	60	\$ 25.00	33	\$ 825.00	\$ 675.00
Computer	1/31/2015	\$ 1,019.95	60	\$ 17.00	23	\$ 391.00	\$ 628.95
Scoreboards	5/5/2015	\$ 1,500.00	60	\$ 25.00	19	\$ 475.00	\$ 1,025.00
Scoring Tables	11/25/2016	\$ 5,012.80	60	\$ 83.55	13	\$ 1,086.15	\$ 3,926.65
Anodized seat Planks w/end cps	12/15/2015	\$ 1,260.00	60	\$ 21.00	12	\$ 252.00	\$ 1,008.00

HIGHVIEW GOOD
Balance Sheet
November 30, 2016

ASSETS

Current Assets	\$	3,553.84
REPUBLIC CHECKING		249,308.65
REPUBLIC SAVINGS		23,529.51
First Investors		22,554.07
Ameriprise Financial		119.55
Bulk Rate Mail Balance		1,663.64
AAU Baseball		3,056.96
BOOSTER BASKETBALL		2,630.15
BOOSTER CHEERLEADING		1,297.94
BOOSTER FOOTBALL		5,826.53
BASEBALL BOOSTER		

Total Current Assets 313,540.84

Property and Equipment		73,240.79
FURNITURE & EQUIPMENT		38,476.46
TRACTOR		209,620.14
LEASEHOLD IMPROVEMENTS		(94,167.14)
ACCUM. DEP - EQUIP/TRACTOR		(104,747.22)
ACCUM DEP - LEASEHOLD		

Total Property and Equipment 122,423.03

Other Assets

Total Other Assets 0.00

Total Assets \$ 435,963.87

LIABILITIES AND CAPITAL

Current Liabilities

HIGHVIEW GOOD

Income Statement

For the Eleven Months Ending November 30, 2016

	Current Month This Year	Current Month Last Year	Year to Date This Year	Year to Date Last Year
Revenues	\$	\$	\$	\$
SIGNUPS	0.00	0.00	0.00	10.00
SIGNUPS AAU BASEBALL	0.00	0.00	0.00	0.00
SIGNUPS - BASEBALL	0.00	0.00	22,358.00	24,246.00
SIGNUPS-BASKETBALL	2,600.00	2,430.00	35,847.00	35,580.00
SIGNUPS BASKETBALL	0.00	0.00	0.00	0.00
Basketball Tournament Fees	0.00	0.00	0.00	0.00
SIGNUPS-CHEERLEADING	0.00	0.00	0.00	0.00
SIGNUPS-CHEERLEADING BASKETBALL	650.00	1,466.00	7,271.00	7,419.00
SIGNUPS-CHEERLEADING FOOTBALL	0.00	0.00	5,519.00	4,208.00
SIGNUPS-FALLBALL	0.00	0.00	0.00	0.00
SIGNUPS-FOOTBALL	0.00	125.00	12,619.00	14,188.35
SIGNUPS - SOFTBALL	0.00	0.00	0.00	0.00
AAU Tournaments entry fee	0.00	0.00	0.00	0.00
SPONSORS	0.00	0.00	0.00	0.00
SPONSORS BASEBALL	0.00	0.00	2,093.27	3,805.00
SPONSORS BASKETBALL	0.00	3,000.00	0.00	3,000.00
SPONSORS CHEERLEADING	0.00	0.00	0.00	0.00
SPONSORS FALLBALL	0.00	0.00	0.00	0.00
SPONSORS FOOTBALL	0.00	0.00	4,000.00	0.00
SPONSOR 13U AAU	0.00	0.00	0.00	0.00
FUNDRAISING	0.00	0.00	0.00	0.00
FUNDRAISING BASEBALL	0.00	200.00	11,538.76	(2,131.41)
FUNDRAISING BASKETBALL	0.00	0.00	1,842.25	3,456.10
FUNDRAISING BASKETBALL	0.00	0.00	0.00	0.00
FUNDRAISING CHEERLEADING	0.00	1,133.56	837.45	797.90
FUNDRAISING FOOTBALL	0.00	146.00	1,470.30	1,300.70
FUNDRAISING 10U AAU	0.00	0.00	0.00	0.00
FUNDRAISING 13U AAU	0.00	0.00	0.00	0.00
FUNDRAISING 14-15 AAU	0.00	0.00	0.00	0.00
GATE INCOME	0.00	0.00	0.00	0.00
GATE INCOME BASEBALL	0.00	0.00	0.00	0.00
GATE INCOME BASKETBALL	0.00	(1,000.00)	1,000.00	200.00
GATE INCOME BASKETBALL	0.00	0.00	0.00	0.00
GATE INCOME FOOTBALL	0.00	0.00	3,848.00	0.00

HIGHVIEW GOOD
Balance Sheet
November 30, 2016

Total Current Liabilities	0.00
Long-Term Liabilities	0.00
Total Long-Term Liabilities	<u>0.00</u>
Total Liabilities	0.00
Capital	
BEGINNING BALANCE EQUITY	\$ 8,893.83
RETAINED EARNINGS	393,792.37
Net Income	<u>33,277.67</u>
Total Capital	<u>435,963.87</u>
Total Liabilities & Capital	<u>\$ 435,963.87</u>

HIGHVIEW GOOD
Income Statement
For the Eleven Months Ending November 30, 2016

	Current Month This Year	Current Month Last Year	Year to Date This Year	Year to Date Last Year
CONCESSION STAND INCOME	0.00	0.00	0.00	0.00
CONCESSION STAND INCOME	0.00	0.00	0.00	0.00
CONCESSION STAND INCOME	0.00	0.00	0.00	(494.00)
CONCESSION STAND INCOME	0.00	0.00	0.00	0.00
CONCESSION STAND INCOME	0.00	0.00	0.00	810.00
GOVERNMENT SUPPORT	0.00	0.00	0.00	1,250.00
BINGO INCOME	217.00	40,139.00	193,640.00	270,138.00
Dividends	0.00	0.00	256.72	239.75
Capital Gains	0.00	0.00	0.00	0.00
INTEREST INCOME	0.00	14.21	141.78	98.71
Proceeds Insurance Reimburse	0.00	0.00	0.00	0.00
BOOSTER Fundraising	0.00	0.00	0.00	0.00
BOOSTER BASKETBALL Fundraising	0.00	0.00	0.00	0.00
Donations	0.00	0.00	(1,750.00)	0.00

Total Revenues 3,467.00 47,653.77 302,532.53 368,122.10

Cost of Sales	0.00	0.00	13.01	0.00
Equipment	0.00	0.00	17,291.88	3,278.26
EQUIPMENT BASEBALL	0.00	0.00	985.66	2,696.70
EQUIPMENT BASKETBALL	0.00	2,109.05	0.00	0.00
EQUIPMENT BASKETBALL	0.00	0.00	0.00	395.10
EQUIPMENT CHEERLEADIN	0.00	0.00	0.00	0.00
EQUIPMENT CHEERLEADIN	0.00	0.00	0.00	0.00
EQUIPMENT CHEERLEADIN BK	0.00	0.00	190.79	0.00
EQUIPMENT CHEERLEADIN FTBALL	0.00	0.00	0.00	0.00
EQUIPMENT FALLBALL	0.00	0.00	0.00	0.00
EQUIPMENT FOOTBALL	0.00	0.00	12,468.35	5,338.92
EQUIPMENT SOFTBALL	0.00	0.00	0.00	0.00
Uniforms	0.00	0.00	1,132.44	679.31
UNIFORMS BASEBALL	0.00	0.00	12,856.20	23,847.60
UNIFORMS BASKETBALL	35.00	52.80	17,765.22	1,200.65
UNIFORMS BASKETBALL	0.00	0.00	0.00	0.00
UNIFORMS CHEERLEADING	0.00	6,284.80	(500.00)	6,284.80
UNIFORMS CHEERLEADING BASKTB	0.00	(211.50)	5,745.10	(931.85)

HIGHVIEW GOOD
Income Statement

For the Eleven Months Ending November 30, 2016

	Current Month		Year to Date		Year to Date	
	This Year	Last Year	This Year	Last Year	This Year	Last Year
UNIFORMS CHEERLEADING FOOTBALL	0.00	0.00	3,852.90	0.00	5,191.59	0.00
UNIFORMS FALLBALL	0.00	0.00	0.00	0.00	0.00	0.00
UNIFORMS FOOTBALL	0.00	490.70	25,157.89	300.00	14,774.56	40.00
DUES & SANCTION FEES	0.00	25.00	300.00	0.00	40.00	0.00
DUES & SANCTION FEES BASEBALL	0.00	0.00	1,817.70	0.00	1,263.97	0.00
Background cks	0.00	0.00	0.00	0.00	0.00	0.00
Dues & Sanction Fees Cheerlead	0.00	0.00	554.00	0.00	75.00	0.00
DUES & SANCTION FEES FOOTBALL	0.00	640.00	1,060.00	0.00	1,683.00	0.00
SECURITY	0.00	0.00	0.00	0.00	0.00	0.00
SECURITY BASKETBALL	0.00	300.00	3,000.00	0.00	2,430.00	0.00
SECURITY BASKETBALL	0.00	0.00	0.00	0.00	0.00	0.00
SECURITY FOOTBALL	0.00	0.00	885.00	0.00	975.00	0.00
CLEANUP AFTER GAME	0.00	0.00	0.00	0.00	0.00	0.00
CLEANUP BASKETBALL	0.00	150.00	1,800.00	0.00	1,926.00	0.00
CLEANUP BASKETBALL	0.00	0.00	0.00	0.00	0.00	0.00
CLEANUP FOOTBALL	0.00	0.00	950.00	0.00	1,000.00	0.00
DUES TO MOORE/SOUTHERN	0.00	0.00	6,500.00	0.00	1,500.00	0.00
DUES TO MOORE/SOUTHERN BASEBAL	0.00	0.00	800.00	0.00	0.00	0.00
DUES TO MOORE/SOUTHERN BASKETB	0.00	0.00	6,500.00	0.00	0.00	0.00
DUES TO MOORE/SOUTHERN BASKETB	0.00	0.00	0.00	0.00	0.00	0.00
DUES TO MOORE/SOUTHERN FOOTBAL	0.00	0.00	306.00	0.00	628.10	0.00
TOURNAMENTS	0.00	0.00	0.00	0.00	0.00	0.00
TOURNAMENTS BASEBALL	0.00	0.00	960.00	0.00	700.00	0.00
TOURNAMENTS BASKETBALL	0.00	0.00	(500.00)	0.00	0.00	0.00
TOURNAMENTS BASKETBALL	0.00	0.00	0.00	0.00	0.00	0.00
TOURNAMENTS BASKETBALL	0.00	0.00	0.00	0.00	0.00	0.00
COMPETITIONS CHEERLEADING	0.00	0.00	0.00	0.00	0.00	0.00
COMPETITIONS CHEERLEADING BKB	0.00	0.00	0.00	0.00	0.00	0.00
COMPETITIONS CHEERLEADING FOOT	0.00	0.00	0.00	0.00	0.00	0.00
TOURNAMENTS FOOTBALL	0.00	707.76	760.85	0.00	1,255.76	0.00
UMPIRES/REFEREES	0.00	0.00	0.00	0.00	0.00	0.00
UMPIRES BASEBALL	0.00	0.00	11,820.00	0.00	11,440.00	0.00
REFEREES BASKETBALL	0.00	1,390.00	13,038.00	0.00	13,290.00	0.00
REFEREES BASKETBALL	0.00	0.00	0.00	0.00	0.00	0.00
UMPIRES FALLBALL	0.00	0.00	0.00	0.00	0.00	0.00
REFEREES FOOTBALL	0.00	0.00	1,680.00	0.00	2,235.00	0.00

HIGHVIEW GOOD
Income Statement

For the Eleven Months Ending November 30, 2016

	Current Month		Current Month		Year to Date		Year to Date	
	This Year	Last Year	This Year	Last Year	This Year	Last Year	This Year	Last Year
GYM RENTAL/FIELD MAINTENANCE	0.00	750.00	6,207.89	750.00	20,838.55	750.00		
FIELD MAINTENANCE BASEBALL	0.00	393.75	10,978.62	393.75	2,274.42	2,274.42		
GYM RENTAL BASKETBALL	0.00	1,875.00	3,000.00	1,875.00	3,000.00	3,000.00		
GYM RENTAL BASKETBALL	0.00	0.00	0.00	0.00	0.00	0.00		
Gym Rental Cheerleading	0.00	0.00	2,640.00	0.00	1,220.00	1,220.00		
Gym Rental Cheerleading BKBL	0.00	0.00	2,520.00	0.00	1,435.00	1,435.00		
Gym Rental Cheerleading FOOTBA	0.00	0.00	0.00	0.00	0.00	0.00		
FIELD MAINTENANCE FALLBALL	0.00	0.00	117.33	0.00	1,917.33	1,917.33		
FIELD MAINTENANCE FOOTBALL	0.00	0.00	0.00	0.00	250.00	250.00		
ADVERTISING	0.00	0.00	1,510.10	0.00	3,224.41	3,224.41		
ADVERTISING BASEBALL	0.00	0.00	2,984.68	0.00	1,750.32	1,750.32		
ADVERTISING BASKETBALL	0.00	0.00	0.00	0.00	0.00	0.00		
Advertising - CL	0.00	0.00	0.00	0.00	0.00	0.00		
Advertising - CL BASKETBALL	0.00	0.00	97.00	0.00	812.28	812.28		
Advertising - CL FOOTBALL	0.00	0.00	46.20	0.00	188.51	188.51		
ADVERTISING FALLBALL	0.00	0.00	0.00	0.00	0.00	0.00		
ADVERTISING FOOTBALL	0.00	0.00	177.80	0.00	30.51	30.51		
TROPHIES/BANQUETS	0.00	0.00	2,283.65	0.00	2,320.65	2,320.65		
TROPHIES BASEBALL	0.00	0.00	10,069.31	0.00	1,748.65	1,748.65		
TROPHIES BASKETBALL	0.00	0.00	0.00	0.00	0.00	0.00		
TROPHIES BASKETBALL	0.00	0.00	0.00	0.00	1,220.06	1,220.06		
TROPHIES/BANQUEST CHEERLEADING	0.00	0.00	884.10	0.00	594.55	594.55		
TROPHIES/BANQUEST CHEERLEADING	0.00	0.00	1,223.58	0.00	344.60	344.60		
TROPHIES FALLBALL	0.00	0.00	0.00	0.00	0.00	0.00		
TROPHIES/BANQUETS FOOTBALL	111.00	5,187.65	425.00	5,187.65	5,464.22	5,464.22		
AAU TEAM COST	0.00	0.00	0.00	0.00	(232.71)	(232.71)		
10 YEAR OLD AAU TEAM	0.00	0.00	0.00	0.00	0.00	0.00		
B Steffens AAU acct	0.00	0.00	0.00	0.00	0.00	0.00		
12 YEAR OLD AAU TEAM	0.00	0.00	0.00	0.00	0.00	0.00		
13 YEAR OLD AAU TEAM	0.00	0.00	0.00	0.00	0.00	0.00		
14 YEAR OLD AAU TEAM	0.00	0.00	0.00	0.00	0.00	0.00		
15 YEAR OLD AAU TEAM	0.00	0.00	0.00	0.00	0.00	0.00		
8 YEAR OLD AAU TEAM	0.00	0.00	0.00	0.00	0.00	0.00		

HIGHVIEW GOOD
Income Statement
For the Eleven Months Ending November 30, 2016

	Current Month		Year to Date	
	This Year	Last Year	This Year	Last Year
9 YEAR OLD AAU TEAM	0.00	0.00	0.00	0.00
COST SPONSOR SIGNS	0.00	0.00	0.00	0.00
COST SPONSOR SIGNS BASEBALL	0.00	0.00	0.00	0.00
Total Cost of Sales	1,794.99	22,115.07	197,421.25	152,348.82

Gross Profit	1,672.01	25,538.70	105,111.28	215,773.28
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Expenses	Current Month		Year to Date	
	This Year	Last Year	This Year	Last Year
UTILITIES	265.60	558.38	4,050.49	3,637.97
PHONE EXPENSE	0.00	230.16	2,335.34	2,986.98
WATER EXPENSE	0.00	0.00	4,131.06	3,700.22
DEPRECIATION EXPENSE	0.00	0.00	0.00	0.00
DUMPSTER/PORT A POT EXP	0.00	28.50	2,590.14	1,133.83
CONCESSION STAND EXPENSES	0.00	0.00	143.96	1,137.06
POSTAGE/SHIPPING EXPENSE	0.00	0.00	475.56	664.19
Mileage/Gas Exp	0.00	0.00	363.90	528.97
INSURANCE PROP/CASUALTY	0.00	0.00	8,948.49	9,173.34
INSURANCE PLAYERS	0.00	0.00	0.00	0.00
INSURANCE PLAYERS BASEBALL	0.00	0.00	0.00	0.00
INSURANCE PLAYERS BASKETBALL	0.00	0.00	0.00	0.00
INSURANCE PLAYERS BASKETBALL	0.00	0.00	0.00	0.00
INSURANCE PLAYERS FALLBALL	0.00	0.00	0.00	0.00
INSURANCE PLAYERS FOOTBALL	0.00	0.00	0.00	0.00
OFFICE SUPPLIES	121.49	793.13	782.73	1,049.77
OTHER SUPPLIES	0.00	14.91	2,966.60	2,802.32
LOCK & KEY EXPENSES	0.00	26.42	806.98	1,468.53
FLOWERS/GIFTS	0.00	0.00	495.68	93.62
PRINTING EXPENSES	0.00	0.00	554.41	1,096.75
PRINTING EXPENSES BASEBALL	0.00	0.00	0.00	0.00
PRINTING EXPENSES BASKETBALL	0.00	0.00	110.40	0.00
PRINTING EXPENSES BASKETBALL	0.00	0.00	352.50	154.00
PRINTING EXPENSES CHEERLEADING	0.00	0.00	0.00	0.00
PRINTING EXPENSES FALLBALL	0.00	0.00	0.00	0.00
PRINTING EXPENSES FOOTBALL	0.00	0.00	0.00	0.00

HIGHVIEW GOOD
Income Statement
For the Eleven Months Ending November 30, 2016

	Current Month This Year	Current Month Last Year	Year to Date This Year	Year to Date Last Year
Bookkeeping Expenses	300.00	375.00	3,600.00	3,600.00
Consulting	0.00	0.00	906.00	0.00
REPAIRS	0.00	1,402.95	8,287.72	4,116.50
Penalties	0.00	0.00	0.00	0.00
MISC EXPENSES	0.00	481.00	2,053.90	947.88
EQUIPMENT RENTAL	0.00	0.00	0.00	0.00
SALES TAX	0.00	0.00	0.00	0.00
BANK FEES/CHARGES	0.00	211.36	950.15	1,021.73
MEETING EXPENSES	0.00	250.00	0.00	330.45
MEETING EXP BASEBALL	0.00	0.00	33.89	172.50
MEETING EXP BASKETBALL	0.00	14.29	88.83	195.62
MEETING EXP CHEERLEADING	0.00	0.00	0.00	174.12
MEETING EXP FOOTBALL	0.00	0.00	0.00	0.00
INTEREST EXPENSE	0.00	0.00	0.00	0.00
HIGHVIEW DAY EXPENSES	0.00	0.00	0.00	0.00
HIGHVIEW DAY EXPENSES BASEBALL	0.00	0.00	6,128.12	3,236.09
Basketball bash	0.00	0.00	0.00	8,330.31
PIG ROAST EXPENSES FOOTBALL	0.00	0.00	0.00	3,389.41
SECURITY COST	0.00	0.00	703.26	892.20
Penalties -IRS	0.00	223.05	0.00	0.00
Change in Value Investments	0.00	0.00	(1,312.50)	1,114.32
Bad Debts	0.00	0.00	0.00	0.00
BINGO EXPENSES	0.00	1,750.00	21,286.00	18,062.50
Total Expenses	687.09	6,359.15	71,833.61	75,211.18
Net Income	\$ 984.92	\$ 19,179.55	\$ 33,277.67	\$ 140,562.10