





## NDF NON-PROFIT APPLICATION CHECKLIST

<b>Legal Name of Applicant Organization:</b> <i>Highview Athletic League</i>		
<b>Program Name:</b> <i>Grass</i>	<b>Request Amount:</b> <i>\$5,000</i>	Yes/No/NA
<b>Request form:</b> Is the NDF request form signed by all Council Member(s) appropriating funding?		<i>Y</i>
<b>Request form:</b> Is the funding proposed less than or equal to the request amount?		<i>Y</i>
<b>Request form:</b> Have all known Council or Staff relationships to the Agency been adequately disclosed on the cover sheet?		<i>Y</i>
<b>Application Page 1:</b> Has prior Metro funds committed/granted been disclosed?		<i>Y</i>
<b>Application Page 1:</b> Is the application properly signed and dated by authorized signatory?		<i>Y</i>
<b>Application Page 3:</b> Reimbursement funding – One or two boxes checked if any expenses are incurred before the grant award period. Is all required documentation included?		<i>NA</i>
<b>Application Pages 3 – 5:</b> Is the proposed public purpose of the program well-documented?		<i>Y</i>
<b>Application 4:</b> Is there adequate documentation of how the proceeds of the fundraiser will be spent?		<i>NA</i>
<b>Application Budget Page 6:</b> Does the application budget reflect only the revenue and expenses of the project/program (page 6) if the request is not an operating budget request? Is all detail schedules included for “Metro, Non Metro and Total” expense funds for client assistance, community events & festivals and other expenses? And does the Non-Metro Revenue equal the Non-Metro expenses?		<i>Y</i>
<b>Faith Based Organizations:</b> Is the signed Faith Based Form signed and included?		<i>NA</i>
<b>Jefferson County Only:</b> Will all funding be spent in Louisville/Jefferson County?		<i>Y</i>
<b>Capital Project(s) request:</b> Is the cost estimate(s) from proposed vendor(s) included?		<i>NA</i>
<b>Good Standing:</b> Is the entity in good standing with: <ul style="list-style-type: none"> <li>• Kentucky Secretary of State – include Secretary of State website information on organization</li> <li>• Louisville Metro Government – check OMB monthly report filed in Council Financial Reports</li> <li>• Internal Revenue Service – most recent Form 990 included</li> </ul>		<i>Y</i>
<b>Separate Taxing Districts:</b> If Metro funding is for a separate taxing district, is the funding appropriated for a program outside the legal responsibility of that taxing district?		<i>NA</i>
<b>Small Cities:</b> Is the resolution included agreeing to partner with Louisville Metro on the capital project? (IRS Determination letter not required, Form 990 not required, but KY SOS acknowledgement is)		<i>NA</i>
<b>Operating Requests:</b> Is recommended operating funding less than or equal to 33% of total operating budget?		<i>Y</i>
<b>IRS Exempt Proof:</b> Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?		<i>Y</i>
<b>Operating Budget:</b> Is the organization’s current fiscal year operating budget included?		<i>Y</i>
<b>Ordinance Required:</b> Is the amount committed by Council members greater than \$5,000 to any one project/program within an organization in this fiscal year.		<i>N</i>
<b>Board Members:</b> Is the entity’s board member list (with term length/term limits) included?		<i>Y</i>
<b>Staff:</b> Is a list of the highest paid staff included with their expected annual personnel costs?		<i>N</i>
<b>Annual Audit:</b> Is the most recent annual audit (if required by organization) included?		<i>N</i>
<b>Rent Requests:</b> Is a copy of signed lease included?		<i>N</i>
<b>Articles of Incorporation:</b> Are the Articles of Incorporation of the organization included?		<i>Y</i>
<b>IRS Form W-9:</b> Is the IRS Form W-9 included?		<i>Y</i>
<b>Evaluation Forms:</b> Are the evaluation forms (if program participants are given evaluation forms) included?		<i>NA</i>
<b>Affirmative Action:</b> Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required by the organization)?		
<b>Prepared by:</b> <i>John Torsky</i>		<b>Date:</b> <i>6-13-14</i>



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
Legal Name of Applicant Organization:		<b>Highview Athletic League</b>	
<small>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</small>			
Main Office Street & Mailing Address: 1334 Villa Park Drive Louisville, KY 40219			
Website: <a href="http://www.highviewyouthsports.com">www.highviewyouthsports.com</a>			
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:			
<b>GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED</b>			
Program Facility Location(s):	Moore High School		
Council District(s):	23	Zip Code(s):	40228
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
PROGRAM/PROJECT NAME: Maintenance and Field Upkeep			
Total Request: (\$)	5,000	Total Metro Award (this program) in previous year: (\$)	0
Purpose of Request (check all that apply):			
<input checked="" 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 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"/> List of Board of Directors (include term & term limits) <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 <input 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 required <input type="checkbox"/> Staff including the 3 highest paid staff	
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:**

To provide youth sports to the area youngsters. By providing these sports we hope to keep them off the streets and occupied with an activity. These activities through adult supervision, will help to mold these youngsters into not only better athletes but also well developed individuals.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 4 – 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.):**

Because we offer 4 different sports, our programs run virtually year round. However here are the approximate start dates for each.

Baseball: Feb 2014

Football: May 2014

Cheer: May & Dec 2014

Basketball: Oct 2014

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

Funds will be used to maintain the facilities by providing regular upkeep of the playing fields. Specifically grass cutting the baseball, football and softball fields and surrounding property, all of which is several acres of land.



## 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:

Effective October 24, 2013, reimbursements should not be made 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.

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.



**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:**  
Youths in the community will have a safe environment to play sports. Keeping the fields and surrounding areas well maintained and clean will reduce injuries and allow them to preform at their highest levels.

**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.**



**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 5 – 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 (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (Attach Detail List)			
J: Small Equipment			
K: Capital Equipment			
L: Other Expenses (Attach Detail List)	5000	2982	7982
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	5000	2982	7982
% of Program Budget	63 %	37 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	2982
Other (please specify)	
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 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
<p align="center"><i>Total Value of In-Kind</i>  <b>(to match Program Budget Line Item.</b>            Volunteer Contribution &amp; 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:**

**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 6 – 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 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.
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 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.

### 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 7 – 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:	<i>6/12/14</i>
Legal Signatory: (please print):	<i>Roger L. Abell</i>	Title:	<i>President</i>
Phone:	<i>502-299-3380</i>	Extension:	
		Email:	<i>abellr@bellsouth.net</i>

## **Program/Project Budget Summary**

### **Detailed List**

Metro Funds, \$5,000 – Grass Cutting

Non Metro Funds, \$2,982 – Grass Cutting



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

DEPARTMENT OF THE TREASURY

Date: AUG 19 1988

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

Employer Identification Number:  
61-1318395

DLN:  
17053201011048

Contact Person:  
D. A. DOWNING

Contact Telephone Number:  
(513) 241-5199

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

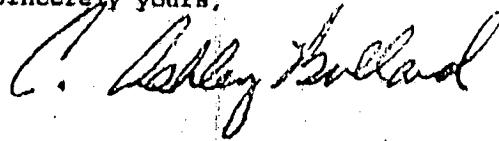
You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal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



District Director

Letter 947 1967

Letter 947 (DO/CG)

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 MT (DO/CG)

Letter 947 (DO/CG)

## HIGHVIEW ATHLETIC LEAGUE

Balance Sheet

March 31, 2014

## ASSETS

Current Assets		
REPUBLIC CHECKING	\$	7,895.23
REPUBLIC SAVINGS		62,870.00
First Investors		21,579.28
Ameriprise Financial		20,494.28
Bulk Rate Mail Balance		568.79
AAU Baseball		1,863.64
BOOSTER BASKETBALL		2,119.96
BOOSTER CHEERLEADING		1,000.00
BOOSTER FOOTBALL		6,595.71
BASEBALL BOOSTER		2,909.15
Accounts Receivable		2,736.35
Accounts Receivable		<u>1,200.00</u>
Total Current Assets		131,832.39
Property and Equipment		
FURNITURE & EQUIPMENT		61,484.04
TRACTOR		30,494.49
LEASEHOLD IMPROVEMENTS		200,890.12
ACCUM. DEP - EQUIP/TRACTOR		(87,358.47)
ACCUM DEP - LEASEHOLD		<u>(58,692.55)</u>
Total Property and Equipment		146,817.63
Other Assets		<u>0.00</u>
Total Other Assets		<u>0.00</u>
Total Assets	\$	<u><u>278,650.02</u></u>

## LIABILITIES AND CAPITAL



409

22985

# Commonwealth of Kentucky

## Department of State



### Office of Secretary of State

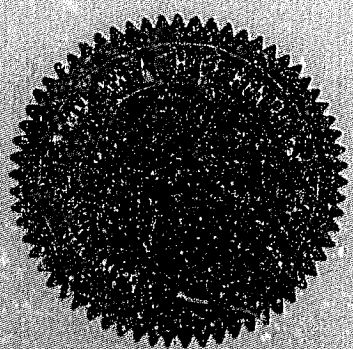
KENNETH F. HARPER, SECRETARY  
DOMESTIC CORPORATION DEPARTMENT  
NON-STOCK CORPORATION

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 1971

*Kenneth F. Harper*  
Secretary of State

*A. J. [Signature]*  
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.

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. Bisig, 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., 40228, who will file with the County Clerk of Jefferson County and the Secretary of State of Kentucky.

SECRETARY OF STATE OF KENTUCKY  
FRANK O. RYAN  
BY *[Signature]*

APR 14 1971

*[Signature]*

ORIGINAL COPY  
FILED AND RECORDED

This 21 day of January, 1971.

*[Signature]*

Subscribed and sworn to before me by

I witnessed the above signatures.

*[Signature]*

County of Jefferson  
State of Kentucky

*[Signature]*  
*[Signature]*  
*[Signature]*  
*[Signature]*  
*[Signature]*

1971

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

accordance with the law of the State of Kentucky.

Provisions of these Articles may be amended at any time in

Article IX

subject to or for the payment of the debts of this corporation, of this corporation shall, under no circumstances, be liable or

The private property and effects of the officers and members

Article VIII



# Commonwealth of Kentucky

## Department of State



### Office of Secretary of State

THELMA L. STOVALL, SECRETARY

#### ARTICLES OF AMENDMENT

I, THELMA L. STOVALL, Secretary of State of the Commonwealth of Kentucky, do hereby certify that Articles of Incorporation of

HIGHVIEW LITTLE LEAGUE, INCORPORATED, Louisville, Kentucky changing  
name to: HIGHVIEW ATHLETIC LEAGUE INCORPORATED

have been amended pursuant to Articles of Amendment, duly signed and acknowledged according to law, this day filed in my office by said corporation, and that all taxes, fees and charges payable upon the filing of said Articles of Amendment have been paid.

Witness my official signature this 20th day

of March, 1972

Thelma L. Stovall

Secretary of State

Francis M. Lewis

Assistant Secretary of State



SECRETARY OF STATE

Secretary Of State  
State of Kentucky  
Frankfort, Kentucky

SECRETARY OF STATE  
**RECEIVED**

5-124124

*U. Y. M.*  
Commonwealth of Kentucky

Dear Sir:

Re: Amendment of Articles  
Meeting Date 2/7/72  
*Louiseville, Ky.*

The board of directors of Highview Little League Incorporated wish to amend the following articles of their charter.

Article I :

The name of the corporation shall be Highview Little League Inc.

Change To : The name of the corporation shall be Highview Athletic League Incorporated. The league includes Franchise Little League, Franchise Babe Ruth League and Youth Football League.

Article II : No changes or additions.

Article III :

Para.(1) To promote, develop, supervise and voluntarily assist in all lawful ways the interest of boys who will participate in baseball.

Change To : Para.(1) To promote, develop, supervise and voluntarily assist in all lawful ways the interest of boys who will participate in all sports.

Article IV : No changes or additions.

Article V : The membership of this corporation shall at all times be confined to the active membership in good standing in Highview Little League Inc.

Change To : The membership of this corporation shall at all times be confined to the active membership in good standing in Highview Athletic League Incorporated.

Article VI : No Changes or additions.

Article VII : No Changes or additions.

Article VIII: No changes or additions.



Secretary of State  
State of Kentucky  
Frankfort, Kentucky

Article IX : No changes or additions.

In witness where of, the said parties, as the officers and members  
of the said Athletic League Incorporated, as authorized so to do,

have here unto set their hand this 24 day of February, 1972.

John D. Young  
James W. K. ...  
Walter R. ...  
Robert C. ...  
James O. ...

State Of Kentucky

County of Jefferson

I witnessed the above signatures.

Duplicated and sworn to before me by John D. Young  
James W. K. ...  
Walter R. ...  
Robert C. ...  
James O. ...  
Commissioner Exp. 6/1/72

This 24 day of February, 1972.

ORIGINAL COPY  
FILED AND RECORDED  
SECRETARY OF STATE OF KENTUCKY  
FRANKFORT, KENTUCKY

MAR 20 1972

Stephen R. ...  
SECRETARY OF STATE  
Thomas M. ...  
BY

PLEASE AMEND THE ARTICLES OF INCORPORATION FOR HIGHVIEW ATHLETIC LEAGUE TO INCLUDE THE FOLLOWING PARAGRAPHS: EIN#61-1318395

A) SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501 © (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

B.) NO PART OF THE NET EARNINGS OF THE ORGANIZATION SHALL INURE TO THE BENEFIT OF, OR BE DISTRIBUTABLE TO ITS MEMBERS, TRUSTEES, OFFICERS, OR OTHER PRIVATE PERSONS, EXCEPT THAT THE ORGANIZATION SHALL BE AUTHORIZED AND EMPOWERED TO PAY REASONABLE COMPENSATION FOR SERVICES RENDERED AND TO MAKE PAYMENTS AND DISTRIBUTIONS IN FURTHERANCE OF THE PURPOSES SET FORTH IN THE PURPOSE CLAUSE HEREOF. NO SUBSTANCIAL PART OF THE ACTIVITIES OF ORGANIZATION SHALL BE THE CARRYING ON OF PROPAGANDA, OR OTHERWISE ATTEMPTING TO INFLUENCE LEGISLATION, AND THE ORGANIZATION SHALL NOT PARTICIPATE IN, OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTION OF STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF ANY CANDIDATE FOR PUBLIC OFFICE. NOTWITHSTANDING ANY OTHER PROVISION OF THIS DOCUMENT, THE ORGANIZATION SHALL NOT CARRY ON ANY OTHER ACTIVITIES NOT PERMITTED TO BE CARRIED ON (A) BY AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR (B) BY AN ORGANIZATION, CONTRIBUTIONS TO WHICH ARE DEDUCTIBLE UNDER SECTION 170 (C) (2) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

C.) UPON DISSOLUTION OF THE ORGANIZATION, ASSETS SHALL BE DISTRIBUTED FOR ONE OR MORE EXEMPT PURPOSES WITHIN THE MEANING OF SECTION 501 © (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE, OR SHALL BE DISTRIBUTED TO THE FEDERAL GOVERNMENT, OR TO A STATE OR LOCAL GOVERNMENT, FOR A PUBLIC PURPOSE. ANY SUCH ASSETS NOT DISPOSED OF SHALL BE DISPOSED OF BY THE COURT OF COMMON PLEAS OF THE COUNTY IN WHICH THE PRINCIPAL OFFICE OF THE ORGANIZATION IS THEN LOCATED, EXCLUSIVELY FOR SUCH PURPOSES OR TO SUCH ORGANIZATION OR ORGANIZATIONS, AS SAID COURT SHALL DETERMINE, WHICH ARE ORGANIZED AND OPERATED EXCLUSIVELY FOR SUCH PURPOSES.

A MEETING BY THE MEMBERS OF THE BOARD OF DIRECTORS WAS HELD ON AUGUST 16, 1998 VOTING TO ADOPT THE ARTICLES OF AMENDMENT, WITH A UNANIMOUS VOTE.

ROGER ABELL

*Roger Abell*

HIGHVIEW LEAGUE PRESIDENT

RECEIVED & FILED

AUG 19 12 23 PM '98

JOHN Y. BROWN III  
SECRETARY OF STATE  
COMMONWEALTH OF KENTUCKY

# Return of Organization Exempt From Income Tax

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning 01/01, 2013, and ending 12/31, 20 13

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization Highview Athletic League  
 Doing Business As Highview Youth Sports  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1334 Villa Park Drive  
 City or town, state or province, country, and ZIP or foreign postal code  
Louisville, KY 40219

**D** Employer identification number  
61-1318395

**E** Telephone number  
502-966-4145

**G** Gross receipts \$ 335,715.73

**F** Name and address of principal officer: Roger Abell  
1334 Villa Park Drive

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation:

**M** State of legal domicile:

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: Highview Athletic League provides sports for the youth in the Highview/Okolona area. We furnish approximately 1300 youths the opportunity to play baseball, basketball, football and cheerleading

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>10</u>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>650</u>
<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<u>5</u>	<u>0</u>
<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u>	<u>40</u>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<u>203378.00</u>	<u>211478.00</u>
<b>9</b> Program service revenue (Part VIII, line 2g)	<u>833336.54</u>	<u>81166.70</u>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>255.15</u>	<u>1034.98</u>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>20146.20</u>	<u>42504.22</u>
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>307668.89</u>	<u>336183.90</u>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	<u>346355.99</u>	<u>285914.17</u>
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>346355.99</u>	<u>285914.17</u>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>-38687.10</u>	<u>50269.73</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	<u>208177.86</u>	<u>258447.59</u>
<b>21</b> Total liabilities (Part X, line 26)	<u>0</u>	<u>0</u>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>208177.86</u>	<u>258447.59</u>

**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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: Roger L. Abell Date: 3/17/14

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ 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

**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:  
To provide youth sports to the children of the Highview/Okolona area in Louisville, KY. Keeping children active in extra curricular activities keeps them focused and out of trouble

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 \$ )

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

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

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)? If "Yes," complete Schedule A . . . . .		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I . . . . .		✓
4	<b>Section 501(c)(3) organizations.</b> 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 . . . . .		✓
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? If "Yes," complete Schedule C, Part III . . . . .		✓
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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II . . . . .		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		✓
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? If "Yes," complete Schedule D, Part IV . . . . .		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		✓
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? If "Yes," complete Schedule D, Part VI . . . . .	✓	
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? If "Yes," complete Schedule D, Part VII . . . . .		✓
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? If "Yes," complete Schedule D, Part VIII . . . . .		✓
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? If "Yes," complete Schedule D, Part IX . . . . .		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		✓
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)? If "Yes," complete Schedule D, Part X . . . . .		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		✓
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? If "Yes," complete Schedule F, Parts I and IV . . . . .		✓
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? If "Yes," complete Schedule F, Parts II and IV . . . . .		✓
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? If "Yes," complete Schedule F, Parts III and IV . . . . .		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	✓	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		✓

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 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 individuals in the United States 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 so, 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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	2b			
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
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	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8			✓
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a			✓
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b			✓
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a			✓
b	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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 10		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	✓
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	✓
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	✓
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	✓
<b>6</b>	Did the organization have members or stockholders? . . . . .	<b>6</b>	✓
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	✓
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	✓
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	✓
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	✓
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . .	<b>9</b>	✓

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	✓
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	✓
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<b>12a</b>	✓
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	✓
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b>	✓
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	✓
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	✓
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	✓
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>	✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	✓
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 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, physical address, and telephone number of the person who possesses the books and records of the organization: ► 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	10			✓				0		
(3) Jon Self President Football	10			✓				0		
(4) Leon Nelson Vice President Football	10			✓				0		
(5) Randy Moore President Basketball	10			✓				0		
(6) Mark Rudolph Vice President Basketball	10			✓				0		
(7) Crystal Watson President Cheerleading	10			✓				0		
(8) Susan Lanham Vice President Cheerleading	10			✓				0		
(9) Ricky Wyatt President Baseball	10			✓				0		
(10) Debbie Vitow Vice President Baseball	10			✓				0		
(11) Rachel Thomas Activities and sponsors	20					✓	26562.50			
(12) Theresa Fritsch Bookkeeper	5					✓	3900.00			
(13) Greg Joyner Security	10					✓	8700.00			
(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)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							39162.50			

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
<b>4</b> 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>		✓
<b>5</b> 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>		✓

**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	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 211478.00				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		211478.000			
Program Service Revenue				<b>Business Code</b>			
	<b>2a</b>	Baseball		19192.20			
	<b>b</b>	Basketball		29129.00			
	<b>c</b>	Football		12367.50			
	<b>d</b>	Cheerleading		20478.00			
	<b>e</b>						
	<b>f</b>	All other program service revenue .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		81166.70			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1034.98			
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b>	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses					
	<b>c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss) . . . . . ▶					
	<b>8a</b>	Gross income from fundraising events (not including \$ 33404.22 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>	0			
	<b>c</b>	Net income or (loss) from fundraising events . ▶		33404.22			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . ▶					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	9500.00				
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>	400.00				
<b>c</b>	Net income or (loss) from sales of inventory . . ▶		9100.00				
Miscellaneous Revenue			<b>Business Code</b>				
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		0.00				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶		336183.90				

**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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
a				
b				
c	3900.00		3900.00	
d				
e				
f				
g				
12	8151.97	8151.97		
13	2699.72		2699.72	
14				
15				
16				
17				
18				
19	1461.06		1461.06	
20				
21				
22	10432.74		10432.74	
23	10271.70		10271.70	
24				
a	248996.98	213176.76	14820.22	21000.00
b				
c				
d				
e				
25	285914.17	221328.73	43585.44	21000.00
26				



**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing	28045.68	1	29254.18
	2	Savings and temporary cash investments	100599.35	2	77968.16
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3719.35	4	4129.35
	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	294.08	9	278.27
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	292868.69	10a	
	b	Less: accumulated depreciation	146051.02	10b	
	10c		75519.4	10c	146817.63
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	208177.86	16	258447.59	
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	<b>Total liabilities.</b> Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	237971.13	32	199284.03
33	<b>Total net assets or fund balances</b>	-38687.10	33	50269.73	
34	<b>Total liabilities and net assets/fund balances</b>	207177.86	34	258447.59	

HIGHVIEW ATHLETIC LEAGUE  
Balance Sheet  
December 31, 2013

ASSETS

Current Assets			
REPUBLIC CHECKING	\$	7,067.65	
REPUBLIC SAVINGS		36,169.45	
First Investors		21,079.28	
Ameriprise Financial		20,719.43	
Bulk Rate Mail Balance		278.27	
AAU Baseball		1,863.64	
BOOSTER BASKETBALL		7,675.65	
BOOSTER CHEERLEADING		1,842.74	
BOOSTER FOOTBALL		6,942.25	
BASEBALL BOOSTER		3,862.25	
Accounts Receivable		2,829.35	
Accounts Receivable		1,300.00	
Total Current Assets			111,629.96
Property and Equipment			
FURNITURE & EQUIPMENT		61,484.04	
TRACTOR		30,494.49	
LEASEHOLD IMPROVEMENTS		200,890.12	
ACCUM. DEP - EQUIP/TRACTOR		(87,358.47)	
ACCUM DEP - LEASEHOLD		(58,692.55)	
Total Property and Equipment			146,817.63
Other Assets			
			0.00
Total Other Assets			0.00
Total Assets	\$		258,447.59

LIABILITIES AND CAPITAL

Current Liabilities			
			0.00
Total Current Liabilities			0.00
Long-Term Liabilities			
			0.00
Total Long-Term Liabilities			0.00
Total Liabilities			0.00
Capital			
BEGINNING BALANCE EQUITY	\$	8,893.83	
RETAINED EARNINGS		199,284.03	
Net Income		50,269.73	
Total Capital			258,447.59
Total Liabilities & Capital	\$		258,447.59

Unaudited - For Management Purposes Only

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>336183.90</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>285914.17</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>50269.73</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>50269.73</b>

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  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:  
 Separate basis  Consolidated basis  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:  
 Separate basis  Consolidated basis  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.

	Yes	No
<b>2a</b>		✓
<b>2b</b>		✓
<b>2c</b>		
<b>3a</b>		✓
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

Name of the organization

Employer identification number

Highview Athletic League

61-1318395

**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)(vii)**. (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
11g(i)		✓
11g(ii)		✓
11g(iii)		✓
    - (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		✓
11g(iii)		✓
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		✓
  - 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)									
<b>Total</b>									

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	142904	200791	222470	226823	244882	1037870
<b>2</b> 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 . . . . .	71083	85062	73256	83337	81167	393905
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .	213987	285853	295726	310160	326049	1431775
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						1431775

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . . .	213987	285853	295726	310160	326049	1431775
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	259	105	151	255	1035	1805
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	259	105	151	255	1035	1805
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .	13457	3449	-2743	-2746	9100	20517
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	227703	289407	293134	307669	336184	1454097
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	98 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	16	98 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	.001 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	18	.001 %
<b>19a</b> <b>33 1/3% support tests—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Highview Athletic League

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Employer identification number

61-1318395

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate 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? . . . . .  Yes  No

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? . . . . .  Yes  No

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

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? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, 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)? . . . . .  Yes  No

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" to Form 990, Part IV, line 8.

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.

b 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) Revenues included in 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 Revenues included in 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" to 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?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to 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 in 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" to 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" to 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	200890.12		58692.55	142197.26
d Equipment	61484.04		56863.47	4620.57
e Other	30494.49		30494.49	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>146817.83</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to 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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to 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) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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) _____		
<b>Total.</b> (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			useful Life	Dep Per	Months	Total Dep	Current Value
As of December 31, 2013		Pur Price		Month	Depreciated		
	Date Pur						
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/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)
Alumnum 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	52	\$ 628.68	\$ 96.86
Cramer Power Hydration Sys	7/15/2010	\$ 4,999.00	60	\$ 83.32	41	\$ 3,416.12	\$ 1,582.88
New Computer w/Office	9/30/2010	\$ 929.35	60	\$ 15.48	39	\$ 603.72	\$ 325.63
MPCX Receivers	12/1/2012	\$ 1,538.00	60	\$ 25.63	12	\$ 307.56	\$ 1,230.44
Sno Cone M/c	12/1/2012	\$ 667.67	60	\$ 11.13	12	\$ 133.56	\$ 534.11
Portable Scoreboard	1/24/2013	\$ 1,040.00	60	\$ 17.33	11	\$ 190.63	\$ 849.37
		\$ 61,484.04		\$ 1,022.58		\$ 56,863.47	\$ 4,620.57

Leasehold Improvements								
Blacktop Around Buldg/sdwk	5/19/1999	\$ 13,060.24	240	\$ 54.42	185	\$ 10,067.70	\$ 2,992.54	
Bathrooms	5/20/2000	\$ 26,511.94	360	\$ 73.64	163	\$ 12,003.32	\$ 14,508.62	
Press Box Moore/Clinic	3/27/2001	\$ 14,020.08	360	\$ 38.94	153	\$ 5,957.82	\$ 8,062.26	
Concession Stand	7/20/2001	\$ 16,044.00	360	\$ 44.57	146	\$ 6,507.22	\$ 9,536.78	
T ball Field Blacktop	6/3/2002	\$ 6,070.00	240	\$ 25.29	138	\$ 3,490.02	\$ 2,579.98	
Duncan Field Pavilion	8/2/2002	\$ 15,687.06	360	\$ 43.57	136	\$ 5,925.52	\$ 9,761.54	
Concrete for Dumpster Pad	2/20/2004	\$ 1,200.00	240	\$ 5.00	118	\$ 590.00	\$ 610.00	
Roof for Building	6/30/2008	\$ 6,152.79	120	\$ 51.27	66	\$ 3,383.82	\$ 2,768.97	
Block Wall Duncan Field	11/30/2009	\$ 4,795.00	120	\$ 39.96	49	\$ 1,958.04	\$ 2,836.96	
Backstop Duncan	1/11/2010	\$ 16,658.04	120	\$ 138.82	47	\$ 6,524.54	\$ 10,133.50	
Irrigation System on Fields	9/30/2013	\$ 28,190.97	60	\$ 469.85	3	\$ 1,409.55	\$ 26,781.42	
Field Renovations	11/30/2013	\$ 52,500.00	60	\$ 875.00	1	\$ 875.00	\$ 51,625.00	
		\$ 200,890.12		\$ 1,860.33		\$ 58,692.55	\$ 142,197.57	
Tractors								
Tractor	3/27/2000	\$ 13,999.00	60	\$ 233.32	60	\$ 13,999.20	\$ (0.20)	
Toro Field Dragger	4/4/2004	\$ 9,096.49	60	\$ 151.61	60	\$ 9,096.60	\$ (0.11)	
Dixie Chopper	5/24/2007	\$ 7,399.00	60	\$ 123.32	60	\$ 7,399.20	\$ (0.20)	
Total Tractors		\$ 30,494.49		\$ 508.25		\$ 30,495.00	\$ (0.51)	

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

Highview Athletic League

Employer identification number

61-1318395

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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.

		(a) Event #1 <u>Highview Bingo</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events _____ (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	211478.00			
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	211478.00			
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

- 9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_
- a** Is the organization licensed to operate 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 L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open To Public Inspection**

Name of the organization <b>Highview Athletic League</b>	Employer identification number <b>61-1318395</b>
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**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)	Crystal Watson			Bd Member	Hardship		✓	3819.35	2829.35
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b>													

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					



**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

Highview Athletic League

Employer identification number

61-1318395

Part VI line 11b The board members look it over and compare it to the financial statements received through out the year

Section C - The financial statements are given to board members at monthly board meetings to verify. At the annual meeting all

league members are given a copy of the financial statements. The 990 is available for viewing at the meeting also and is available

throughout the year upon request.

Part 1X Line 24 I have attached an excel spreadsheet showing detailed breakdown of the expenses.

HIGHVIEW ATHLETIC LEAGUE

**BOARD OF DIRECTORS**

(AS OF 3/24/14)

PRESIDENT—ROGER ABELL

VICE PRESIDENT—JOHN GRAF

FOOTBALL PRESIDENT—JON SELF

FOOTBALL V.P.—LEON NELSON

BASKETBALL PRESIDENT—RANDY MOORE

BASKETBALL VICE PRESIDENT—MARK RUDOLPH

BASEBALL PRESIDENT—RICKY WYATT

BASEBALL V.P.—DEBBIE VITTITOE

CHEERLEADING PRESIDENT-CRYSTAL WATSON

CHEERLEADING VICE PRESIDENT—SUSAN  
LANHAM

All positions are one year terms. If no one is interested in running for any of these positions, they remain the same year to year.

## 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.	Name (as shown on your income tax return) <b>Highview Athletic League</b>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) <b>1334 Villa Park Drive</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Louisville, Ky. 40219</b>		
List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>	<b>Social security number</b>											
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is 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 <i>How to get a TIN</i> on page 3.  <b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="margin: auto;"> <tr><td>4</td><td>0</td><td>2</td><td>-</td><td>0</td><td>8</td><td>-</td><td>6</td><td>8</td><td>7</td><td>9</td></tr> </table>	4	0	2	-	0	8	-	6	8	7	9
4	0	2	-	0	8	-	6	8	7	9		
	<b>Employer identification number</b>											
	<table border="1" style="margin: auto;"> <tr><td>6</td><td>1</td><td>-</td><td>1</td><td>3</td><td>1</td><td>8</td><td>3</td><td>9</td><td>5</td></tr> </table>	6	1	-	1	3	1	8	3	9	5	
6	1	-	1	3	1	8	3	9	5			

**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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Roger L. Abell</i>	Date ▶ 4/7/14
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**General Instructions**

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

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

## HIGHVIEW ATHLETIC LEAGUE INCORPORATED

### General Information

<b>Organization Number</b>	0022985
<b>Name</b>	HIGHVIEW ATHLETIC LEAGUE INCORPORATED
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	4/14/1971
<b>Organization Date</b>	4/14/1971
<b>Expiration Date</b>	4/14/2070
<b>Last Annual Report</b>	3/24/2014
<b>Principal Office</b>	1334 VILLA PARK DRIVE LOUISVILLE, KY 40219
<b>Registered Agent</b>	ROGER L. ABELL 1334 VILLA PARK DRIVE LOUISVILLE, KY 40219

### Current Officers

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

### Individuals / Entities listed at time of formation

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

Annual Report

3/24/2014

1 page

PDF

HIGHVIEW ATHLETIC LEAGUE  
Income Statement  
For the Three Months Ending March 31, 2014

	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	\$ 0.00
SIGNUPS AAU BASEBALL	0.00	0.00	0.00	0.00
SIGNUPS - BASEBALL	870.00	595.00	18,170.00	18,021.00
SIGNUPS-BASKETBALL	0.00	0.00	787.00	0.00
SIGNUPS BASKETBALL	0.00	0.00	0.00	(335.00)
Basketball Tounament Fees	0.00	0.00	0.00	0.00
SIGNUPS-CHEERLEADING	0.00	0.00	0.00	0.00
SIGNUPS-CHEERLEADING BASKETBAL	0.00	0.00	669.00	460.00
SIGNUPS-CHEERLEADING FOOTBALL	0.00	0.00	0.00	0.00
SIGNUPS-FALLBALL	0.00	0.00	0.00	0.00
SIGNUPS-FOOTBALL	0.00	0.00	0.00	0.00
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	0.00	0.00
SPONSORS BASKETBALL	0.00	0.00	0.00	0.00
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	0.00	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	225.00	(953.10)	(198.94)
FUNDRAISING BASKETBALL	(187.90)	20.00	(142.15)	20.00
FUNDRAISING BASKETBALL	0.00	0.00	492.00	1,265.00
FUNDRAISING CHEERLEADING	0.00	0.00	0.00	1,179.00
FUNDRAISING FOOTBALL	(152.00)	0.00	(152.00)	(1.00)
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	1,200.00	0.00
GATE INCOME BASKETBALL	0.00	0.00	0.00	800.00
GATE INCOME FOOTBALL	0.00	0.00	0.00	0.00



HIGHVIEW ATHLETIC LEAGUE  
Income Statement  
For the Three Months Ending March 31, 2014

	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	0.00
CONCESSION STAND INCOME	0.00	0.00	0.00	6,500.00
CONCESSION STAND INCOME	0.00	0.00	0.00	0.00
GOVERNMENT SUPPORT	0.00	0.00	0.00	0.00
BINGO INCOME	22,558.00	1,336.00	41,391.00	67,095.00
Dividends	0.00	172.19	0.00	252.13
Capital Gains	0.00	0.00	0.00	0.00
INTEREST INCOME	0.00	8.06	4.85	18.71
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	0.00	0.00
<b>Total Revenues</b>	<b>23,088.10</b>	<b>2,356.25</b>	<b>61,466.60</b>	<b>95,075.90</b>
<b>Cost of Sales</b>				
Equipment	0.00	0.00	0.00	216.03
EQUIPMENT BASEBALL	0.00	210.00	270.00	210.00
EQUIPMENT BASKETBALL	0.00	0.00	137.95	0.00
EQUIPMENT BASKETBALL	0.00	0.00	0.00	42.00
EQUIPMENT CHEERLEADIN	0.00	0.00	0.00	0.00
EQUIPMENT CHEERLEADIN BK	0.00	0.00	0.00	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	(200.00)	0.00
EQUIPMENT SOFTBALL	0.00	0.00	0.00	0.00
Uniforms	0.00	0.00	0.00	0.00
UNIFORMS BASEBALL	0.00	0.00	0.00	280.70
UNIFORMS BASKETBALL	0.00	0.00	680.15	0.00
UNIFORMS BASKETBALL	0.00	308.95	0.00	630.20
UNIFORMS CHEERLEADING	0.00	0.00	0.00	0.00
UNIFORMS CHEERLEADING BASKTBL	0.00	0.00	0.00	0.00

HIGHVIEW ATHLETIC LEAGUE  
Income Statement  
For the Three Months Ending March 31, 2014

	Current Month This Year	Current Month Last Year	Year to Date This Year	Year to Date Last Year
UNIFORMS CHEERLEADING FOOTBALL	0.00	0.00	0.00	0.00
UNIFORMS FALLBALL	0.00	0.00	0.00	0.00
UNIFORMS FOOTBALL	0.00	0.00	174.54	157.10
DUES & SANCTION FEES	0.00	0.00	25.00	0.00
DUES & SANCTION FEES BASEBALL	0.00	0.00	0.00	0.00
Dues & Sanction Fees Cheerlead	0.00	0.00	0.00	0.00
DUES & SANCTION FEES FOOTBALL	0.00	0.00	220.00	1,738.00
SECURITY	0.00	0.00	0.00	0.00
SECURITY BASKETBALL	0.00	0.00	2,405.00	0.00
SECURITY BASKETBALL	0.00	0.00	0.00	2,215.00
SECURITY FOOTBALL	0.00	0.00	0.00	0.00
CLEANUP AFTER GAME	0.00	0.00	0.00	0.00
CLEANUP BASKETBALL	0.00	0.00	1,350.00	0.00
CLEANUP BASKETBALL	0.00	0.00	0.00	1,550.00
CLEANUP FOOTBALL	0.00	0.00	0.00	0.00
DUES TO MOORE/SOUTHERN	0.00	0.00	0.00	0.00
DUES TO MOORE/SOUTHERN BASEBAL	0.00	591.36	0.00	591.36
DUES TO MOORE/SOUTHERN BASKETB	0.00	0.00	0.00	0.00
DUES TO MOORE/SOUTHERN BASKETB	0.00	0.00	0.00	0.00
DUES TO MOORE/SOUTHERN FOOTBAL	0.00	0.00	0.00	0.00
TOURNAMENTS	0.00	0.00	0.00	0.00
TOURNAMENTS BASEBALL	0.00	0.00	0.00	0.00
TOURNAMENTS BASKETBALL	0.00	0.00	61.95	0.00
TOURNAMENTS BASKETBALL	0.00	0.00	0.00	30.06
COMPETITIONS CHEERLEADING	0.00	0.00	0.00	0.00
COMPETITIONS CHEERLEADING BKB	0.00	0.00	0.00	0.00
COMPETITIONS CHEERLEADING FOOT	0.00	0.00	0.00	0.00
TOURNAMENTS FOOTBALL	0.00	0.00	(281.25)	0.00
UMPIRES/REFEREES	0.00	0.00	0.00	0.00
UMPIRES BASEBALL	0.00	0.00	0.00	0.00
REFEREES BASKETBALL	0.00	0.00	10,030.00	0.00
REFEREES BASKETBALL	0.00	0.00	0.00	7,674.00
UMPIRES FALLBALL	0.00	0.00	0.00	0.00
REFEREES FOOTBALL	0.00	0.00	0.00	0.00
GYM RENTAL/FIELD MAINTENANCE	0.00	0.00	0.00	0.00

HIGHVIEW ATHLETIC LEAGUE  
Income Statement  
For the Three Months Ending March 31, 2014

	Current Month This Year	Current Month Last Year	Year to Date This Year	Year to Date Last Year
FIELD MAINTENANCE BASEBALL	0.00	7,071.90	500.00	7,571.90
GYM RENTAL BASKETBALL	0.00	0.00	455.00	0.00
GYM RENTAL BASKETBALL	0.00	0.00	0.00	2,215.00
Gym Rental Cheerleading	0.00	0.00	0.00	0.00
Gym Rental Cheerleading BKBL	0.00	0.00	2,590.00	5,801.00
Gym Rental Cheerleading FOOTBA	0.00	0.00	0.00	0.00
FIELD MAINTENANCE FALLBALL	0.00	0.00	0.00	0.00
FIELD MAINTENANCE FOOTBALL	0.00	0.00	0.00	0.00
ADVERTISING	0.00	0.00	0.00	0.00
ADVERTISING BASEBALL	0.00	0.00	3,904.19	3,053.70
ADVERTISING BASKETBALL	0.00	0.00	0.00	0.00
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	0.00	0.00
Advertising - CL FOOTBALL	0.00	0.00	0.00	0.00
ADVERTISING FALLBALL	0.00	0.00	0.00	0.00
ADVERTISING FOOTBALL	0.00	0.00	0.00	0.00
TROPHIES/BANQUETS	0.00	0.00	0.00	0.00
TROPHIES BASEBALL	0.00	0.00	0.00	0.00
TROPHIES BASKETBALL	8,563.23	0.00	8,700.45	0.00
TROPHIES BASKETBALL	0.00	9,935.23	0.00	12,331.82
TROPHIES/BANQUEST CHEERLEADING	0.00	0.00	(10.00)	0.00
TROPHIES/BANQUEST CHEERLEADING	0.00	0.00	711.60	838.60
TROPHIES/BANQUEST CHEERLEADING	0.00	0.00	0.00	0.00
TROPHIES FALLBALL	0.00	0.00	0.00	0.00
TROPHIES/BANQUETS FOOTBALL	0.00	0.00	0.00	0.00
AAU TEAM COST	0.00	0.00	0.00	0.00
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
9 YEAR OLD AAU TEAM	0.00	0.00	0.00	0.00

HIGHVIEW ATHLETIC LEAGUE  
Income Statement  
For the Three Months Ending March 31, 2014

	Current Month This Year	Current Month Last Year	Year to Date This Year	Year to Date Last Year
COST SPONSOR SIGNS	0.00	0.00	0.00	0.00
COST SPONSOR SIGNS BASEBALL	0.00	0.00	0.00	0.00
<b>Total Cost of Sales</b>	<b>8,563.23</b>	<b>18,117.44</b>	<b>31,724.58</b>	<b>47,146.47</b>
<b>Gross Profit</b>	<b>14,524.87</b>	<b>(15,761.19)</b>	<b>29,742.02</b>	<b>47,929.43</b>
<b>Expenses</b>				
UTILITES	255.88	227.00	463.80	665.93
PHONE EXPENSE	0.00	353.17	741.51	1,061.37
WATER EXPENSE	0.00	0.00	599.89	272.72
DEPRECIATION EXPENSE	0.00	0.00	0.00	0.00
DUMPSTER/POT A POT EXP	0.00	0.00	0.00	0.00
CONCESSION STAND EXPENSES	0.00	0.00	0.00	0.00
POSTAGE/SHIPPING EXPENSE	0.00	7.57	117.51	195.51
Mileage/Gas Exp	0.00	110.65	0.00	165.60
INSURANCE PROP/CASUALITY	0.00	1,504.36	2,146.20	2,238.85
INSURANCE PLAYERS	0.00	0.00	0.00	734.73
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	0.00	32.11	238.85	490.09
OTHER SUPPLIES	0.00	267.21	147.46	302.61
LOCK & KEY EXPENSES	0.00	0.00	0.00	65.94
FLOWERS/GIFTS	0.00	0.00	0.00	85.81
PRINTING EXPENSES	0.00	0.00	0.00	0.00
PRINTING EXPENSES BASEBALL	0.00	0.00	0.00	85.98
PRINTING EXPENSES BASKETBALL	0.00	0.00	0.00	81.17
PRINTING EXPENSES CHEERLEADING	0.00	0.00	0.00	147.26
PRINTING EXPENSES FALLBALL	0.00	0.00	0.00	0.00
PRINTING EXPENSES FOOTBALL	0.00	0.00	0.00	0.00
Bookeeping Expenses	0.00	300.00	675.00	900.00

HIGHVIEW ATHLETIC LEAGUE  
Income Statement  
For the Three Months Ending March 31, 2014

	Current Month This Year	Current Month Last Year	Year to Date This Year	Year to Date Last Year
REPAIRS	0.00	503.29	18.87	355.69
Penalties	0.00	0.00	0.00	0.00
MISC EXPENSES	0.00	0.00	212.61	222.63
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	1.00	53.56	2.00
MEETING EXPENSES	0.00	0.00	0.00	566.75
MEETING EXP BASEBALL	0.00	0.00	0.00	0.00
MEETING EXP BASKETBALL	0.00	0.00	0.00	0.00
MEETING EXP CHEERLEADING	0.00	0.00	0.00	0.00
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	0.00	0.00
PIG ROAST EXPENSES FOOTBALL	0.00	0.00	0.00	0.00
SECURITY COST	0.00	0.00	211.68	200.31
Penalties -IRS	0.00	0.00	0.00	0.00
Change in Value Investments	0.00	0.00	725.15	(194.02)
BINGO EXPENSES	0.00	1,875.00	3,187.50	6,562.50
<b>Total Expenses</b>	<b>255.88</b>	<b>5,181.36</b>	<b>9,539.59</b>	<b>15,209.43</b>
<b>Net Income</b>	<b>\$ 14,268.99</b>	<b>(\$ 20,942.55)</b>	<b>\$ 20,202.43</b>	<b>\$ 32,720.00</b>

HIGHVIEW ATHLETIC LEAGUE  
Income Statement  
For the Twelve Months Ending December 31, 2013

	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	\$ 0.00
SIGNUPS AAU BASEBALL	0.00	0.00	0.00	0.00
SIGNUPS - BASEBALL	0.00	0.00	19,192.20	20,541.00
SIGNUPS-BASKETBALL	1,898.00	0.00	29,464.00	180.00
SIGNUPS BASKETBALL	0.00	1,095.00	(335.00)	30,344.14
Basketball Tounament Fees	0.00	0.00	0.00	0.00
SIGNUPS-CHEERLEADING	0.00	0.00	0.00	890.00
SIGNUPS-CHEERLEADING BASKET	278.00	305.00	10,523.00	10,089.82
SIGNUPS-CHEERLEADING FOOTBA	0.00	0.00	9,955.00	3,874.00
SIGNUPS-FALLBALL	0.00	0.00	0.00	0.00
SIGNUPS-FOOTBALL	0.00	0.00	12,367.50	17,417.58
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	25.00	0.00
SPONSORS BASEBALL	0.00	0.00	800.00	1,222.50
SPONSORS BASKETBALL	0.00	0.00	700.00	0.00
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	0.00	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	10,781.42	6,971.03
FUNDRAISING BASKETBALL	(9,561.60)	0.00	6,434.40	250.00
FUNDRAISING BASKETBALL	0.00	703.80	1,565.00	8,574.80
FUNDRAISING CHEERLEADING	0.00	62.60	1,884.40	570.10
FUNDRAISING FOOTBALL	133.00	(1,854.95)	11,214.00	5,306.48
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	(1,200.00)	0.00
GATE INCOME BASKETBALL	0.00	0.00	800.00	0.00
GATE INCOME FOOTBALL	0.00	0.00	0.00	550.00
CONCESSION STAND INCOME	0.00	0.00	0.00	0.00
CONCESSION STAND INCOME	0.00	0.00	3,000.00	0.00
CONCESSION STAND INCOME	0.00	0.00	0.00	0.00
CONCESSION STAND INCOME	0.00	0.00	6,500.00	0.00
CONCESSION STAND INCOME	0.00	0.00	0.00	0.00
GOVERNMENT SUPPORT	0.00	0.00	0.00	0.00
BINGO INCOME	10,096.00	21,909.00	211,053.00	205,778.00
Dividends	(66.10)	101.38	324.11	198.68
Capital Gains	629.53	212.04	629.53	212.04
INTEREST INCOME	3.00	5.52	81.34	154.88
Proceeds Insurance Reimburse	0.00	0.00	0.00	(2,400.00)
BOOSTER Fundraising	0.00	0.00	0.00	0.00
BOOSTER BASKETBALL Fundraising	9,561.60	0.00	0.00	0.00
Donations	100.00	0.00	425.00	0.00
<b>Total Revenues</b>	<b>13,071.43</b>	<b>22,539.39</b>	<b>336,183.90</b>	<b>310,725.05</b>
Cost of Sales				
Equipment	0.00	26.31	650.18	3,091.42
EQUIPMENT BASEBALL	0.00	0.00	4,710.00	3,423.41
EQUIPMENT BASKETBALL	2,411.19	0.00	2,710.19	2,147.41
EQUIPMENT BASKETBALL	0.00	0.00	42.00	359.00
EQUIPMENT CHEERLEADIN	0.00	0.00	0.00	0.00

For Management Purposes Only



HIGHVIEW ATHLETIC LEAGUE  
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EQUIPMENT CHEERLEADIN BK	0.00	0.00	4,526.10	0.00
EQUIPMENT CHEERLEADIN FTBAL	0.00	0.00	732.75	189.00
EQUIPMENT FALLBALL	0.00	0.00	0.00	1,157.40
EQUIPMENT FOOTBALL	1,074.75	0.00	5,434.85	43,594.97
EQUIPMENT SOFTBALL	0.00	0.00	0.00	0.00
Uniforms	0.00	0.00	2,828.45	201.75
UNIFORMS BASEBALL	0.00	0.00	18,230.31	9,397.85
UNIFORMS BASKETBALL	17,336.00	0.00	18,341.90	1,420.25
UNIFORMS BASKETBALL	0.00	20,198.50	630.20	22,606.75
UNIFORMS CHEERLEADING	199.65	0.00	220.62	0.00
UNIFORMS CHEERLEADING BASKT	1,654.48	220.60	1,654.48	10,717.56
UNIFORMS CHEERLEADING FOOTB	0.00	0.00	7,731.74	8,748.45
UNIFORMS FALLBALL	0.00	0.00	0.00	0.00
UNIFORMS FOOTBALL	3,084.16	0.00	19,867.16	17,293.35
DUES & SANCTION FEES	0.00	0.00	0.00	(186.95)
DUES & SANCTION FEES BASEBAL	0.00	0.00	407.94	466.75
Dues & Sanction Fees Cheerlead	0.00	0.00	509.85	60.00
DUES & SANCTION FEES FOOTBAL	0.00	0.00	1,648.00	1,035.00
SECURITY	0.00	0.00	0.00	0.00
SECURITY BASKETBALL	701.00	0.00	977.00	2,252.00
SECURITY BASKETBALL	0.00	900.00	2,215.00	1,500.00
SECURITY FOOTBALL	0.00	0.00	925.00	1,625.00
CLEANUP AFTER GAME	0.00	0.00	0.00	0.00
CLEANUP BASKETBALL	600.00	0.00	750.00	1,750.00
CLEANUP BASKETBALL	0.00	650.00	1,550.00	950.00
CLEANUP FOOTBALL	0.00	0.00	1,200.00	1,340.00
DUES TO MOORE/SOUTHERN	0.00	0.00	0.00	10,000.00
DUES TO MOORE/SOUTHERN BASE	0.00	0.00	591.36	0.00
DUES TO MOORE/SOUTHERN BASK	0.00	0.00	0.00	2,035.00
DUES TO MOORE/SOUTHERN BASK	0.00	0.00	0.00	5,000.00
DUES TO MOORE/SOUTHERN FOOT	0.00	0.00	4,155.00	1,838.96
TOURNAMENTS	0.00	0.00	0.00	0.00
TOURNAMENTS BASEBALL	0.00	0.00	0.00	1,249.94
TOURNAMENTS BASKETBALL	0.00	0.00	0.00	0.00
TOURNAMENTS BASKETBALL	0.00	0.00	30.06	0.00
COMPETITIONS CHEERLEADING	0.00	0.00	0.00	0.00
COMPETITIONS CHEERLEADING B	0.00	0.00	0.00	0.00
COMPETITIONS CHEERLEADING F	0.00	0.00	0.00	693.00
TOURNAMENTS FOOTBALL	0.00	0.00	2,045.12	1,623.85
UMPIRES/REFEREES	0.00	0.00	0.00	0.00
UMPIRES BASEBALL	0.00	0.00	11,045.00	8,055.00
REFEREES BASKETBALL	3,264.00	0.00	4,536.00	8,724.00
REFEREES BASKETBALL	0.00	3,306.00	7,674.00	5,510.00
UMPIRES FALLBALL	0.00	0.00	0.00	0.00
REFEREES FOOTBALL	0.00	0.00	2,960.00	4,215.00
GYM RENTAL/FIELD MAINTENANC	0.00	0.00	392.49	0.00
FIELD MAINTENANCE BASEBALL	0.00	0.00	15,225.84	31,795.10
GYM RENTAL BASKETBALL	0.00	0.00	3,000.00	1,560.00
GYM RENTAL BASKETBALL	0.00	1,020.00	2,215.00	5,560.00
Gym Rental Cheerleading	0.00	0.00	0.00	0.00
Gym Rental Cheerleading BKBL	0.00	2,275.00	9,541.00	6,489.00
Gym Rental Cheerleading FOOTBA	0.00	0.00	4,270.00	4,902.00
FIELD MAINTENANCE FALLBALL	0.00	0.00	0.00	0.00
FIELD MAINTENANCE FOOTBALL	0.00	0.00	1,132.50	400.00
ADVERTISING	0.00	0.00	250.00	436.95
ADVERTISING BASEBALL	0.00	0.00	3,053.70	4,287.92
ADVERTISING BASKETBALL	0.00	0.00	3,507.17	0.00
ADVERTISING BASKETBALL	0.00	0.00	0.00	2,117.96
Advertising - CL	0.00	0.00	0.00	0.00

For Management Purposes Only

HIGHVIEW ATHLETIC LEAGUE  
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	Current Month This Year	Current Month Last Year	Year to Date This Year	Year to Date Last Year
Advertising - CL BASKETBALL	0.00	0.00	411.72	1,772.73
Advertising - CL FOOTBALL	0.00	0.00	0.00	173.75
ADVERTISING FALLBALL	0.00	0.00	0.00	0.00
ADVERTISING FOOTBALL	0.00	0.00	929.38	2,956.80
TROPHIES/BANQUETS	0.00	0.00	0.00	0.00
TROPHIES BASEBALL	0.00	0.00	7,179.02	0.00
TROPHIES BASKETBALL	0.00	0.00	0.00	10,687.30
TROPHIES BASKETBALL	0.00	0.00	12,331.82	0.00
TROPHIES/BANQUEST CHEERLEAD	0.00	0.00	0.00	0.00
TROPHIES/BANQUEST CHEERLEAD	0.00	0.00	(69.20)	508.80
TROPHIES/BANQUEST CHEERLEAD	0.00	0.00	1,038.80	1,503.95
TROPHIES FALLBALL	0.00	0.00	0.00	0.00
TROPHIES/BANQUETS FOOTBALL	1,401.70	0.00	10,025.97	7,046.20
AAU TEAM COST	0.00	0.00	0.00	0.00
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
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
<b>Total Cost of Sales</b>	<b>31,726.93</b>	<b>28,596.41</b>	<b>205,965.47</b>	<b>266,283.58</b>
<b>Gross Profit</b>	<b>(18,655.50)</b>	<b>(6,057.02)</b>	<b>130,218.43</b>	<b>44,441.47</b>
<b>Expenses</b>				
UTILITES	215.68	248.70	3,652.75	5,652.47
PHONE EXPENSE	139.08	342.89	4,671.54	4,311.34
WATER EXPENSE	879.32	431.16	4,666.84	4,874.86
DEPRECIATION EXPENSE	10,432.74	7,781.85	10,432.74	7,781.85
DUMPSTER/PORT A POT EXP	0.00	0.00	332.12	1,567.24
CONCESSION STAND EXPENSES	0.00	0.00	0.00	2,745.71
POSTAGE/SHIPPING EXPENSE	0.00	0.00	730.52	722.60
Mileage/Gas Exp	0.00	0.00	1,316.39	2,477.05
INSURANCE PROP/CASUALITY	752.18	0.00	7,557.11	5,143.11
INSURANCE PLAYERS	0.00	734.73	1,486.91	2,756.64
INSURANCE PLAYERS BASEBALL	0.00	0.00	0.00	0.00
INSURANCE PLAYERS BASKETBAL	60.68	0.00	60.68	0.00
INSURANCE PLAYERS BASKETBAL	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	1,167.00	1,820.73
OFFICE SUPPLIES	64.61	91.29	2,699.72	2,542.05
OTHER SUPPLIES	0.00	17.81	714.79	1,044.46
LOCK & KEY EXPENSES	(65.94)	0.00	185.45	304.76
FLOWERS/GIFTS	0.00	0.00	496.94	1,491.32
PRINTING EXPENSES	0.00	0.00	0.00	0.00
PRINTING EXPENSES BASEBALL	0.00	0.00	85.98	421.72
PRINTING EXPENSES BASKETBALL	0.00	0.00	268.17	353.40
PRINTING EXPENSES CHEERLEADI	0.00	0.00	147.26	61.80
PRINTING EXPENSES FALLBALL	0.00	0.00	0.00	0.00
PRINTING EXPENSES FOOTBALL	0.00	0.00	0.00	0.00
Bookeeping Expenses	375.00	300.00	3,900.00	3,900.00
REPAIRS	200.00	125.00	6,584.60	14,938.39
Penalties	0.00	0.00	0.00	0.00

For Management Purposes Only

**HIGHVIEW ATHLETIC LEAGUE**  
**Income Statement**  
For the Twelve Months Ending December 31, 2013

	Current Month This Year	Current Month Last Year	Year to Date This Year	Year to Date Last Year
MISC EXPENSES	0.00	0.00	892.94	754.69
EQUIPMENT RENTAL	0.00	0.00	0.00	0.00
SALES TAX	0.00	0.00	0.00	0.00
BANK FEES/CHARGES	5.00	1.00	431.71	146.00
MEETING EXPENSES	0.00	0.00	771.81	174.02
MEETING EXP BASEBALL	0.00	0.00	0.00	0.00
MEETING EXP BASKETBALL	0.00	0.00	67.25	0.00
MEETING EXP CHEERLEADING	0.00	0.00	0.00	0.00
MEETING EXP FOOTBALL	0.00	0.00	622.00	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 BASEB	0.00	0.00	5,148.06	0.00
PIG ROAST EXPENSES FOOTBALL	0.00	0.00	2,309.68	0.00
SECURITY COST	0.00	0.00	823.98	519.41
Penalties -IRS	0.00	0.00	0.00	0.00
Change in Value Investments	(2,151.57)	354.71	(3,276.24)	310.45
BINGO EXPENSES	1,687.50	0.00	21,000.00	16,312.50
	<hr/>	<hr/>	<hr/>	<hr/>
Total Expenses	12,594.28	10,429.14	79,948.70	83,128.57
	<hr/>	<hr/>	<hr/>	<hr/>
Net Income	\$ (31,249.78)	\$ (16,486.16)	\$ 50,269.73	\$ (38,687.10)
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

STATEMENT OF FUNCTIONAL EXPENSES						
NO 43 OTHER EXPENSES	A Total	B Program Services	C Management & General	Fundraising		
Electricity	\$ 3,652.75		\$ 3,652.75			
Telephone	\$ 4,671.54		\$ 4,671.54			
Water	\$ 4,666.84		\$ 4,666.84			
Trash/Porta Pots	\$ 332.12		\$ 332.12			
Postage/Shipping	\$ 730.52		\$ 730.52			
Mileage/Gas Exp	\$ 1,316.39		\$ 1,316.39			
Keys/Lock	\$ 185.45		\$ 185.45			
Flowers	\$ 496.94	\$ 496.94				
Misc Exp	\$ 892.94		\$ 892.94			
Printing	\$ 501.41		\$ 501.41			
Bingo Bookkeeper	\$ 21,000.00				\$ 21,000.00	
Equipment Rental	\$ -					
Bank Fees	\$ 431.71		\$ 431.71			
Penalties	\$ -		\$ -			
Int Exp	\$ -					
Security Cost	\$ 4,940.98	\$ 4,940.98				
Uniforms/Equipment	\$ 88,310.93	\$ 88,310.93				
Dues/Sanctions	\$ 2,565.79	\$ 2,565.79				
Tournament Entry Fees	\$ 2,075.18	\$ 2,075.18				
Umpires/Cleanup/Referees	\$ 29,715.00	\$ 29,715.00				
Gym Rentals	\$ 19,026.00	\$ 19,026.00				
Field Maintenance	\$ 21,497.19	\$ 21,497.19				
Repairs	\$ 6,584.60	\$ 6,584.60				
Pig Roast Exp/HV day Exp	\$ 7,457.74	\$ 7,457.74				
Trophies/banquets	\$ 30,506.41	\$ 30,506.41				
Change in Balance Investment Accts	\$ (3,276.24)		\$ (3,276.24)			
Other Supplies	\$ 714.79	\$ -	\$ 714.79			
<b>Total Expenses</b>	<b>\$ 248,996.98</b>	<b>\$ 213,176.76</b>	<b>\$ 14,820.22</b>	<b>\$ 21,000.00</b>		