

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: Prairie Village Baseball-Softball Park Improvements
Applicant Requested Amount: \$17,213.37
Appropriation Request Amount: \$17,213.37

Executive Summary of Request

Prairie Village Baseball-Softball is requesting \$17,213.37 for renovations to their T-ball Field.

Clifford Concrete - \$15,250 - Proper Drainage
 Okolona Fence Company - \$5,363.37 - Fencing replacement, first replacement since 1999.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

25
District #



Primary Sponsor Signature

\$6,713.37
~~\$17,213.37~~
 Amount 2/9/17
 Date

Primary Sponsor 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.

Approved by:

 Appropriations Committee Chairman

 Date

Final Appropriations Amount: _____

Applicant/Program:

Prairie Village Baseball-Softball Park Improvements

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	<i>Garrett P. McInnis</i>	\$ <i>250.00</i>
District 11	_____	\$ _____
District 12	<i>Ril Blawell</i>	\$ <i>3000</i>
District 13	<i>Vicki Aubrey Welch</i>	\$ <i>500.00</i> <i>3,000</i>
District 14	<i>Linda Foster</i>	\$ <i>3500.00</i>
District 15	<i>Charanne Foster</i>	\$ <i>500 -</i>

Applicant/Program:

Prairie Village Baseball-Softball Park Improvements

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 Don Johns _____ \$ 250

District 22 _____ \$ _____

District 23 _____ \$ _____

District 24 _____ \$ _____

District 25 _____ \$ _____

District 26 _____ \$ _____

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization Prairie Village Baseball-Softball Incorporated

Program Name and Request Amount Prairie Village Baseball-Softball Park Improvements / \$17,213.37

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> N/A
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
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
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"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
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
Prepared by: Brian Boles	Date: 2/9/17

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Legal Name of Applicant Organization: Prairie Village Baseball-Softball Incorporated <i>(as listed on: http://www.sos.ky.gov/business/records)</i>			
Main Office Street & Mailing Address: 10009 Stonestreet Road - Louisville, KY 40272			
Website: prairievillage.baberuthonline.com			
Applicant Contact:	Jason Thompson	Title:	President
Phone:	5029393861	Email:	jasonthompson3535@gmail.com
Financial Contact:	Jason Thompson	Title:	President
Phone:	5029393861	Email:	jasonthompson3535@gmail.com
Organization's Representative who attended NDF Training: Jason Thompson			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
Program Facility Location(s):	10009 Stonestreet Road Louisville, KY 40272		
Council District(s):	25	Zip Code(s):	40272
PROGRAM/PROJECT NAME: Prairie Village Baseball-Softball Park Improvements			
Total Request: (\$)	17,213.37	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:			
<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current year projected budget <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation (current & signed) <input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense		<input type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> 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 type="checkbox"/> No			

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Describe Agency's Vision, Mission and Services:

The mission of Prairie Village Baseball / Softball, Inc. is to provide a safe, fun, and educational athletic environment for the youth in our community. We strive to provide quality facilities, leadership and experiences for all of our participants.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION



Board Member	Term End Date
Jason Thompson - President	12/31/2017
Jeremy Hill - Vice President	12/31/2017
Amanda Zellner - Treasurer	12/31/2017
Wendy Fromme - Uniform Coordinator	12/31/2017
Bev Powell - Concessions	12/31/2017
Michelle Scott - Sponsorships	12/31/2017
Harry Dunn - Umpires	12/31/2017
Bill Palmer - Baseball Commissioner	12/31/2017
Jonathan Chase - Softball Commissioner	12/31/2017

Describe the Board term limit policy:
 Yearly elections, all board members are voted on by the parents of the league.

Three Highest Paid Staff Names	Annual Salary
None. All Members of the board are volunteers	0

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1: 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.):

Renovation of our T-ball Field. 60% of our league plays on this field. This is the field where our 3-6 yr olds learn the game of baseball. The fencing is 20 yrs old and is beginning to fall down. Drainage over the years have eroded the playing surface. The work that will be done will eliminate future erosion and will allow the kids to have a top quality playing surface for the next 20 years!

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

Clifford Concrete- \$15,250

Erosion has been an on going problem for field up keep. Prairie Villages land is on a gradual slope and the T-ball field is located at the bottom of the slope. Yearly, money is invested to repair the T-ball field due to drainage issues. Applying proper drainage and concrete work will correct the drainage issue once and for all

Okolona Fence Company - \$5,363.37

The fencing at Prairie Village has not been replaced since 1999. Sections of the fence have since fallen. This quote will repair worn out fencing and will replace fencing in conjunction with the T-ball field renovation.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

This is not a fundraiser request. Fundraiser have already been planned and completed by the league

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:

Prairie Village continues to be the biggest baseball/softball/Tball in Southwest Jefferson county. Prairie Village provides organized teams for 750 kids in our community. Prairie Village is operated by 1200 volunteers that put in countless of time to provide the best league/atomosphere possible for the kids.

Funding from our local Metro Council is crucial in keeping the children of our community interested and involved. Prairie Village offers just that. This grant will continue to provide a great facility for our community. For the past 15 years, Prairie Village has had a great relationship with Louisville Metro Council and have used each grant in a productive manner. This grant will allow Prairie Village to continue to provide a great place for our children to be raised.

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.

In the past, Prairie Village has worked with other leagues and churches in our community and provided a venue for their organizations to hold events out. The most meaningful event that Prairie Village has help has been for the Special Olympics. Prairie Village has hosted weekend tournaments for the Special Olympics. All expenses (field usage, trophies, plate lunches) were covered through community donations.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

	Column 1 Metro Funds	Column 2 Non-Metro Funds	Column 3 Total Funds
A: Personnel Costs Including Benefits	\$0	\$0	\$0
B: Rent/Utilities	\$0	\$0	\$0
C: Office Supplies	\$0	\$0	\$0
D: Telephone	\$0	\$0	\$0
E: In-town Travel	\$0	\$0	\$0
F: Client Assistance (See Detailed List on Page 8)	\$0	\$0	\$0
G: Professional Service Contracts	\$0	\$0	\$0
H: Program Materials	\$0	\$0	\$0
I: Community Events & Festivals (See Detailed List on Page 8)	\$0	\$3,400	\$3,400
J: Machinery & Equipment	\$0	\$0	\$0
K: Capital Project	\$17,213.37	\$0	\$17,213.37
L: Other Expenses (See Detailed List on Page 8)	\$0	\$0	\$0
*TOTAL PROGRAM/PROJECT FUNDS	\$17,213.37	\$3,400	\$20,613.37
% of Program Budget	80 %	20 %	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)	\$0
Fees Collected from Program Participants	\$3400
Other (please specify)	\$0
Total Revenue for Columns 2 Expenses **	\$3400

*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
Carnival Day	0	2,800	0
Car Wash	0	600	0
Total	0	3,400	0

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).

Agency Name	Value	Method of Valuation
N/A	N/A	N/A
<p align="center"><i>Total Value of In-Kind</i> (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</p>		

*** 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: Jan 1st

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

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

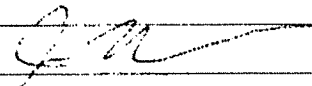
1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the 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.

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:		Date:	01/05/2017
Legal Signatory: (please print):	Jason Thompson	Title:	President
Phone:	502.939.3861	Extension:	
Email:	Jasonthompson3535@gmail.com		

PRAIRIE VILLAGE BASEBALL-SOFTBALL INCORPORATED

General Information

Organization Number 0534386
Name PRAIRIE VILLAGE BASEBALL-SOFTBALL INCORPORATED
Profit or Non-Profit N - Non-profit
Company Type KCO - Kentucky Corporation
Status A - Active
Standing G - Good
State KY
File Date 4/4/2002
Organization Date 4/4/2002
Last Annual Report 3/14/2016
Principal Office 10009 STONESTREET ROAD
 LOUISVILLE, KY 40272
Registered Agent DAVID L HOLTON II
 12004 HILDA COURT
 LOUISVILLE, KY 40272

Current Officers

President [Jason Thompson](#)
Vice President [Jeremy Hill](#)
Director [Amanda Zellner](#)
Director [Davina Endress](#)
Director [Joe Fritz](#)

Individuals / Entities listed at time of formation

Director [MICHELLE F PENLAND](#)
Director [WALTER W HINER JR](#)
Director [MICHAEL S CARDEN](#)
Incorporator [MICHAEL S CARDEN](#)

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.

Annual Report	3/14/2016	1 page	PDF
Annual Report	2/4/2015	1 page	PDF
Annual Report	2/10/2014	1 page	PDF
Annual Report	6/25/2013	1 page	PDF
Annual Report	6/1/2012	1 page	PDF
Principal Office Address Change	4/11/2011 3:31:57 PM	1 page	PDF
Annual Report	4/11/2011	1 page	PDF

Amended and Restated Articles	5/21/2004	3 pages
Annual Report	12/2/2003	1 page
Articles of Incorporation	4/4/2002	1 page

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

DEPARTMENT OF THE TREASURY

Date: NOV 26 2012

Employer Identification Number:

DLN:

17053139311001

Contact Person:

RONALD D BELL

ID# 31185

Contact Telephone Number:

(877) 829-5500

PRAIRIE VILLAGE BASEBALL-SOFTBALL
INCORPORATED
C/O JOE FRITZ
10009 STONESTREET RD
LOUISVILLE, KY 40272

Accounting Period Ending:

December 31

Public Charity Status:

509(a)(2)

Form 990 Required:

Yes

Effective Date of Exemption:

May 16, 2011

Contribution Deductibility:

Yes

Addendum Applies:

Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

PRAIRIE VILLAGE BASEBALL-SOFTBALL

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Holly O. Paz
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

PRAIRIE VILLAGE BASEBALL-SOFTBALL

ADDENDUM

Based on the information submitted with your application, we approved your request for reinstatement under Notice 2011-44. Your effective date of exemption, as shown in the heading of this letter, is the postmark date of your application.

This supersedes our letter dated September 7, 2011 which did not include the above addendum regarding auto-revocation.

**Prairie Village
2017 Projected Budget**

2017 Projected

Revenues

All-Stars/Elite	33,000.00
Candy/fundraising	52,000.00
Carnival Day	10,000.00
Concessions	45,000.00
Misc. deposits/bank adj.	2,500.00
Registration fees	90,000.00
Sponsorship	20,000.00
Total Revenues	252,500.00

Expenses

All-Stars	15,000.00
Background Checks	100.00
Bank fees	3,000.00
Carnival Day	3,000.00
Charter Fee	1,400.00
Concessions	60,000.00
Elite Programs	12,000.00
Fuel	1,000.00
Fundraising	35,000.00
*General Maintenance/Repairs	8,000.00
Insurance	15,000.00
Mid-South	7,000.00
Meals	1,500.00
Office Supplies	2,500.00
Refunds	1,500.00
Sponsorship/signage	6,000.00
Shively (uniforms/supplies)	60,000.00
Trophies for Spring Ball	5,500.00
Utilities	15,000.00
Total Expenses	252,500.00

Net Income/(Loss) 0.00

Prairie Village
2016 Financial Statement

	Jan	Feb	Mar	Apr	May	June	July	Aug
Revenues								
Beg Balance:	\$ 2,247.73							
All-Stars/Elite		\$ 385.00		\$ 270.00		\$ 4,600.00	\$ 2,195.00	\$ 500.00
Candy/fundraising		\$ 405.00	\$ 7,961.50	\$ 4,687.80		\$ 379.00		
Carnival Day						\$ 19,731.00		
Concessions	\$ 329.00		\$ 670.00	\$ 5,931.20	\$ 18,000.20	\$ 14,750.50	\$ 75.00	\$ 11,855.00
Misc. deposits/bank adj.		\$ 12,112.50					\$ 243.20	\$ 1,479.40
Registration fees	\$ 2,525.93	\$ 37,812.86	\$ 15,325.28	\$ 3,986.72			\$ 9,721.34	\$ 18,868.69
Sponsorship		\$ 4,606.00	\$ 3,600.00	\$ 1,100.00	\$ 20.00	\$ 3,970.00	\$ 1,075.00	
	\$ 5,102.66	\$ 59,367.26	\$ 43,977.98	\$ 50,941.32	\$ 34,848.55	\$ 52,487.12	\$ 44,098.47	\$ 47,407.39
Expenses								
All-Stars		\$ 3,500.00					\$ 10,921.33	
Background Checks						\$ 260.81	\$ 245.00	
Bank fees	\$ 87.60	\$ 281.71	\$ 194.45	\$ 27.61	\$ 142.28	\$ 65.60	\$ 136.33	\$ 363.46
Carnival Day						\$ 253.77		
Charter Fees		\$ 1,055.00	\$ 40.00		\$ 30.20			
Concessions		\$ 34.07	\$ 214.23	\$ 4,781.39	\$ 17,273.75	\$ 8,569.91	\$ 6,702.66	\$ 2,056.90
Elite Programs								
Fuel			\$ 20.02	\$ 117.90	\$ 91.97	\$ 205.63		\$ 111.45
Fundraising		\$ 3,000.00		\$ 12,030.00	\$ 1,500.00	\$ 1,500.00		\$ 1,500.00
*General Maintenance	\$ 84.93	\$ 568.76	\$ 554.52	\$ 3,479.57	\$ 823.01	\$ 350.00	\$ 3,544.54	\$ 291.32
Insurance		\$ 7,133.00		\$ 6,830.88				\$ 522.90
Mid-South			\$ 2,323.90					\$ 6,584.90
Miscellaneous	\$ 300.00	\$ 100.00	\$ 765.56	\$ 130.00		\$ 5,827.93	\$ 1,749.75	\$ 1,150.00
Meals		\$ 25.42	\$ 24.03	\$ 40.47	\$ 140.00	\$ 261.15	\$ 41.33	\$ 1,021.14
Office Supplies/Postage	\$ 158.41	\$ 539.47	\$ 39.73	\$ 307.39		\$ 127.31		
Pizza Parties/Parade Day			\$ 82.17					
Refunds (league & concession)			\$ 323.46	\$ 278.14		\$ 150.00	\$ 169.26	\$ 75.00

Sponsorship/signage	\$ 550.00		\$ 675.00	\$ 3,020.00	\$ 5,445.14	\$ 150.00
Shively (uniforms/supplies)	\$ 25,115.13	\$ 200.00	\$ 4,404.00	\$ 4,943.43		\$ 10,000.00
Trophies for Spring Ball		\$ 2,412.30				
**Utilities	\$ 425.82	\$ 1,043.50	\$ 1,818.01	\$ 1,010.62	\$ 847.29	\$ 1,106.08
	\$ 1,056.76	\$ 42,946.06	\$ 9,012.38	\$ 34,112.97	\$ 25,791.93	\$ 21,698.19
					\$ 438.83	\$ 2,205.73
Net Income/(Loss)	\$ 4,045.90	\$ 16,421.20	\$ 34,965.60	\$ 16,828.35	\$ 9,056.62	\$ 30,788.93
					\$ 14,704.30	\$ 21,374.59

Ending Balance:

Shively Payments	\$25,115.13	\$200.00	4943.34	\$10,000.00
Mid-South Payments		\$2,323.90		6584.9
World's Finest				

*General Maintenance includes: Home Depot, Lowes, Phelps Hardware, Bluegrass Lawn, pest control, plumbing, any repairs

**Utilities include: Alarm, AT&T, H2O, LG&E, Trash, Dish Network

Shively Balance as of 1 \$25,062.26

Sept	Oct	Nov	Dec	2016 YTD
				\$ 2,247.73
	\$ 60.00			\$ 8,010.00
\$ 360.00				\$ 13,793.30
				\$ 19,731.00
\$ 1,140.00	\$ 10,684.35			\$ 63,435.25
\$ 40.00	\$ 1,457.00			\$ 15,332.10
				\$ 88,240.82
				\$ 14,371.00
\$ 22,914.59	\$ 26,707.81	\$ 5,390.38	\$ 819.76	\$ 225,161.20

				\$ 14,421.33
\$ 45.95				\$ 551.76
\$ 115.46	\$ 63.80			\$ 1,478.30
				\$ 253.77
				\$ 1,125.20
\$ 6,230.66	\$ 13,435.43			\$ 59,299.00
				\$ -
\$ 52.72				\$ 599.69
	\$ 4,765.00	\$ 4,265.00		\$ 28,560.00
\$ 45.21	\$ 114.35	\$ 45.62		\$ 9,901.83
				\$ 14,486.78
				\$ 8,908.80
\$ 204.33		\$ 260.00		\$ 10,487.57
	\$ 41.27			\$ 1,594.81
				\$ 1,172.31
				\$ 82.17
\$ 141.39	\$ 110.00			\$ 1,247.25

	\$ 500.00			\$ 10,340.14
				\$ 44,662.56
	\$ 879.35			\$ 3,291.65
\$ 1,572.41	\$ 1,408.23			\$ 11,876.52
\$ 8,408.13	\$ 21,317.43	\$ 4,570.62	\$ -	\$ 224,341.44
\$ 14,506.46	\$ 5,390.38	\$ 819.76	\$ 819.76	\$ 819.76

				\$40,258.47
				\$8,908.80
	\$ 4,765.00	\$ 4,265.00		\$9,030.00

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

2013

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 20 13

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

Prairie Village Baseball & Softball

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

10009 Stonestreet Rd.

City or town, state or province, country, and ZIP or foreign postal code

Louisville, KY 40272

D Employer identification number

E Telephone number

502-937-5320

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

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

I Website: ▶ prairievillage.baberuthonline.com

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other Little League Organization

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

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

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received										17,540																			
	2	Program service revenue including government fees and contracts																													
	3	Membership dues and assessments											97,235																		
	4	Investment income																													
	5a	Gross amount from sale of assets other than inventory																													
	5b	Less: cost or other basis and sales expenses																													
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													
	6	Gaming and fundraising events																													
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																													
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)									49,679																				
6c	Less: direct expenses from gaming and fundraising events									24,828																					
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)											24,851																			
7a	Gross sales of inventory, less returns and allowances																														
7b	Less: cost of goods sold																														
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														
8	Other revenue (describe in Schedule O)																														
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																														
Expenses	10	Grants and similar amounts paid (list in Schedule O)																													
	11	Benefits paid to or for members																													
	12	Salaries, other compensation, and employee benefits																													
	13	Professional fees and other payments to independent contractors																													
	14	Occupancy, rent, utilities, and maintenance											12,988																		
	15	Printing, publications, postage, and shipping											1896																		
	16	Other expenses (describe in Schedule O)											124,507																		
17	Total expenses. Add lines 10 through 16																														
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																													
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																													
	20	Other changes in net assets or fund balances (explain in Schedule O)																													
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																													

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2013)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	482	22 717
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)		24
25 Total assets	482	25 717
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

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

Check if the organization used Schedule O to respond to any question in this Part III . . .

What is the organization's primary exempt purpose? Youth Baseball/Softball/Tball/Weeball League

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Organization operates spring/fall baseball&softball for appx 750 boys/girls in SW Jefferson County, KY including kids w/physical,mental handicaps and kids who live in parts of town w/no baseball facilities or opportunities (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	135,000
29 _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	135,000

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jason Thompson, President		0	0	0
Joe Humphrey, Vice President		0	0	0
Christy Gambrell, Treasurer		0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activity, political expenditures, borrowing, and controlled entities. Includes a table with 'Yes' and 'No' columns and checkboxes.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		✓

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		✓
----	--	---

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		✓
-----	--	---

b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 0

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name: Christy Gambrell Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name: _____ Firm's EIN: _____

Firm's address: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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.

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

Open to Public Inspection

Name of the organization

Employer identification number

Prairie Village Baseball/Softball, Inc.

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.)
- 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	Yes	No
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
 - h 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 or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2013. 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—2012. 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—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	106,456.00	88,082.00	97,269.00	92,556.00	97,235.00	481,598.00
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	116,370.00	157,547.00	136,959.00	70,202.00	66,043.00	547,121.00
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	222,826.00	245,629.00	234,228.00	162,758.00	163,278.00	1,028,719.00
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.)						1,028,719.00

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	228,826.00	245,629.00	234,228.00	162,758.00	163,278.00	1,028,719.00
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	228,826.00	245,629.00	234,228.00	162,758.00	163,278.00	1,028,719.00
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 2013 (line 8, column (f) divided by line 13, column (f))	15	100 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	100 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2013. 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 ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2012. 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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Area with horizontal dashed lines for supplemental information.

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.

2013

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.

Open to Public Inspection

Name of the organization

Employer identification number

Prairie Village Baseball/Softball, Inc.

Part I: Line 16

Other expenses reported on Form 990 EX include: uniforms, organizational fee and dues to charter and sanction the league by Babe Ruth, property and player insurance and end of year tournament fees.

Part V: Line 34

The organization makes it clear to the governing body at each board meeting that all documents, policies, and financial statements are available to the public at any time, either by request or a copy is kept on file with the President and/or the Treasurer.

Part VI: Lines 47-51d

The organization did not engage in any lobbying activities, is not a school as described in section 170(b) (1) A9A) (ii), did not make any transfers to a non-charitable organization and does not have any officers of the league that are compensated in any way. All officers are strictly volunteers to the league, nor did the organization have any independent contractors that were paid over \$100,000 (line 51d).

Plevins
 NAOI
0534386.09
 John Y. Brown III
 Secretary of State
 Received and Filed
 04/04/2002 10:48 AM
 Fee Receipt: \$8.00



COMMONWEALTH OF KENTUCKY
JOHN Y. BROWN III
SECRETARY OF STATE

ARTICLES OF INCORPORATION

Nonprofit Corporation

For the purposes of forming a nonprofit corporation in Kentucky Pursuant to KRS Chapter KRS 273, the undersigned incorporator(s) hereby submit(s) the following Articles of Incorporation to the Secretary of State for filing:

Article I: The name of the corporation is

PRAIRIE VILLAGE BASEBALL-SOFTBALL INCORPORATED

Article II: The purpose for which the corporation is organized is to conduct a baseball/softball league for the

youth of Jefferson County Southeast Community

Article III: The street address of the corporation's initial registered office in Kentucky is

12004 HILDA COURT LOUISVILLE KENTUCKY 40272

and the name of the initial registered agent at that office is **DAVID L. HOLTON II**

Article IV: The mailing address of the corporation's principal office is

9733 OLD THIRD STREET ROAD LOUISVILLE KENTUCKY 40272

Article V: The number of directors constituting the initial board of directors is **3**. The names and mailing

addresses of the persons who are to serve as the initial board of directors are as follows:

MICHELLE F. PENLAND 10513 NANKA DRIVE LOUISVILLE, KENTUCKY 40272

WALTER W. HINER JR. 3814 CRESTRIDGE DRIVE LOUISVILLE, KENTUCKY 40272

MICHAEL S. GARDEN 12004 HILDA COURT LOUISVILLE, KENTUCKY 40272

Article VI: The name and mailing address of each incorporator is

MICHAEL S. GARDEN 12004 HILDA COURT LOUISVILLE, KENTUCKY 40272

Name Street or PO Box Number City State Zip Code

Name Street or PO Box Number City State Zip Code

Executed by the incorporator(s) on

3-29-02

M. S. G. L.

Signature of incorporator

consent to serve as the registered agent on behalf of the corporation.

DAVID L. HOLTON II

Type of registered agent

Signature of Registered Agent

Attorney at Law

Type of Registered Agent

(See attached sheet for instructions)

SOS NAOI (12/01)

Quote



Clifford's Concrete Construction

Name/ Address Jason Thompson 502-939-3861

Date	Job Location	Job #	Payment Terms
1-5-17	Prairie village t-ball field		Due on receipt estimate good for 90 days

Qty	Description	Unit Price	Line Total
200 ft	dug and poured footings 2 foot wide and 12 inches thick with 2 runs of # 4rebar		\$5825
200 ft	Formed and poured concrete wall 2 foot tall and 8 inches thick with 2 runs of # 4 rebar		\$6150
2	Tri-axle loads of stone place on field side for back fill Dirt dug up from site used on other side		\$3075
200 ft	4 Inch drain tile on field side for drainage		\$200
	Left over dirt will be left on site no seed or straw in estimate		
	All concrete will be 3500 psi poured on 6 inch slump		
	No permits in estimate but we will call for inspections if needed for footings		
	No concrete pumps in estimate		
	Total		\$15,250

Quotation prepared by: Chris Clifford _____

This is a quotation on the goods named, subject to the conditions noted below (This quote covers what is noted in the boxes above and nothing more. If you have any further questions regarding this price and what it covers please feel free to contact Chris Clifford (502) 594-3457. This Quote is good for 30 following the date listed above and there is no guarantee on concrete cracking or spawling.)

To accept this quotation, sign here and return: _____

Thank you for your business!

P.O Box 177

Fairdale KY 40118

OKOLONA FENCE CO., INC.

PROPOSAL / CONTRACT

4615 KNOPP AVE.

DATE	ESTIMATE NO.
1/6/2017	66404

NAME / ADDRESS

PRAIRE VILLAGE SOFTBALL/T-BALL
10009 STONESTREET RD
LOUISVILLE, KY. 40272

PROJECT / JOB: REVISED 10' CHAIN LINK FENCE

JOB #

PHONE 939-3861

FAX / MOBIL:

CONTACT: JASON THOMPSON

JOB ADDRESS SAME

TERMS DUE ON COMPLETION

DESCRIPTION

WE PROPOSE TO FURNISH AND INSTALL THE FOLLOWING:

CUSTOMER TO REMOVE EXISTING FENCE
INSTALL 104' - 10' HIGH 9 GAUGE CHAIN LINK FENCE

INSTALLATION

NO SCREEN CLOTH INCLUDED ON THIS QUOTE

MATERIAL ONLY.....\$3,363.37

LABOR.....\$2,000.00

PRICE IS GOOD FOR 90 DAYS*

KYST

TOTAL COST

\$5,363.37

Buyer hereby acknowledges receipt of a copy of this contract and agrees to the terms and conditions stated on reverse side.

NOTICE: Post hole dirt will not be picked up unless specified on contract.

Date _____

ACCEPTED BY: _____

PRINT NAME: _____

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.
Prairie Village Baseball & Softball

2 Business name/disregarded entity name, if different from above

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) ▶ **Non-Profit Organization**

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.)
10009 Stonestreet Road

6 City, state, and ZIP code
Louisville, KY 40272

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

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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.

or

Employer identification number

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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 ▶ Date ▶ **1/7/15**

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 filed-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.



LOUISVILLE METRO REVENUE COMMISSION
 P.O. Box 35410 • Louisville, Kentucky 40232-5410
 Telephone: (502) 574-4860 • Fax: (502) 574-4818
 www.metrorevenue.org • TDD: (502) 574-4811 • taxhelp@metrorevenue.org

REGISTRATION APPLICATION FOR TAX ACCOUNT NUMBER

* According to an opinion of the Kentucky Attorney General (OAG 85-1), and pursuant to Kentucky "Open Records Law", responses entered for Lines 1, 2, 7, and 9 are to be provided to anyone upon request. *

Everyone subject to the Louisville Metro Occupational License Tax must complete and submit this application to the Louisville Metro Revenue Commission to be assigned a tax account number.

PLEASE TYPE OR PRINT CLEARLY.

1. Full legal name (first, middle, and last) of the individual, corporation, partnership, or other business entity applying for this number:
Prairie Village Baseball-Softball

2. Trade name of business (if different than name entered on Line 1):

3. Check your "federal" business entity type:

Sole Proprietor/Individual – Will submit Schedules C, D, E, or F of Federal Form 1040; or Federal Form W-2; or Federal Form 1099-MISC

Corporation – Will submit Federal Form 1120
Attach name, home addresses, and SSN of corporate officer(s)

Partnership – Will submit Federal Form 1065 and its Schedule K
Attach name, home addresses, and SSN of all partners

S-Corporation – Will submit Federal Form 1120S and its Schedule K
Attach name, home addresses, and SSN of corporate officer(s)

4. Check if your business operates as an:

Association - **Attach** IRS authorization

Non-Profit Organization - **Attach** IRS authorization

Professional Employer Organization

5. If you are an Individual/Sole Proprietor, enter your Social Security Number: _____ - _____ - _____

6. If you are a Partnership, Corporation, S-Corporation, or Sole Proprietor with employees, enter your Federal Tax ID Number: XXXXXXXXXX

7. Describe the type of work you are doing or the business activity you are conducting: Youth Baseball/Softball League

8. Mailing address for **tax forms** and **correspondence**

9. Your **primary business address**

Street Address: <u>1009 Stonestreet Rd</u>		Street Address - (Do not enter a P.O. Box): <u>1009 Stonestreet Rd</u>	
City, State, Zip Code (Provide all 9 digits, if known): <u>Louisville, KY 40272</u>		City, State, Zip Code (Provide all 9 digits, if known): <u>Louisville, KY 40272</u>	
Email Address: <u>jasonthompson3535@gmail.com</u>		Email Address: <u>jasonthompson3535@gmail.com</u>	
Day Phone: <u>(502) 939-3861</u>	Fax Number: ()	Day Phone: <u>(502) 939-3861</u>	Fax Number: ()

Check here if you want tax forms sent to the address entered in Question 8. Tax forms can be found on our website, www.metrorevenue.org.

10. Your **Louisville Metro, Kentucky, business address**

11. Your **home address (Individual/Sole Proprietor accounts only)**

Street Address - (Do not enter a P.O. Box): <u>1009 Stonestreet Rd</u>		Street Address - (Do not enter a P.O. Box):	
City, State, and Zip Code (Provide all 9 digits, if known): <u>Louisville, KY 40272</u>		City, State, and Zip Code (Provide all 9 digits, if known):	
Day Phone: <u>(502) 939-3861</u>	Fax Number: ()	Day Phone: ()	Fax Number: ()

12. Provide the current tax year end, if not December. (Must be the same as "federal")

13. Date business started, or will start, within Louisville Metro, KY.

____ | ____ | 2015

14. Date income was earned for work performed within Louisville Metro, KY, with no local tax withheld.

____ | ____ |

15. Has your business activity stopped within Louisville Metro, KY? If yes, enter stop date.

____ | ____ |

16. First date you paid or anticipate paying employee(s) for work in Louisville Metro, KY. (Do not include "contract labor")

____ | ____ |

17(a). If you obtained the business from a previous owner or your business entity type changed, enter date of acquisition/change.

____ | ____ |

17(b). If a business acquisition or a change in organization/business entity type occurred, provide the following:

 Name of Previous Owner or Organization Former Trade Name (if any) Account Number

 Applicant's Signature Title: Date: _____

Applicant's Name (print)

---OFFICE USE ONLY---
Account Number Assigned