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

Applicant/Program: Highview Athletic League Incorporated Applicant Requested Amount: \$13,000 Appropriation Request Amount: \$13,000
Executive Summary of Request
The applicant is in the middle of a \$200,000 renovation and upgrage. These funds will be used as part of the overall renvations. Spefically these funds will be used to repave damaged areas of the facility and pave areas that are gravel.
Is this program/project a fundraiser?
Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? Yes No Yes No
I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required. District # Primary Sponsor Signature 3,000 5/31/17 Date
Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
Approved by:
Appropriations Committee Chairman Date
Final Appropriations Amount

Applicant/Program:		
Add	ditional Disclosure and Signatu	res
Additional Council Office Dis List below any personal or busines		gislative assistant have with this
Council Mombas Signature	nd Amount	
Council Member Signature a	na Amount \$	
	\$\$	
	\$	
	\$	
	\$	
	\$	
District 7	<u> </u>	
District 8	\$	
District 9	\$	
District 10		·
District 11	\$\$	-
District 12		
District 13	· \$	· · · · · · · · · · · · · · · · · · ·
District 14	\$	
District 15	\$	

2 | Page Effective May 2016

Applicant/Program:	Applicant/Program:			
Additional Disclosure and Signatures				
Additional Council Office Disclos List below any personal or business re organization, its volunteers, its employ	sure lationship you, your family or your l	egislative assistant have with this		
·	•			
District 16	\$			
District 17	\$	***************************************		
District 18	\$\$			
District 19	\$			
District 20	 \$			
District 21	\$\$			
District 22	\$			
District 23	\$\$			
District 24	\$			
District 25	\$			

3 | Page Effective May 2016

District 26 _

Legal Name of Applicant OrganizationHighview Athletic League Inc.

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

Programme and nequest Amount Pave damaged and graver areas. \$15,000	**************************************
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes∎
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes█
Is the proposed public purpose of the program viable and well-documented?	Yes█
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes ▼
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes▼
Has prior Metro Funds committed/granted been disclosed?	Yes▼
Is the application properly signed and dated by authorized signatory?	Ye€▼
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Is the entity in good standing with: • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission?	N/A ∵
Is the current Fiscal Year Budget included?	No 🖂
Is the entity's board member list (with term length/term limits) included?	Ye€
Is recommended funding less than 33% of total agency operating budget?	Yes
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	Yes ™
Is the most recent annual audit (if required by organization) included?	N/A
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes▼
Is the IRS Form W-9 included?	Yes
Is the IRS Form 990 included?	Ye€
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	N/A
Prepared by: John Torsky Date: 5-30-17	

	SECTION 1 – APPLIC	ANT INFORMATION		
Legal Name of Applicant Organ	nization:	ATHLETIC LEAGUE,	INC.	
(as listed on: http://www.sos.ky.gov/b	ousiness/records			
Main Office Street & Mailing A		RK DRIVE LOU,KY. 4	10219	
Website: www.highviewyouth			· · · · · · · · · · · · · · · · · · ·	
Applicant Contact: ROGEI	COGER ABELL Title: PRESIDENT			
Financial Contact: same		Title:		
Phone:		Email:		
Organization's Representative				
GEOGRAPHIC	AL AREA(S) WHERE PROGR	AM ACTIVITIES ARE (V	VILL BE) PROVIDED	
Program Facility Location(s):	6415 OUTER LOOP, LO	OU, KY. 40228		
Council District(s):	DISTRICT 23	Zip Code(s):	40219-40228-40229-40291	
SECT	ion 2 – Program reque	ST & FINANCIAL INFO	RMATION	
PROGRAM/PROJECT NAME: B				
Total Request: (\$) 13,000	Total Metro Av	vard (this program) in	previous year: (\$) 0	
Purpose of Request (check all				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nerally cannot exceed 33%			
	es/events for direct benefit			
Capital Project of the	e organization (equipment,	furnishing, building, et	tc)	
The Following are Required A	ttachments:			
IRS Exempt Status Determinati	on Letter	Signed lease if rent o	osts are being requested	
Current year projected budget		IRS Form W9		
Current financial statement		Evaluation forms if used in the proposed program		
Most recent IRS Form 990 or 1120-H		Annual audit (if required by organization)		
Articles of Incorporation (current & signed) Faith Based Organization Certification Form, if appl			ation Certification Form, if applicable	
Cost estimates from proposed capital expense	vendor if request is for			
For the current fiscal year end Government for this or any ot from any department or Metr sheet if necessary.	her program or expense, in	cluding funds received	through Metro Federal Grants,	
Source:		Amount: (\$)		
Source:				
Source:	Amount: (\$)			
Has the applicant contacted t	he BBB Charity Review for p	participation?	■ No	
Has the applicant met the BBI				
	-			

Page 1

Applicant's Initials _____



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

Board Member	Term End Date
President-Roger Abell	12/31/2018
Vice President-John Graf	12/31/2018
Baseball President-Ricky Wyatt	12/31/2017
Baseball Vice President-Vacant	12/31/2017
Basketball President-Ray Bertolkamp	12/31/2017
Basketball Vice President-Vacant	12/31/2018
Football President-Vacant	12/31/2017
Football Vice President-Leon Nelson	12/31/2017
Cheer President-Crystal Watson	12/31/2018
Cheer Vice President-Susan Lanham	12/31/2017
Describe the Board term limit policy: All positions are two year terms, Presidents and Vice Presidents position	ns end every other year.
Three Highest Paid Staff Names	Annual Salary

SECTION 5 - PROGRAM/PROJECT NARRATIVE

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

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

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

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

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

C: If this request is a fundraiser, please detail how the proceeds will be spent:
D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date
and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for
funds to be spent before the grant award period, identify the applicable circumstances:
The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.
The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the
grant agreement.
Reimbursements should not be made before application date unless an emergency can be demonstrated
by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach
invoices or proof of payment):
✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan
identified in this application.
✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.
pian identified in this application.

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:
The benefit of this project will impact about 450 of our baseball players throught each season. With synthetic turf, this will eliminate rainouts, and the prolonging of our season each year. This will also save the league about \$10K per season, for field maintanence. We will be able to invite teams in to play AAU tournaments on weekends, as well as play the 6th grade Middle School Baseball league there as well. The overall complextion of the facility will be improved which will draw in new players, and persuade the current players to stay at Highview.
F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.
We have a great relationship with the other surrounding leagues and often do INTERLEAGUE play with them as well We are a member of the Highview Business Owners Associtation. We have conducted fundraisers for the Susan B. Komen foundation, as well as Kids Cancer Alliance, and are looking to work with the American Red Cross, and we contribute annual to the Kosair Shrine Circus.

SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project	\$13,000.00	\$211,000.00	\$224,000,00
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	5 %	95 %	100%

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

Other State, Federal or Local Government	\$0
United Way	\$0
Private Contributions (do not include individual donor names)	\$
Fees Collected from Program Participants	\$
Other (please specify)	\$211,000.00
Total Revenue for Columns 2 Expense	3S **

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

^{**}Must equal or exceed total in column 2.

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

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
	Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &Other In Kind)		
LI	DONOR INFORMATION REFERS TO WHO MADE STED INDIVIDUALLY, BUT GROUPED TOGETHER ERSON PER WEEK		
Ą	gency Fiscal Year Start Date: 1/1/2016		
	oes your Agency anticipate a significant increase udget projected for next fiscal year? NO	e or decrease in your budget f	from the current fiscal year to the
If	YES, please explain:		

SECTION 7 - CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

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.
- The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

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

SECTION 8 – CERTIFICATIONS & ASSURANCES

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

Signature of Legal Signatory:	Rose &	2.ac	eel	Date:	12/13/2016 3/15/17
Legal Signatory: (please print):	Roger	L. Abe	11	Title:	President
Phone: 502-299-3380	Extension:	N/A	Email:	abellr@bellso	outh.net

We do not do an Annual Budget

HIGHVIEW YOUTH SPORTS

Baseball, Basketball, Football & Cheerleading

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

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

Dear James,

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

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

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

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

Sincerely, 2x abell

Roger L. Abell

Highview Youth Sports

President



May 16, 2017

Attn: Roger Abell Roger Abell

Project Name

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

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

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

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

Total Price for this item: \$8,500.00

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

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

Total Price for this item: \$4,500.00

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

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

Total Price for this item: \$1,800.00

Proposal: Highview Little League - Updated Spring 20



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

1. Broom and tack

2. Apply 1" surface asphalt

Total Price for this item: \$1,300.00

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

Total Price for this item: \$500.00

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

1. Furnish approx. 5 tons stone.

2. Finish grade & roll stone.

3. Apply 2" surface asphalt.

Total Price for this item: \$2,980.00

Price Breakdown: Highview Little League - Updated St



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

Item	Description	Cost
1/	Resurface area at dugouts as reviewed. Approx. 7,660 sq. ft.	\$8,500.00
2	Asphalt existing gravel path approx. 300' x 9' and approx. 700 sq. ft. of existing gravel to connect up to existing concrete and dugout.	\$4,500.00
3 //// 17/	Asphalt pave up to concrete pad at shelter approx. 60' x 4' and 25' x 4'.	\$1,800.00
4	Resurface section of roadway between tennis courts and batting cages. Approx. 120' x 15'.	\$1,300.00
5	Install approx. 115 l. f. of 4" tall rounded asphalt curb.	\$500.00
6	Asphalt pave gravel area @ shed - Approx, 22' x 42'	\$2,980.00
	To	otal \$19,580.00

Authorization to Proceed & Contract

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

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

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

Proposal: Highview Little League - Updated Spring 20.



Payment Terms

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

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

Date:			
	 	 · · · · · · · · · · · · · · · · · · ·	

Roger Abell Roger Abell

abellr@bellsouth.net C: 502-299-3380 Jeff Libs / President
jeff@libspaving.com
C: 502-558-2760
Libs Paving Company, Inc.
7001 Atkins Road
Floyd Knobs, Indiana, 47119
P: 812-944-8942
F: 812-949-2806
http://www.libspaving.com

HIGHVIEW ATHLETIC LEAGUE INCORPORATED

General Information

Organization Number

0022985

Name

HIGHVIEW ATHLETIC LEAGUE INCORPORATED

Profit or Non-Profit

N - Non-profit

Company Type

KCO - Kentucky Corporation

Status

A - Active

Standing

G - Good

State

ΚY

File Date

4/14/1971

Organization Date

4/14/1971

Expiration Date

Last Annual Report

4/14/2070

Dula almal Office

5/4/2017

Principal Office

1334 VILLA PARK DRIVE

LOUISVILLE, KY 40219

Registered Agent

ROGER L. ABELL

1334 VILLA PARK DRIVE LOUISVILLE, KY 40219

Current Officers

President

Roger L Abell

Vice President

John Graf

Treasurer

TERRY FRITSCH

Director

JON SELF

Director

WATSON CRYSTAL

Director

RICKY WYATT

Individuals / Entities listed at time of formation

Director

BURL RAPIER

Director

BOBBY J WELCH

Director

PAUL C BISIG SR

Director

NORMAN L MCPHERSON

Director

LOUIS A KISSEL

Incorporator

BURL RAPIER

Incorporator

BOBBY I WELCH

Incorporator

PAUL C BISIG SR

Incorporator

NORMAN L MCPHERSON

Incorporator

LOUIS A KISSEL

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.

Commonwealth of Figure 19



Office of Secretary of State

KENNETH F. HARPER, SECRETARY DOMESTIC CORPORATION DEPARTMENT

NON-STOCK CORPORATION

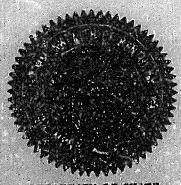
I, KENNETH F. HARPER, Secretary of the State of Kentucky, hereby certify that Articles of Incorporation of the

HIGHVIEW LITTLE LEAGUE, INCORPORATED

(Louisville, Kentucky)

has this day been filed in my office.

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



SECRETARY OF STATE

Given under my hand as Secretary of State, this 14th day of April 19 71 Articles of Incorporation and Charter Highwiew Little Lague, Incorporated

Commenced in of Kentucky

I ho mokey

Articles of Incorporation entered into on 30 day of 2000 A.D. 19 00 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 basebill;
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 pecessary and essectial 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 (Score articles and shall continue (Score articles and shall continue to Score articles are approval of the same articles and shall continue to Score articles are approval of the same articles and shall continue to Score articles are approval of the same articles and shall continue to Score articles are articles are articles and shall continue to Score articles are are articles are articles are articles are are are are articles

RECEIVED

APRIL 1 1971

Article V

The qualifications of the members and the menner 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:

Home	Address	22 - 30 A	Title
Burl Rapier	7201 Briscoe Lane	Lou., Ky.	resident
Bobby J. Welch	7202 Victoria Dr.	Lou., Ky.	Vice-President
Paul C. Bieig, Sr.	6500 Moorhaven Dr.	Lou., ky.	Becretary
Norman I. McPherson	6500 Green Manor Dr.	Lou., Ky.	Treasurer
Louis A. Kieuel	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 nonprofit perperation and no capital stock shall be issued or sold.
- (2) The agent for service is Burl Repier, 7201 Briscoe Lane, Lou., My., 40328, who will file with the County Clerk of Jefferson County and the Secretary of State of Kentucky.

Article VIII

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

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

In witness whereof, the said parties, as the officers and members of Highview Little league, Incorporated, as authorized so to do, have hereunto set their hand this 30 day of downow. 19 1/2.

State of Kentucky

County of Audhan

I witnessed the above signatures.

subscribed with sworn to before us by ------

ORIGINAL CONY

Termeth & Harper

APR 14 1971

SECRETARY OF STATE OF KENTUCK

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

Date: AUG 19 1990

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

Employer Identification Number:

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 name or address. Also, you should inform us of all changes in your

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.

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

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.

3/15/2017 at 4:57 AM

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

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

For Management Purposes Only

Page: 2

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

Cost of Sales Equipment EQUIPMENT BASEBALL EQUIPMENT BASKETBALL EQUIPMENT BASKETBALL EQUIPMENT CHEERLEADIN EQUIPMENT CHEERLEADIN BK EQUIPMENT FALLBALL EQUIPMENT FALLBALL EQUIPMENT FOOTBALL EQUIPMENT SOFTBALL UNIFORMS BASEBALL UNIFORMS BASEBALL UNIFORMS BASKETBALL UNIFORMS CHEERLEADING UNIFORMS CHEERLEADING UNIFORMS CHEERLEADING	Total Revenues	CONCESSION STAND INCOME GOVERNMENT SUPPORT BINGO INCOME Dividends Capital Gains INTEREST INCOME Proceeds Insurance Reimbursem BOOSTER Fundraising BOOSTER BASKETBALL Fundraising Donations
0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	7,551.94	Current Month This Year 0.00 0.00 0.00 0.00 0.00 0.00 563.00 120.12 371.57 14.85 0.00 0.00 0.00 10.00
0.00 0.00 119.88 0.00 0.00 0.00 0.00 0.00 0.00 0.00	27,209.34	Current Month Last Year 0.00 0.00 0.00 0.00 0.00 15,695.00 399.65 513.10 14.30 0.00 0.00 0.00 0.00
13.01 18,955.52 985.66 0.00 0.00 0.00 190.79 0.00 12,468.35 0.00 1,132.44 12,856.20 20,043.41 0.00 0.00 5,259.90	319,565.98	Year to Date This Year 0.00 0.00 0.00 0.00 0.00 0.00 202,344.00 503.81 631.72 173.02 0.00 0.00 0.00 0.00
0.00 3,278.26 2,816.58 0.00 395.10 0.00 0.00 0.00 5,338.92 0.00 679.31 21,057.05 1,526.36 0.00 5,864.80 (70.25)	395,331.44	Year to Date Last Year 0.00 0.00 (494.00) 0.00 810.00 1,250.00 285,833.00 639.40 513.10 113.01 0.00 0.00 0.00

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

8 YEAR OLD AAU TEAM	14 YEAR OLD AAU TEAM	14 YEAR OLD AAU TEAM	12 YEAR OLD AAII TEAM	12 YEAR OLD AAU TEAM	B Steffens AAU acct	10 YEAR OLD AAU TEAM	AAU TEAM COST	TROPHIES/BANQUETS FOOTBALL	TROPHIES FALLBALL	TROPHIES/BANQUEST CHEERLEADING	TROPHIES/BANQUEST CHEERLEADING	TROPHIES/BANQUEST CHEERLEADING	TROPHIES BASKETBALL	TROPHIES BASKETBALL	TROPHIES BASEBALL	TROPHIES/BANQUETS	ADVERTISING FOOTBALL	ADVERTISING FALLBALL	Advertising - CL FOOTBALL	Advertising - CL BASKETBALL	Advertising - CL	ADVERTISING BASKETBALL	ADVERTISING BASKETBALL	ADVERTISING BASEBALL	ADVERTISING	FIELD MAINTENANCE FOOTBALL	FIELD MAINTENANCE FALLBALL	Gym Rental Cheerleading FOOTBA	Gym Rental Cheerleading BKBL	Gym Rental Cheerleading	GYM RENTAL BASKETBALL	GYM RENTAL BASKETBALL	FIELD MAINTENANCE BASEBALL	GYM KENIAL/FIELD MAIN LENANCE			
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,155.00	1 125 00	0.00	750 00	This Vear	Current Month
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(955.00)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(232.31)	0.00	0.00	0.00	0.00	0.00	0.00	500.00	0.00	750.00	Last Year	Current Month
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	423.00	425.00	1,222.00	1 222 00	0.00	0.00	10,069.31	2,283.65	0.00	2.00	177 00	0.00	97.00 46.20	0.00	0.00	2,984.68	2,010.10	1 510 10	0.00	0.00	2,520.00	2,040.00	3 640 00	0.00	3 000 00	4.200.00	10,978.62	7,707.89	This Year	Year to Date
0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.00	(737 71)	4 509 22	0.00	344 60	50.00	1 220 06	1,/48.60	2,320.03	2 220 65	0.00	30 51	0.00	188 51	812.28	0.00	1,/50.52	1 750 37	3 224 41	750.00	1 685 00	00.00	1 425 00	1 220 00	0.00	3.000.00	2,774.42	20,838.55	1,500.00	Last Year	Year to Date

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

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

Form W-9

(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Internal	Hevenue Service			
	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.		
	Historiew Athletic League			
	2 Business name/disregarded entity name, if different from above			
page	Hypriew Youth Oports			4 Exemptions (codes apply only to
ä	3 Check appropriate box for federal tax classification; check only one of the following	owing seven boxes:		certain entities, not individuals; see
5	I I I I I I I I I I I I I I I I I I I	Partnership	Trust/estate	instructions on page 3):
9 8	single-member LLC	corporation P-partnership)		Exempt payee code (if any)
いない	Limited liability company. Enter the tax classification (C=C corporation, S=S	Corporation, F-parties stip)	ing above for	Exemption from FATCA reporting
5 Z	Note. For a single-member LLC that is disregarded, do not check LLC; che	ck the appropriate box in the i	ille above loi	code (if any)
Print or type Instruction:	the tax classification of the single-member owner.			(Applies to accounts maintained outside the U.S.)
Print or type See Specific Instructions on	Other (see instructions) ▶	Bea	jester's name	and address (optional)
崇	5 Address (number, street, and apt. or suite no.)	1109	accion a manna	,
ě	1334 Villa Park DRIVI			
์ เก	6 City, state, and ZIP code			
Še	6 Gity, state, and 219 code 2011(1) W///e KY 402/8			
0,	7 List account number(s) here (optional)			
	/ List account number (c) not o (epitonia)			
Server A 200million	The Miles Newsboy (TIN)			
Pa	Taxpayer Identification Number (TIN)	- siven an line 1 to avoid	Social se	curity number
Enter	your TIN in the appropriate box. The TIN provided must match the namup withholding. For individuals, this is generally your social security num	her (SSN) However, for a		
back	up withholding. For individuals, this is generally your social security ham ent alien, sole proprietor, or disregarded entity, see the Part I instructions	s on page 3. For other		1-1 1-1 1
residi	es, it is your employer identification number (EIN). If you do not have a n	umber, see How to get a		
	n page 3.		or	
	. If the account is in more than one name, see the instructions for line 1	and the chart on page 4 fo	r Employe	r identification number
anide	elines on whose number to enter.			
90.01				
	Tell Certification	,		
Unde	er penalties of perjury, I certify that:	hor for Lam waiting for a n	ımher to be i	ssued to me): and
1. TI	ne number shown on this form is my correct taxpayer identification number	Del (Or Fairi Walling for a fi	11.00	- His -d by the Internal Devenue
2. 1	am not subject to backup withholding because: (a) I am exempt from ba	ckup withholding, or (b) I h	ave not been	notified by the internal Revenue
S	ervice (IRS) that I am subject to backup withholding as a result of a failur	e to report all interest or d	iviaenas, or (c) the tho has notined the that tam
n	o longer subject to backup withholding; and			
3 1:	am a U.S. citizen or other U.S. person (defined below); and			
4 TH	on EATCA code(s) entered on this form (if any) indicating that I am exemp	ot from FATCA reporting is	correct.	•
_	and the state of t	n notified by the IRS that v	ou are curre	ntly subject to backup withholding
gene	est paid, acquisition or abandonment of secured property, cartellation of erally, payments other than interest and dividends, you are not required t	to sign the certification, bu	t you must pi	rovide your correct 1 IN. See the
instr	uctions on page 3.			
Sig			1. 1.	alu
Hei		Date •	12/8	3/16
		• Form 1098 /home mortage	ae interest). 10	98-E (student loan interest), 1098-T
Ge	neral Instructions	(tuition)	a	

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

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

Purpose of Form

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

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

- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. 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. See What is FATCA reporting? on page 2 for further information.

My Copy

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public

Department of the Treasury

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 youngire gouttorm990.

MODEO CONTRACTO			Form 990 and its instructions is at v		WITOITHOOU,		шереска	
<u>A</u>	For the	2015 calendar year, or tax year beginning	, 2015, an	d ending			, 20	
В	Check if	applicable: C Name of organization Highview A	thletic League		D	Employer	identification number	
	Address	change Doing business as Highview You	ith Sports					
	Name ch	nange Number and street (or P.O. box if ma	all is not delivered to street address)	Room/suite	E	Telephone	number	
	Initial ret	urn 1334 Villa Park Drive			ı	5	02-966-4145	
\Box		m/terminated City or town, state or province, coun	try, and ZIP or foreign postal code			***************************************		
$\overline{\Box}$	Amende				G	Gross rece	eipts \$ 400441.49	
П		ion pending F Name and address of principal office	r: Roger Abell	S-SANKAR-BANGANASANASAN	CONTRACTOR OF THE PARTY OF THE		oordinates? Yes No	
لسية	whhirear	1334 Villar Park Drive Louisville					ncluded? Yes No	
_	Υ	r		527			st. (see instructions)	
<u></u>	Website) 4947(a)(1) (iii L	1 251	H(c) Group ex		•	
		organization: Corporation Trust Associat	tion ☐ Other ▶ L Year	of formation			legal domicile:	
Nation Control	art I	The state of the s	ion L other L rear	Of IOITIACION	<u> </u>	IN State O	regal dominione.	
		Summary		Limburian	Ashlatia		idaa anawa Sanska	
	1	Briefly describe the organization's miss					***************************************	
Activities & Governance		youth in the Highview/Ololona area. We for	urnish approximately 1200 youths th	<u>ne opportu</u>	inity to play	baseball,	, basketball, football	
Ē	_	and cheerleading.						
Š	2	Check this box ▶☐ if the organization	· · · · · · · · · · · · · · · · · · ·			1 1	s net assets.	
ő	3	Number of voting members of the gove				3	9	
రర బ	4	Number of independent voting member				4	600	
Ę.	5	Total number of individuals employed in				5	0	
ţ;	6	Total number of volunteers (estimate if	=			6	55	
Ă	7a	Total unrelated business revenue from I				7a	······································	
	b	Net unrelated business taxable income		7b				
		,			Prior Year		Current Year	
o	8	Contributions and grants (Part VIII, line	1h), ,		203	497.00	287083.00	
Ž	9	Program service revenue (Part VIII, line	2g)	88	730.94	87690.29		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		the state of the s	762.47	1265.51	
ď	11	Other revenue (Part VIII, column (A), line		35	762.90	24402.69		
	12	Total revenue-add lines 8 through 11 (n			329	753.31	400441.49	
	13	Grants and similar amounts paid (Part I						
	14	Benefits paid to or for members (Part IX					<u> </u>	
10	15	Salaries, other compensation, employee is						
Expenses	16a	Professional fundraising fees (Part IX, c					~+····································	
Je I	b	Total fundraising expenses (Part IX, coli				1944 271 2		
ă	17	Other expenses (Part IX, column (A), line			313	845.78	273110.41	
	18	Total expenses. Add lines 13–17 (must		ļ		845.78	273110.41	
	19	Revenue less expenses. Subtract line 1				907.53	127331.08	
v		Neveride less expenses. Odditact inc. 1	O HOITING 12		inning of Curre		End of Year	
Assets or	20	Total accets (Bort V. line 16)		-		901.12	402686.20	
SSE	20	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)		·		546.00	402080.20	
Net /	21	Net assets or fund balances. Subtract li	no 21 from line 20	• •		355.12	402686.20	
***********	Secretary Street, Spirit St. Company		nezi nom mezo		213	300.12	402000.20	
	art II	Signature Block					Lunguitades and haliaf it is	
Ur	nder pena	ulties of perjury, I declare that I have examined this r t, and complete. Declaration of preparer (other than	officer) is based on all information of which	and stateme n preparer ha	nts, and to the is anv knowled	dest of filly	knowledge and beller, it is	
		The state of the s						
0:					Date	······································		
Si		Signature of officer			Date			
HE	ere							
	~	Type or print name and title					Inthi	
Ps	aid	Print/Type preparer's name	Preparer's signature	Date		Check _		
	epare	r				self-emplo	oyed	
	se On				Firm's	EIN ▶	····	
		Firm's address ▶		. <u>1984-1984 - Januari Amerikan</u>	Phone	no.		
Ms	w the I	3S discuss this return with the preparer:	shown above? (see instructions)				☐Yes ☐No	

Form 99	90 (2015)	Page 2
Part		
1	Briefly describe the organization's mission:	to any line in this Part III

	Did the organization undertake any significant program se	envices during the year which were not listed on the
e.	prior Form 990 or 990-EZ?	
•	If "Yes," describe these new services on Schedule O.	forms the name in how it conducts only program
3	Did the organization cease conducting, or make signif services?	
	If "Yes," describe these changes on Schedule O,	
4	Describe the organization's program service accomplishmexpenses. Section 501(c)(3) and 501(c)(4) organizations at the total expenses, and revenue, if any, for each program service accomplishmes are serviced as the service accomplishment of the se	ments for each of its three largest program services, as measured by are required to report the amount of grants and allocations to others, service reported.
4a	(Code:) (Expenses \$ including	grants of \$) (Revenue \$)
74	(0000.	
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	***************************************	
4b	(Code:) (Expenses \$including	g grants of \$) (Revenue \$)
4c	(Code: ) (Expenses \$ including	g grants of \$) (Revenue \$)
40	(Code) (exhauses #	, grants or \$
	***************************************	
4d	Other program services (Describe in Schedule O.)	) /Davison (*)
40	(Expenses \$ including grants of \$	) (Revenue \$
TQ.	Total program service expenses ▶	Form <b>990</b> (2015)

Pant I	Checklist of Required Schedules			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		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	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			-
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
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	5		1
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	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	9		1
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	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
þ	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	11b		1
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	11c		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		1
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	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<b></b>	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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	14b	<u> </u>	1
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	15		1
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	16		1
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)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
- ALLEGE AND ADDRESS OF THE PARTY OF THE PAR		Enr	oor	1/2015

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>✓</b>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			,
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	The second control of the second seco	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		<u> </u>
•.,	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	~~~		<u> </u>
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1
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? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
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? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Ì .
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			,
	Part VI	37	<u> </u>	<b>/</b>
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.	38		1
***********	13. Mora. Wil Louin and illens are reduited to combiare porteonie of	and the second second second	- oor	2015

Check if Schedule O contains a response or note to any line in this Part V  18 Enter the number reported in Box 3 of Form 1096. Enter 7-0-If not applicable 10 10 10 10 10 10 10 10 10 10 10 10 10	Part	Statements Regarding Other IRS Filings and Tax Compliance		***************************************	-
table the number reported in Box 3 of Form 1096. Enter -0 - If not applicable		Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>	口
b Enter the number of Forms W-26 Included in line 1s. Enter C-I not applicable.  □ Did the organization comply with backing unles for reportable payments to vendors and reportable garning (garnbiling) winnings to prize winners?  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  Note. If the sum of lines it and 2s is greated than 250, you may be required to e-file (see instructions).  30 Did the organization have unrelated business gross moome of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization file all required federal employment tax returns?  5b If "Yes" is file if a Form 990-T for this year? If "\"o" for line \$50, provide an explanation in Schedule 0.  5c If "Yes" the file of Form 114 organization have an interest in, or a signature or other authority over, a financial account in a foreign country: Impaired to the companies of the file of the companies of the companies of the companies of the companies of the file of the companies of the file of the companies of the file of the companies of the companies of the file of the companies of the file of the companies of the compa				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  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  3 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  3 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year, did the organization have under during the year?  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 Tyes, has it filed a Form 990-T for this year? If 17% to fire 3b, provide an explanation in Schedule O.  4 At any time during the calendar year, did the organization have an interest, in a signature or other authority over, a financial account in a foreign country; level as a bank account, securities account, or other financial secounts?  5 Exe instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (Fig. 18).  5 Was the organization a party to a prohibited tax shelter transaction?  5 If Yes, enter the name of the foreign accuration file Form 8986-17  5 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?  6 If Yes, did the organization include with every solicitation an express statement that such contributions of the Yes, did the organization include with every solicitation an express statement that such contributions and sar severes provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization shall prevent the section of the value of the goods or services provided?  9 Did the organiza	_				
a 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  A tale least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions).  B Id the organization have unrelated business gross income of \$1,000 or more during the year?  B If Yes, F hast filled a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  B If Yes, F hast filled a Form 11 a foreign country: ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account, a foreign country: ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account; If Yes' or line is as of 5, did the organization file Form 8868-17?  B If Yes, et all in sea for the date organization file Form 8868-17?  B If Yes, I the sea of 5, did the organization file Form 8868-17?  Organizations social any contributions that there not tax deductible as charitable contributions?  B If Yes, I did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 1706.  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?  B If Yes, Indicate the number of Forms 8282 filled during the year  B If Yes, Indicate the number of Forms 8282 filled during the year  B If Yes, Indicate the number of Forms 8282 filled during the year  B If Yes, Indicate the number of Forms 8282 filled during the year  B If Yes, Indicate the number of Forms 8282 filled during the year  B If Yes, Indicate the number of search year is the search of the organization received a contribution of qualified inelectual property					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year enting with or within the year covered by this return.  b If at least one is reported on line 2a, did the organization fille all required federal employment tax returns?  Note, if the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions).  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Julian organization have unrelated business gross income of \$1,000 or more during the year?  3b Julian organization have unrelated business gross income 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)?  b If "Yes," enter the name of the foreign country; [w. ]  5c en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FARA).  5c en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FARA).  6a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a July and the organization approach of the property of the prohibited tax shelter transaction at a shelt or transaction?  6b July and the organization of the property of the prohibited tax shelter transaction at a shelt or transaction?  6c July and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt was received accurately the entry of the property of the organization and party for goods and services provided to the payor?  6c July the organization shelt was received accurately the entry of the payor of the year and the property of the payor of the payor of the year and the property of the during the year and the payor of the year of the property of the property of the	v		10	1	
Statements, filed for the calendar year ending with or within the year covered by this return    b if at least one is reported on line 2a, did the organization file all required faderal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  if "Yes," has if tilled a Form 990-T for this year? if "Yo." to line 3b, provide an explanation in Schedule 0.  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 secount in a foreign country; lew as a bank account, securities account, or other financial secount in a foreign country; lew as a bank account, securities account, or other financial secount in a foreign country; lew as a bank account, securities account, or other financial secount in a foreign country; lew as a bank account, securities account, or other financial secount in a foreign country; lew as a bank account, securities account, or other financial secount in a foreign country; lew as a bank account, securities account, or other authority over, a financial Accounts (FBAR).  5b If "Yes," enter the name of the foreign country; lew as a bank account, securities account, or other authority over, a financial Accounts (FBAR).  5c If "Yes," other the name of the foreign country; lew as a bank account, securities account, or other authority over, a financial Accounts (FBAR).  5c If "Yes," other the name of the foreign country; lew as a bank account, securities account, or other authority over, and the security of a prohibited tax shelter transaction?  5c If "Yes," did the organization include with ever not tax deductible as charitable contributions?  5c If "Yes," did the organization include with ever not tax deductible as charitable contributions or gifts were not tax deductible?  5c If "Yes," did the organization notify the donor of the value of the goods or servic	2a			<u> </u>	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 989-1 for this year? If "No" to line 3b, provide an explanation in Schedule 0  3b 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; level as a bank account, securities account, or other financial accounts in a foreign country; level as a bank account, securities account, or other financial accounts in a foreign country; level as a bank account, securities account, or other financial accounts in a foreign country; level as a bank account, securities account, or other financial accounts in a financial account in a foreign country; level as a bank account, or other financial accounts in a foreign country; level as a bank account, securities account, or other financial accounts in a file of the constitution of the file of the constitution accounts.  4a					
Note, if the sum of lines 1a and 2a is greater than 250, your may be required to e-rife (see instructions).  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  4 If "Yes," has it filed a Form 990-T for this year? if "No" to line 3b, provide an explanation in Schedule 0.  4 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; leuch as a bank account, securities account, or other financial accounts (FBAR).  5 If "Yes," enter the name of the foreign country; leuch as a bank account, securities account, or other financial (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5 acr 5b, did the organization file Form 886-17  6 Does the organization approve a receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or giffs were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to file Form 8282?  6 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization receive a grynnent in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 If the organization receive a contribution of vollericity, to pay premiums on a personal benefit contract?  9 Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to file Form 8282.  8 Did the sponsoring organization makes at the spo	b		2b		
b if "Yes," has it flid a Form 990-T for this year? if "No" to line 3b, provide an explanation in Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other studnotly over, a financial account in a foreign country (such as a bank account, securities account, or other financial account).  5 If "Yes," enter the name of the foreign country: ▶  5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization life Form 8886-17?  6 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? .  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  12 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  13 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  14 Did the organization receive and property for indirectly, to pay premiums			774		
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)?  b if "Yes," enter the name of the foreign country: ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  6 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  if "Yes" to line Sor 5b, did the organization file Form 6886-17?  a 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?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  1 if "Yes," did the organization notify the donor of the value of the goods or services provided?  1 if "Yes," indicate the number of Forms 8282 filed during the year  2 bid the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?  1 if the organization received a contribution of qualified intellectual property, did the organization file a contribution of cars, boats, arisance, or other velocies, did the organization file a contribution of cars, boats, arisance, or other velocies, did the organization file a contribution of cars, boats, arisance, or other velocies, did the organization file a form 1890 as required to the payor?  7 if y organization received a contribution of cars, boats and services of velocity or organization file form 1890 as required to the organization small taining donor advised funds. Did a donor advised fund maintained by the sponsor	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? . 5a    5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   6i "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?   6i 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?		•	3b		
b if "Yes," enter the name of the foreign country: \( \) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	4a				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-17?  b Doss the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  b if "Yes," indicate the number of Forms 8282 filed during the year  b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  b Did the organization received a contribution of qualified intellectual property, did the organization free role any funds, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of cast, beats, airgines, or other velicles, did the organization flee form 1088-07  8 Sponsoring organizations bave excess business holdings at any time during the year?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  b) Did the sponsoring organization make any distribution to a donor, donor advisor, or related person?  9 Sponsoring organization make any distribution to a donor, donor advisor, or related person?  9 Sponsoring organization more received from th		account)?	4a		<b>√</b>
(FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if "Yes" to line 5a or 5b, did the organization file Form 8886-7?  B Does the organization have annual gross receipts that are normally greater than \$100,000, and did 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?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  1 If "Yes," indicate the number of Forms 8282 filed during the year  2 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  4 Did the organization was a required?  b If the organization or eceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If the organization or eceive a contribution of quallific intellectual property, did the organization file Form 1984 or the property of the organization file or diverse funds.  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organizations maintaining donor advised funds.  10 If the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Spon	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Boes 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?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  B 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?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization received a contribution of ualified intellectual property, did the organization file form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  Sponsoring organizations maintaining donor advised funds.  B John the sponsoring organization make any taxable distributions under section 4966?  Sponsoring organizations maintaining donor advised funds.  B John the sponsoring organization make any taxable distributions under section 4966?  B John the sponsoring organization make any taxable distributions under section 4966?  B John the sponsoring organization make any taxable distributions under section 4966?  B John the sponsoring organization make any taxable distributions under section 4966?  B John the sponsoring organization make an					
c if "Yes" to line 5a or 5b, did the organization file Form 8886-T?  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?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangilbe personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  if the organization received a contribution of acra, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organizations maintaining donor advised funds.  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Sponsoring organizations maintaining donor advised funds.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  2 Section 501(c)(72) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
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 or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  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?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, excharge, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization magnitude of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organization malintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Section 501(c)(7) organizations. Enter:  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization is licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  If "Yes," reter the amount of tex-exempt interest received or accrued during the year.  Is the organization is licensed to issue qualified health plans in m	b				
organization solicit any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization crecived a contribution of qualified intellectual property, did the organization file a Form 1098-0?  Sponsoring organizations maintaining donor advised funds. Did a dionor advised fund sponsoring organizations maintaining donor advised funds. Did a dionor advised fund sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organizations maintaining donor advised funds.  b Gross income from make any taxable distributions under section 4966?  b Gross receipts, included on Form 990, Part VIII, line 12  c Gross receipts, included on Form 990, Part VIII, line 12  b Gross income from members or shareholders  b Gross income from members or shareholders  c Gross income from members or shareholders  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  11b  22a  ✓  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain	_		<u>5c</u>	······	<del></del>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  10 Id the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5 If "Yes," did the organization notify the donor of the value of the goods or services provided?  6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 If "Yes," indicate the number of Forms 8282 filed during the year  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C?  8 Sponsoring organizations with ever and the organization file a Form 1088-C?  9 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organizations maintaining donor advised funds.  2 Did the sponsoring organizations maintaining donor advised funds.  2 Did the sponsoring organization make any taxable distributions under section 4966?  3 Did the sponsoring organizations. Enter:  4 Initiation fees and capital contributions included on Part VIII, line 12  5 Gross income from members or shareholders.  6 Gross income from members or shareholders.  7 July 10 July	ба				,
Organizations that may receive deductible contributions under section 170(c).  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?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  diff "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  The property of the organization received a contribution of qualified intellectual property, did the organization flee Form 8899 as required?  The organization received a contribution of qualified intellectual property, did the organization flee Form 8899 as required?  The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flee Form 8899 as required?  The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flee Form 8899 as required?  The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flee Form 1098-C?  Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds.  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Did the sponsoring organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12	b		oa		<u> </u>
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?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of orars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Sponsoring organization make any taxable distributions under section 4966?  B Cold the sponsoring organization make any taxable distributions under section 4966?  B Cold the sponsoring organization make any taxable distributions under section 4966?  B Cold the sponsoring organization make any taxable distributions under section 4966?  B Cold the sponsoring organization make any taxable distributions under section 4966?  B Cold the sponsoring organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a  Section 501(c)(29) qualified nonprofit h			6b		
and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?  Sponsoring organization maintaining donor advised funds.  Sponsoring organization have excess business holdings at any time during the year?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Beaution 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(12) organizations. Enter:  In If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  Ital  Section 501(c)(29) qualified nonprofit health insurance Issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization in Schedule O. The tre					
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	а				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>L</b>				<b>-</b>
required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year			7.0		
d if "Yes," indicate the number of Forms 8282 filed during the year	•		7c		
Pid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  I Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Bection 501(c)(12) organizations. Enter:  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  Break organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?  Isab  The fires, has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	d	If "Yes." indicate the number of Forms 8282 filed during the year	3/1/25		
fithe organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Did the sponsoring organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(29) qualified nonprofit health insurrance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?  Ital  The provide an explanation in Schedule O.  The provide an explanatio	е		7e		1
fi the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	f				1
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
sponsoring organization have excess business holdings at any time during the year?	_		7h		<b>✓</b>
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?	8				
a Did the sponsoring organization make any taxable distributions under section 4966?	^		8		_
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•		Qa		1
Initiation fees and capital contributions included on Part VIII, line 12					1
a Initiation fees and capital contributions included on Part VIII, line 12			2/3		Ť
11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders					
a Gross income from members or shareholders	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11				
against amounts due or received from them.)	-				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b	Gross income from other sources (Do not net amounts due or paid to other sources			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	40-		100		1
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?			120		<u> </u>
a Is the organization licensed to issue qualified health plans in more than one state?		terror and the second s			
Note. See the instructions for additional information the organization must report on Schedule O.  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			13a		1
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	-	Note. See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand	b	Enter the amount of reserves the organization is required to maintain by the states in which			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b			4.4		
	_				<del></del>
	<u> </u>	if "Yes," has it filed a Form 720 to report these payments? If "No, provide an explanation in Schedule O .	*****	, <u>99</u> 0	(2015)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ions,
O K!	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	
Section	on A. Governing Body and Management	1	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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?	2		<b>√</b>
3	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? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b	The governing body?	8a 8b	<del>/</del>	
9	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	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<del>                                     </del>
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		<b></b>
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		<u> </u>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	Latina	<del>                                     </del>
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?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 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 infinancial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: 🏲	
	Terry Fritsch 6617 Fegenbush Lane Louisville, KY 40228	For	n 990	(2015)

P	an	a	7
F	uц	u	

		-
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	ınd
	Independent Contractors	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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.

The state of the s

☐ Check this box if neither the organization nor	any related	d orga	aniz			ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0	•					
(A)	(B)	14		Posi				(D)	(E)	(F)
Name and Title	Average					than c is both		Reportable	Reportable	Estimated
	hours per					or/trust			compensation from related	amount of other
	week (list any hours for	유方	Ins	Q	쥲	a 뜻	Fo	from the	organizations	compensation
	related	divid	盘	Officer	Key employee	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ctor	Ö		흥	8 8	•	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
		991	iste		ĺ	nsa				
			Ф			<u>8</u> .	,			
/41 m n 1 12	20									
(1) Roger Abell	20			1				0		
President	7		-	l •	-					
(2) John Graf	<del> </del>			1				0		
Vice President	5	<u> </u>		-		<del> </del>	├	<u> </u>		
(3) Jon Self				1				0		
President Football	ļ	<b> </b>	-	\ <u> </u>		<del> </del>		<u> </u>		
(4) Leon Nelson	5			1				0		
Vice President Football		<u> </u>	├-	A-	├	├	<del> </del>	1 0		
(5) Ray Bertelkamp	5		ļ ·	,				0		
Vice President Basketball			├-	<u>'</u>	├	<del> </del>	├	<u> </u>		
(6) Crystal Watson	ļ7	ł		/				0		
President Cheerleading	ļ		├	<u> </u>	├	<del> </del>	├	<u> </u>		
(7) Susan Lanham	ļ <u>7</u>	-		١,						
Vice President Cheerleading			├	1	├-	<del> </del>	-	0		
(8) Ricky Wyatt	5	-		١,						
President Baseball	<u> </u>	<del> </del>	├	V	├		<del> </del>	0	<del></del>	
(9) Debbie Vititow	5	1		١,						
Vice President Baseball		ļ	┼	1	╀	<del> </del>	├	0		
(10) Rachel Thomas	20	4		١,		1				
Activities and Sponsors	<del></del>	<u> </u>	ـ	V	1	ļ	┼	26000.00	<del> </del>	
(11) Terry Fritsch	5	-		١,						
Bookkeeper	<del> </del>	ļ	ـ	1	┼		╂	3900		
(12) Greg Joyner	55	-		١,	1					
Security		<b> </b>		1		<del> </del>	╂	8700.00	-	
(13)		1								
(14)	<del> </del>	<del> </del>	+-	$\vdash$	+	$t^-$	+	<del> </del>		
Y.21	1	1			L		<u></u>			

	(A) Name and title	(B) Average hours per week (list any	box,	ot ch unles ir and	s pe d a d	ition more rson irect	than of is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	n a	(F) Estimat amount other	of
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	oi a	mpens from th rganiza nd rela ganizat	ne tion ted
(15)					-			-		ACCEPTANT OF THE PROPERTY OF T			
(16)							,			and a second	-	*************	
(17)											<b> </b>		
(18)		***********						,					
(19)		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			~							<del> </del>	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
(20)													
(21)										***************************************			reger a man one of the
(22)							***************************************	-,					entropy of the state of the sta
(23)												rado do entro	
(24)								,		Water and the same		~~~~	<del></del>
(25)											<u> </u>		***************************************
1b c	Sub-total			·			•	  >  >					
d	Total (add lines 1b and 1c)				•			<u> </u>					
2	Total number of individuals (including bureportable compensation from the organ		i to th	ose	list	ed a	above	e) w	ho received m	ore than \$100,0	100 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compensa		Y (	es Na ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of regreater the	portal an \$1	ole ( 150,	com 000	ipei 1? <i>I</i> i	nsatio f <i>"Ye</i>	na s,"	nd other comp complete Sch	pensation from pedule J for st	the ich	1	1
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe compl	nsat ete	tion Sch	froi iedu	n any ile J t	un Ors	related organiz such person	ation or individ		<b>5</b>	1
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repear.	compensat compe	ed ind nsatio	depe on fo	end or th	ent ne c	contr alend	acto lar y	ors that receive ear ending wit	ed more than \$ h or within the	100,000 organiza	of ation's	s tax
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) ensatio	ın
	Total number of independent contractor	ore (includi	na bi	ıt n	ot !	limit	ed to	1	nose listed ah	ove) who		- Charles	
<i>L</i> .	received more than \$100,000 of compens							, 48 ·		/ WIII			90 (2015

Part	VIII	Statement of Revenue Check if Schedule O contains	a roc	nance ar nate to	any line in this	Part VIII		. [7]
		Check is Schedule O Contains	a 165	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र र	1a	Federated campaigns	1a	285833.00		and starting the state		
ra un	b	Membership dues	1b					
O E	C	Fundraising events	1c					
a it	d	Related organizations	1d					
S, C	е	Government grants (contributions)	1e	1250.00				
Sign	f	All other contributions, gifts, grants,						
돌		and similar amounts not included above	1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a	a-1f: \$					
3 8	h	Total. Add lines 1a-1f		>	287083.00			
				Business Code			an de la rea	
Ne.	2a	Baseball			24246.00			
8	b	Basketball			37440.00			
Ş.	C	Football			14188.35	·		
Ser	d	Cheerleading			11815.94			
Æ	e			<u></u>		,		
Program Service Revenue	f	All other program service reven						<u> </u>
<u>ā</u>	g	Total. Add lines 2a-2f		<u> </u>	87690.29		<del>                                     </del>	<del> </del>
	3	Investment income (including						
	_				1265.51		ļ	
	4	Income from investment of tax-exe	•					
	5	Royalties	· ·	(ii) Personal				
			41	(ii) i disona				
	6a	Gross rents						
	b	Less: rental expenses Rental income or (loss)						
	C	Net rental income or (loss)		<u> </u>	i i i jari etekengler perante et F		e ta mengali edilektratik	en Wert des Deue Galdina von Austrich eine
	d 7a	Gross amount from sales of (i) Secur	ities	(ii) Other		9. Julius 17. Julius 17.		
	10	assets other than inventory		<del> </del>				
	b	Less: cost or other basis						
i	~	and sales expenses .						
	С	Gain or (loss)						
	d	Net gain or (loss)						
		, , ,						
enne	8a	Gross income from fundraising						
		events (not including \$						
e e		of contributions reported on line	1c).					
ā		See Part IV, line 18	. а	I				
Other Rev	b	Less: direct expenses		· L				
4		Net income or (loss) from fundr		events . 🕨	24402.69			
	9a	Gross income from gaming active						
		See Part IV, line 19						
	b	Less: direct expenses	. k					
	C	Net income or (loss) from gami		tivities D				
	10a	Gross sales of inventory, returns and allowances						
	١.		-					
	b	Less: cost of goods sold Net income or (loss) from sales	. K	ventory▶				
	C	Miscellaneous Revenue	OI III	Business Code				
	44-	IAIISASII SUUS LISASIING		200000000	regus i naizjene e kir	partition and a first of the	A market of the first section	en francisco de la companya de la c
	11a			<u> </u>			<u> </u>	
	b						<u> </u>	
	d	All other revenue				<u> </u>		-
	9	Total. Add lines 11a-11d		· »		<u>. zanajostár</u> fiktoru		y reside and hearing
	12	Total revenue. See instruction			400441,49			
-	4		Owner Control Control		TOTAL STREET,			Form <b>990</b> (2015)

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
***************************************	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		<u>U</u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments, See Part IV, line 21				
, 2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b	Management				
c d	Accounting	3900.00		3900.00	
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13 14 15	Advertising and promotion	6256.03 2957.72	6256.03	2957.72	
17 18	Travel				
19 20	Conferences, conventions, and meetings . Interest	1048.69		1048.69	
21 22 23	Payments to affiliates	27969.23 11017.37		27969.23 11017.37	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b	SEE ATTACHED SCHEDULE FOR BRKDWN	219961.37	181979.41	18419.46	19562.50
c d e 25	All other expenses  Total functional expenses. Add lines 1 through 24e				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				

					A CONTRACTOR OF THE PROPERTY O
NO 43 OTHER EXPENSES	A Total		B Program Services	C Management & General	ll Fundraising
	or de carac				
Electricity	ş	3,637.97		\$ 3,637.97	97
Telephone	\$	3,094.25		\$ 3,094.25	25
Water	<b>ب</b>	3,700.22		\$ 3,700.22	22
Trash/Porta Pots	ᡐ	1,133.83		\$ 1,133.83	83
Postage/Shipping	Ş	664.19		\$ 664.19	19
Mileage/Gas Exp	ふ	528.97		\$ 528.97	97
Keys/Lock	ş	100.98		\$ 100.98	86
Flowers	s	1,146.75	\$ 1,146.75		
Misc Exp	\$	947.88	AND CONTRACTOR AND	\$ 947.88	80
Printing	\$	154.00		\$ 154.00	00
Bingo Bookkeeper	\$	19,562.50			\$ 19,562.50
Equipment Rental	\$	*	· ·		
Bank Fees	\$	1,059.59		\$ 1,059.59	29
Penalties	s			\$	
Int Exp	Ŷ	•			
Security Cost	❖	5,397.20	\$ 5,397.20		
Uniforms/Equipment	\$	69,770.18	\$ 69,770.18		
Dues/Sanctions	4	2,571.97	\$ 2,571.97		
Tournament Entry Fees	\$	1,723.05	\$ 1,723.05		
Umpires/Cleanup/Referees	᠊ᡐ	35,547.00	\$ 35,547.00		-
Gym Rentals	٠	12,057.52	\$ 12,057.52		
Field Maintenance	ş	22,523.57	\$ 22,523.57		
Repairs	\$	5,188.63	\$ 5,188.63		
Pig Roast Exp/HV day Exp	ふ	15,315.81	\$ 15,315.81		
Trophies/banquets	ふ	10,737.73	\$ 10,737.73	-	
Change in Balance Investment Accts	\$	1,923.08		\$ 1,923.08	90
Bad Debts	Ş	1		\$	
Other Supplies	\$	1,474.50	÷	\$ 1,474.50	20
Total Expenses	\$	219,961.37	\$ 181,979.41	\$ 18,419.46	46 \$ 19,562.50

							Company of the Compan	Paradico and John
			₹	219,961.37		Annual Property States, Indicated States of Particular Annual Annual States of Particular Annual Ann		
Advertising	\$	6,256.03	৵	6,256.03				
Depreciation	ۍ د	27,969.23		\$		27,969.23		
Insurance	\$	11,017.37		\$		11,017.37		
office supplies	\$	2,957.72		\$		2,957.72		
Bookkeeping	ᡐ	3,900.00		\$		3,900.00		
Concession stand repairs	\$	1		\$		1		
Meeting exp	*	1,048.69		\$		1,048.69		
Total All Expenses	\$	273,110.41	₩.	6,256.03 \$		46,893.01 \$	19,562.50	2.50
	\$	273,110.41	\$	188,235.44 \$		65,312.47 \$	39,125.00	2.00
Signups	·S	87,690.29						
Sponsors	\$	6,805.00	<u> </u>		No. 48 AN OWNER, PARK	And the fact of the second control of the se		
Fundraising	**************************************	17,081.69	And the second s	main the marked data and a data commendation is also were considered from the factor of the factor o	The state of the s			
Gate income	\$	200.00						
Concession Stand Income	φ.	316.00						
Government Support	ᡐ	1,250.00						
Bingo	44	285,833.00						
Dividends	\$	639.40						
Capital Gains	Ş	513.10						
Donations	ጭ	1						
interest income	<b>\$</b>	113.01						
Income Tota	\$	400,441.49						
Net income	\$	127,331.08	and the second s	The second state of the second		e destruction of the ellipse of the	ways calcided a factor bits, one foregoing the contents of the foregoing to the	
		-4.4						

2   Savings and temporary cash investments   121456.83   2   244937.65     3   Piedges and grants receivable, net   4   Accounts receivable, net   4   4     4   Accounts receivable, net   4   4   4     5   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   5     6   Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), persons described in section 4958(f)(3)(8), and contributing employers and sponsoning organizations of section 501(8)) volunting employers and sponsoning organizations of section 4958(f)(1), persons described in 1989(f)(1),	P	art X	Balance Sheet			
1 Cash—non-interest-bearing   17786.32 1 1 4036.25.25     2 Savings and temporary cash investments   121465.33 2 2 24837.65     3 Piedges and grants receivable, net   4     4 Accounts receivable, net   5     4 Loans and other receivables from current and former officers, directors, trusterse, key employees, and highest compensated employees. Complete Part II of Schadule I   5     6 Loans and other receivables from other disquellified persons (as defined under section 4868(%)), persons described in section 4868(%)(\$ \$\epsilon \text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\text{psi}\t	000000000000000000000000000000000000000	March Comment	Check if Schedule O contains a response or note to any line in this Pa	rt X		
2 Savings and temporary cash investments	<del></del>	,				
3   Pledges and grants receivable, net   3   4   Accounts receivable, net   4   Accounts receivable, net   5   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.   5   Complete Part II of Schedule L   6   Complete Part II of Schedule L   7   Complete Part II of Schedule L   10   Complete Part II of Schedule L   11   Complete Part II of Schedule L   11   Complete Part II of Schedule L   12   Complete Part II of Schedule L   12   Complete Part II of Schedule L   12   Complete Part II of Schedule L   14   Complete Part II of Schedule L   15   Complete Part II of Schedule L   15   Complete Part II of Schedule L   16   Complete Part II of Schedule L   17   Complete Part II of Schedule L   18   Complete Part II of Schedul		1	Cash—non-interest-bearing	17768.32	1	40326.25
4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from their disqualified persons (as defined under section 4858(f(1)), persons described in section 4958(c(3)[8), and contributing employers and sponsoring organizations of section 501(e)[9] voluniary employees beneficiary organizations (see instructions). Complete Part I of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Investments—publicly traded securities 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 11 Interments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 13 Interments—propriar—related. See Part IV, line 11 14 Intrangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 fmust equal line 34) 25847.39 16 402686.2f 17 Accounts payable and accrued expenses 18 Grarts payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 D 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Organizations that follow SFAS 117 (ASC 958), check here I and complete lines 20 through 34. 30 Capital stock or trust principal, or current funds 31 Total net assets of fund		2	Savings and temporary cash investments	121455.83	2	244937.60
5   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.   5		3	Pledges and grants receivable, net		3	
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  Notes and loans receivables from other disqualified persons (as defined under section 4858(p(f)), persons described in section 4858(p(g)E), and contributing employees and seponsoring organizations (see instructions). Complete Part II of Schedule L  7 Notes and loans receivable, net  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepald expenses and deferred charges  9 Prepald expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  11 Investments—publicly traded securities  12 Investments—publicly traded securities  13 Investments—publicly traded securities  14 Intargible assets  15 Other assets. See Part IV, line 11  16 Total assets. See Part IV, line 11  17 Accounts payable and accrued expenses  17 Accounts payable and accrued expenses  18 Grafts payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or oustocidal account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, undertones and loans payable to unrelated third parties  23 Secured mortageas and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties  26 Total liabilities. Add lines 17 through 25  27 Total liabilities. Add lines 17 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Organizations that follow SFAS 117 (ASC 958), check here b and complete lines 27 through 29, and lines 33 and 34.  28 Testal liabilities and net assets/fund belances  10 Total net assets or fund belances  10 Total net assets or fund belances  11 Total net assets or fund belances		4	Accounts receivable, net		4	
6 Loens and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(e)(3)(8), and contributing employees and sponsoring organizations (see instructions). Complete Part II of Schedule L		5	trustees, key employees, and highest compensated employees.		5	
7	40	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			
9 Prepaid expenses and deferred charges	ets	179	• • •			
9 Prepaid expenses and deferred charges	SS					A CLUSTON TO THE PROPERTY OF THE PROPERTY
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10a	7			200 40		22024
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation		-		300.40	<b>.</b>	260.04
b Less: accumulated depreciation   10b   198914.36   136370.49   10c   117194.01		100	II I it of Committee Dark Mark Only adult Dark			
11   Investments—publicly traded securities   11   12   Investments—other securities. See Part IV, line 11   12   13   14   Intangible assets   14   15   14   15   15   15   15   16   16   16   16		b		136370.49	10c	117194.01
12   Investments - other securities. See Part IV, line 11   13   Investments - program-related. See Part IV, line 11   13   14   Intangible assets   14   15   15   15   15   15   15   15			The state of the s			
13			· ·		12	,
14		13	Investments—program-related. See Part IV, line 11		13	
15 Other assets. See Part IV, line 11   15   15   16   Total assets. Add lines 1 through 15 (must equal line 34)   258447.59   16   402686.21   17   Accounts payable and accrued expenses   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   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   Unsecured notes and loans payable to unrelated third parties   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   Total liabilities. Add lines 17 through 25   0   26   0   0   0   0   0   0   0   0   0		14			14	
17		15			15	
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)	258447.59	16	402686.20
19 Deferred revenue	rand week ye	17	Accounts payable and accrued expenses			
Tax-exempt bond liabilities		18				
21 Escrow or custodial account liability. Complete Part IV of Schedule D. 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		19	Deferred revenue			
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		20				
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21			21	**************************************
24 Unsecured notes and loans payable to unrelated third parties	bilities	22	trustees, key employees, highest compensated employees, and		22	
24 Unsecured notes and loans payable to unrelated third parties	<u></u>	23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
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		Į.			24	
Total liabilities. Add lines 17 through 25		25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		25	
Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets		26				0
Complete lines 27 through 29, and lines 33 and 34.   27		20	Organizations that follow SFAS 117 (ASC 958). check here ▶ □ and			
34 Total liabilities and net assets/fund balances	S					
34 Total liabilities and net assets/fund balances	2	27			27	
34 Total liabilities and net assets/fund balances	ğ	}			28	
34 Total liabilities and net assets/fund balances	Q	1	Permanently restricted net assets		29	
34 Total liabilities and net assets/fund balances	or Fun					
34 Total liabilities and net assets/fund balances	5	30		8893.83	<del></del>	8893.83
34 Total liabilities and net assets/fund balances	356	31				
34 Total liabilities and net assets/fund balances	Ä	1	<del>-</del>			266461.29
34 Total liabilities and net assets/fund balances	Ž	1				
	esperatures:	34	Total liabilities and net assets/fund balances	275901.12	34	Form <b>990</b> (2015)

Form	990	(201	5

Page 12

Par	IXI Reconciliation of Net Assets	THE PERSON NAMED IN COLUMN	Kiisti ka Talmaka makalan kara sa	WAS A PROPERTY OF THE PROPERTY OF	тотронняхациями
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			41.49
2	Total expenses (must equal Part IX, column (A), line 25)	2		2731	10.41
3	Revenue less expenses. Subtract line 2 from line 1	3			31.08
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1273	31.08
Pan	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			<u> </u>
	Account to a most band as sold a manual that Fig. 200 Files at 1 Fig. 1.		<u>[</u>	Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other	1			
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	iain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		
æ	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or	28		
	reviewed on a separate basis, consolidated basis, or both:	neu oi			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		1
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited	dona			
	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 over	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent account	tant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, exp	lain in	77.24		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in			
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
***********	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b		
			Forn	990	(2015)

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

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization

OMB No. 1545-0047

2015

Open to Public Inspection

10 mg	inne Balalasia I mamum				i		
rignv Pan	iew Athletic League  Reason for Public Char	ity Status (All	organizations must	complet	e this pa	art.) See instructio	ns.
200 (200 (200 (200 (200 (200 (200 (200	rganization is not a private founda						
	☐ A church, convention of church						
2	A school described in section	170(b)(1)(A)(ii). (	Attach Schedule E (F	orm 990 d	or 990-EZ	<b>Z).</b> )	
3	A hospital or a cooperative hos	pital service org	anization described in	n section	170(b)(1	)(A)(iii).	
4	A medical research organization		njunction with a hosp	ital desci	ibed in s	ection 170(b)(1)(A)(	III). Enter the
_	hospital's name, city, and state	);	a allaga au resirovaitre	ourod o	onorata	d by a government	al unit described in
	section 170(b)(1)(A)(iv). (Comp	olete Part II.)					al diffe described in
6	A federal, state, or local govern	ment or governr	nental unit described	in sectio	n 170(b)	(1)(A)(V). 	. 4h.e. manayal mublia
7	An organization that normally			port from	a govern	imental unit or from	trie general public
_	described in section 170(b)(1)			2 mart 11 \			
	A community trust described in					inthustana manahara	hin food and aroon
9	An organization that normally receipts from activities related	receives: (1) moi	e than 331/3% of its	support i	rom com exception	noutions, members as and (2) no more	than 331/3% of its
	support from gross investme	itu its exempt i nt income and	unctions—subject to unrelated business t	taxable ir	come (le	ess section 511 tax	() from businesses
	acquired by the organization at	fter June 30, 197	'5, See section <b>509</b> (a	)(2). (Con	nplete Pa	ırt III.)	,
10	☐ An organization organized and						
11	An organization organized and	operated exclusiv	vely for the benefit of,	to perfori	n the fun	ctions of, or to carry	out the purposes of
	one or more publicly supported	l organizations de	escribed in <b>section 5</b> 0	<b>09(a)(1)</b> o	section	509(a)(2). See secti	<b>on 509(a)(3).</b> Check
	the box in lines 11a through 11c						
a	Type I. A supporting organiz	ation operated, s	supervised, or control	led by its	supporte	ed organization(s), ty	pically by giving
	the supported organization(s organization. You must com	plete Part IV, S	ections A and B.				
b	Type II. A supporting organiz	zation supervised	d or controlled in con	nection w	ith its su	oported organizatior	n(s), by having
	control or management of th	e supporting org	anization vested in th	ie same p	ersons th	nat control or manag	e the supported
	organization(s). You must co	omplete Part IV,	Sections A and C.			المسملة بسماني	, into grated with
C	Type III functionally integra its supported organization(s)	i <b>ted.</b> A supportin	g organization operat	ted in cor to Dari N	inection \ / Section	with, and turicuonalij	y integrateu with,
_	its supported organization(s)	(see instructions	o). You must comple	voveted:	, 000000	tion with its support	ad organization(e)
þ	☐ Type III non-functionally integrated that is not functionally integrated that it is not functionally integrated the integrated that it is not functionally integrated the i	<b>tegrated.</b> A supp	porting organization constitution of	perateu i satisty a	distributi	on requirement and	an attentiveness
	requirement (see instructions	ated. The organi	nniete Part IV. Secti	ons A an	d D, and	Part V.	
_	COLUMN TO SEE THE SECOND TO SECOND T	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
9	functionally integrated, or Ty	pe III non-function	onally integrated supp	orting or	ganizatio	n.	
f	Enter the number of supported						
g		n about the supp	orted organization(s)	•			
<del>-</del>	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization ır governing	(v) Amount of monetary	(vi) Amount of other support (see
			(described on lines 1-9 above (see instructions))		ment?	support (see instructions)	instructions)
				Yes	No		
		<u> </u>		103			
(A)							
							**************************************
(B)				<u> </u>	<u> </u>		
(C)							
(D)							
(E)							
		jenje adilije od					
Tota	l				Anjunium exercision		

Part II

							-
Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		·			·	p
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		17.			<u> </u>	
	on B. Total Support		(1) 55/5	(1) 0010	4.0.0044	1-1-004F	(0.77.1.1
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 8	Amounts from line 4					,	om sammende medican medican medican habita di distributi
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-Borker)-Praesa-assa-assa-assa-assa-assa-assa-assa					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.					12	- 504(-)(0)
13	First five years. If the Form 990 is for the organization, check this box and stop he	re		d, third, fourtr	i, or little tax y	ear as a secuc	)n out(c)(o) ▶
	on C. Computation of Public Suppor			1 column (fi)		14	9
14 15	Public support percentage for 2015 (line Public support percentage from 2014 Sci					15	9
16a	331/3% support test—2015. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, an	d line 14 is 331	/3% or more, o	heck this
b	331/3% support test-2014. If the organ	nization did n	ot check a box	k on line 13 o	r 16a, and line		
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the "torganization	ets the "facts-	-and-circumsta umstances" te:	ınces" test, ch	eck this box a	nd <b>stop here.</b> I	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in	tion meets the	e "facts-and-ci	ircumstances"	test, check ti	his box and <b>s</b> 1	op here.
18		 id not check a	box on line 13			k this box and	see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

anishang animating and animating animating and animating and animating animating and animating animating and animating
(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.)

	on A. Public Support					·~	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees			[			
	received. (Do not include any "unusual grants.")	222470	226823	244882	235155	311486	1240816
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the			1		1	
	organization's tax-exempt purpose	73256	83337	81167	88731	87690	414181
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid		1				
	to or expended on its behalf						
5	The value of services or facilities		1			l	
	furnished by a governmental unit to the		]			and the same of th	
	organization without charge					.,,	and the state of t
6	Total. Add lines 1 through 5	295726	310160	326049	323886	399176	1654997
7a	Amounts included on lines 1, 2, and 3					and the same of th	
	received from disqualified persons .	···					
b	Amounts included on lines 2 and 3						
	received from other than disqualified		I				
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					į	
							Secretarios de la company
	Add lines 7a and 7b		Barran La Lindon	re e é recitión de And	riger (f. 1844) Albert (f. 1844)		
8	line 6.)						1654997
Socti	on B. Total Support			<u> </u>			1007041
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	295726	310160	326049	323886	399176	1654997
10a	Gross income from interest, dividends,	255120	310100			, , , , , , , , , , , , , , , , , , , ,	4 36 30 10 10 10
100	payments received on securities loans, rents,						
	royalties and income from similar sources .	151	255	1035	1762	1266	4469
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	151	255	1035	1762	1266	4469
11	Net income from unrelated business						,
	activities not included in line 10b, whether						
	or not the business is regularly carried on	-2743	-2746	9100	4105	0	7716
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		a and a second				
	and 12.)	293134	307669	336184	329753	400442	1667182
14	First five years. If the Form 990 is for the		's first, second	d, third, fourth	or fifth tax ye	ear as a section	n 501(c)(3) ► □
	organization, check this box and stop he	national designation of the second	The second liverage and the se	The state of the s	• • • • • • • • • • • • • • • • • • •	, , , ,	🏲 📋
*********		T Percentant	∌				
	on C. Computation of Public Suppor			2 column (fl)		45	00 %
15	Public support percentage for 2015 (line	B, column (f) div	vided by line 1	3, column (f))		15	99 %
16	Public support percentage for 2015 (line Public support percentage from 2014 Sci	8, column (f) div nedule A, Part I	vided by line 1 II, line 15	3, column (f))		15 16	99 %
16 Secti	Public support percentage for 2015 (line Public support percentage from 2014 Scion D. Computation of Investment In	8, column (f) div nedule A, Part I <b>come Perce</b> r	vided by line 1 II, line 15 . ntage			16	99 %
16 Secti 17	Public support percentage for 2015 (line Public support percentage from 2014 Sci on D. Computation of Investment In Investment income percentage for 2015 (	B, column (f) div nedule A, Part I <b>come Percer</b> line 10c, colum	vided by line 1 II, line 15 Itage In (f) divided b	y line 13, colur	nn (f))		
16 Secti 17 18	Public support percentage for 2015 (line Public support percentage from 2014 Scion D. Computation of Investment In Investment income percentage for 2015 (Investment income percentage from 2014 331/8% support tests—2015. If the organ	B, column (f) div nedule A, Part I come Percer line 10c, colum 4 Schedule A, F ization did not	vided by line 1. II, line 15  • tage  In (f) divided by Part III, line 17  check the box	y line 13, colur	nn (f))	16 17 18 nore than 33 ¹ /3 ⁹	.002 % .002 % ,002 %
16 Secti 17	Public support percentage for 2015 (line Public support percentage from 2014 Scion D. Computation of Investment In Investment income percentage for 2015 (Investment income percentage from 2014 331/8% support tests—2015. If the organ	B, column (f) div nedule A, Part I come Percer line 10c, colum 4 Schedule A, F ization did not	vided by line 1. II, line 15  • tage  In (f) divided by Part III, line 17  check the box	y line 13, colur	nn (f))	16 17 18 nore than 33 ¹ /3 ⁹	.002 % .002 % ,002 %
16 Secti 17 18 19a	Public support percentage for 2015 (line Public support percentage from 2014 Scion D. Computation of Investment In Investment income percentage for 2015 (Investment income percentage from 2016) (Invest	B, column (f) divinedule A, Part I come Percer line 10c, column Schedule A, Fization did not and stop here.	vided by line 1 II, line 15 ntage In (f) divided by Part III, line 17 check the box The organizationeck a box on	y line 13, colur c on line 14, ar on qualifies as a	nn (f))	17 18 17 18 17 18 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	99 %  .002 %  .002 %  %, and line on . ▶   /31/3%, and
16 Secti 17 18	Public support percentage for 2015 (line Public support percentage from 2014 Scion D. Computation of Investment In Investment income percentage for 2015 (Investment income percentage from 2014 331/8% support tests—2015. If the organ	B, column (f) divided the come Percer line 10c, column 4 Schedule A, Fization did not and stop here. Tation did not chook and stop here.	vided by line 1 II, line 15 Tage In (f) divided by Part III, line 17 check the box The organizationeck a box on ere. The organi	y line 13, colur	nn (f))	17 18 orret dorganization is more than 331/29 orted organization is more than 3 upported organ	99 % .002 % .002 % %, and line on . ▶ [7] i3¹/₃%, and ization ▶ [

## Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
<b>3</b> a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	36		
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		giatiy.
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	Stor	77.51
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or	5c		
7	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .  Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	6 7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9а	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	Weit.	
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c	Yes	dey
10a	and the second s	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	distr.	

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	100		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u></u>
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	<u> </u>
Secti	on B. Type I Supporting Organizations		r	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		ļ
2	Did the organization operate for the benefit of any supported organization other than the supported			<b>新草</b>
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.		ARRY:	
Cooti	on C. Type II Supporting Organizations	2	<u> </u>	L
Secu	on G. Type ii Supporting Organizations		137	T 8 1 -
1	Vilous a majority of the augustaniania diseases as twickers device the tay you also a majority of the diseases.		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	4		
Sacti	on D. All Type III Supporting Organizations	1	L	L
OCO.	on D. Air Type in capporting Cigamizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	13 (14-2)	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	- 44	214.70	
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		4,7 47 4
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			full is
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	d		inserventure javen.
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	notes	otion	
•	MANAN	nouu	CUUIN	3/.
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	aa laa	de cati	lona
¢	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ms	itrugu	onsj.
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			7.00
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			153
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI,	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970. <b>See</b>	instructions. All
other Type III non-functionally integrated supporting organizations must con	nple	ete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		(7) (7)
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	, , , , , , , , , , , , , , , , , , ,	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	-	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		<u> </u>
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly-in	tegrated Type III suppor	ting organization (see

Part		s) Supporting Organi	zations (continuea)		
	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity  3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
3		oses of supported orga	nizations	WITH THE COMMENT OF THE PARTY O	
4	Amounts paid to acquire exempt-use assets				
	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions.			eques	
<u>6</u> 7	Total annual distributions. Add lines 1 through 6.				
	Distributions to attentive supported organizations to which	h the executation is you	nonalisa		
8	(provide details in <b>Part VI</b> ). See instructions.	ii tile organization is res	housive		
9	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
	LINO CHICATA CHICAGO DE LA CONTROL CON		(ii)	(iii)	
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015	
1	Distributable amount for 2015 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2015:		kis asika wana u mana siki		
a					
b					
Ç					
d	From 2013				
е	From 2014				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2015 distributable amount				
i	Carryover from 2010 not applied (see instructions)				
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2015 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2015 distributable amount				
C	Remainder. Subtract lines 4a and 4b from 4.		madelykyve jakyvä		
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see Instructions).				
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).				
7	Excess distributions carryover to 2016. Add lines 3j and 4c.	, the consideration of the second			
8	Breakdown of line 7:				
а					
b					
Ç	Excess from 2013	terfesjense en gebing			
d	Excess from 2014				
e	Excess from 2015				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
*************	
************	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
~~~~~	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
******	
************	
**********	
was any size self-any was not the date for the self-any	
***	
***	
*****************	

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

	w Athletic League		
Par			
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Dation advised failes	(b) Paride and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<del>-  </del>
5	Did the organization inform all donors and donor	advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		· · · · · · 🗌 Yes 🗌 No
Part			
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
_	Preservation of open space	h h	
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eia a quaimea conservation contribution	Held at the End of the Tax Year
	-		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement Number of conservation easements on a certified l		
c d	Number of conservation easements included in		
u		to acquired arter of 17700, and flot	2d
3	Number of conservation easements modified, trans		
	tax year ▶		
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	<b>\$</b>		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
8	Does each conservation easement reported on line		
_	The second secon		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text of	conservation easements in its revenue	e and expense statement, and
	organization's accounting for conservation easeme		idificial statements that describes the
Part			Other Similar Assets
L GIV	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar	r assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements tha	at describes these items.
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar	r assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide the following amounts relat	ting to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art		
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
b	Assets included in Form 990, Part X		· · · . ▶ \$

Part	III Organizations Maintaining	Colle	ections of	Art, Hist	orical T	reasures.	, or Ot	her Similar As	ssets (continued)
3	Using the organization's acquisition, a	cces	sion, and ot	her recor	ds, chec	k any of th	e follov	ving that are a s	significant use of its
	collection items (check all that apply):								
а	☐ Public exhibition			d [	Loan	or exchang	ie progi	rams	
	☐ Scholarly research								
	Preservation for future generations			٠.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
4	Provide a description of the organizati	ion's	collections a	and expla	in how t	hev further	the ora	anization's exer	mpt purpose in Part
•	XIII.			and oxpra					
5	During the year, did the organization	solicit	or receive	donation	s of art	historical tr	'easures	s or other simil	ar
•	assets to be sold to raise funds rather	than t	to he mainta	ined as r	art of th	e organizati	on's co	llection?	☐ Yes ☐ No
Part			Appearage and the participation of the second secon	inod do p		0 01801112011			<u> </u>
Felle	Complete if the organization	ngen	inente.	on For	m 000 i	Dart IV line	a a or	ronartod an ar	nount on Form
	990, Part X, line 21.	al lov	rered res	0111 011	11 000, 1	carry, mic	3 O, Oi	reported an ar	nount on rom
	Is the organization an agent, trustee,	ou oto	adian or oth	or intorm	odiani fi	or contribut	ione or	other assets n	O†
1a	included on Form 990, Part X?								☐ Yes ☐ No
							• • •		☐ 162 ☐ 140
b	If "Yes," explain the arrangement in Pa	ILC XIII	and comple	ete the to	nowing t	abie:	Г	Δ	mount
							-		milouit
Ç	Beginning balance						10		
d	Additions during the year						1d	<del></del>	
e	Distributions during the year						1e		
f	Ending balance						11		o Five Five
2a	Did the organization include an amoun								
	If "Yes," explain the arrangement in Pa	art XIII	. Check here	e if the ex	planatio	n nas been	provide	ed on Part XIII .	
Pari			100		- 000 1	David N.C. Barr	. 40		
	Complete if the organization							£.13 T1	k (e) Four years back
	<u> </u>	(a) (	Current year	(b) Pric	or year	(c) Two year	s back	(d) Three years bac	K (e) Four years back
1a	Beginning of year balance								
b	Contributions		~			<b> </b> ,		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
¢	Net investment earnings, gains, and								
	losses					ļ		·	
d -	Grants or scholarships		***************************************		·····	<u></u>			
é	Other expenditures for facilities and					in the second			
	programs					<u> </u>		A	
f	Administrative expenses								
g	End of year balance					<u> </u>			
2	Provide the estimated percentage of the	he cu	rrent year en	nd balanc	e (line 1ç	g, column (a	i)) held i	as:	
а	Board designated or quasi-endowmen	nt 🕨		_%					
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶		%						
	The percentages on lines 2a, 2b, and 2	2c sh	ould equal 1	00%.					
3a	Are there endowment funds not in the	e poss	session of th	ne organi:	zation th	at are held	and ad	ministered for t	he
	organization by:								Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" on line 3a(ii), are the related or	rganiz	ations listed	l as requi	red on S	chedule R?			3b
4	Describe in Part XIII the intended uses	of th	e organizatio	on's endo	wment f	funds.			
Pari	M Land, Buildings, and Equip	men	t.						
griscophicophicans	Complete if the organization	ansv	vered "Yes	" on For	m 990,	Part IV, lin	e 11a.	See Form 990	, Part X, line 10.
	Description of property		(a) Cost or of	ther basis	(b) Cost	or other basis	(c)	Accumulated	(d) Book value
			(investm	ient)	(0	other)	d	epreciation	
1a	Land	. 1					4419,44		
b	Buildings	. 1		······································					
c	Leasehold improvements	. 1	2	205855.12				104747.22	101107.90
d	Equipment	.		71776.79				60878.51	10898.28
ę	Other	.	······································	38476.46				33288.63	5187.83
Total.	Add lines 1a through 1e. (Column (d) m	nust e	gual Form 9			n (B), line 10	Oc.) .		117194.01

art VII					
	Complete if the organization answ (a) Description of security or category	ered res on re	(b) Book value	(c) Met	hod of valuation: -of-year market value
	(including name of security)			Out of cito	-or-your marks, value
	derivatives				
-	eld equity interests				
			-		
A) :		***********			
B)				***************************************	
C)					
D) =:					
Ξ) Ξ<		*****			
F) G)					
H)					
	b) must equal Form 990, Part X, col. (B) line 12.) ▶				
art VIII	Investments Dreaman Delated				
السروين	Complete if the organization answ	vered "Yes" on Fo	orm 990, Part IV, lii	ne 11c. See Form	1990, Part X, line 13
	(a) Description of investment		(b) Book value	(C) M6	thod of valuation:
				Cost or end	l-of-year market value
)					
)					**************************************
)					
)					
)					
)		·			
			1	l	
)					
3) 3)					
3) 3) tal. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ▶				
7) 3) 3) tal. (Column Part IX	Other Asses	16/c=2 on E	orm 000 Part IV II	ine 11d. See Forn	n 990 Part X. line 1
3) 3) tal. (Column	Other Assets.  Complete if the organization ansv	wered "Yes" on F	orm 990, Part IV, li	ine 11d. See Form	n 990, Part X, line 1
i) )) tal. (Column	Other Assets.  Complete if the organization ansv	wered "Yes" on F	orm 990, Part IV, li	ine 11d. See Forr	n 990, Part X, line 15
o) o) al. (Column Part IX	Other Assets.  Complete if the organization ansv	wered "Yes" on F	orm 990, Part IV, li	ine 11d. See Forr	n 990, Part X, line 1 (b) Book value
o) lal. (Column Part IX	Other Assets.  Complete if the organization ansv	wered "Yes" on F ) Description	orm 990, Part IV, li	ine 11d. See Forn	n 990, Part X, line 19 (b) Book value
o) o) cal. (Column Part IX o) o) o) o)	Other Assets.  Complete if the organization ansv	wered "Yes" on F ) Description	orm 990, Part IV, li	ine 11d. See Forr	n 990, Part X, line 19 (b) Book value
)) )) )(a), (Column   Part   X  () ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	Other Assets.  Complete if the organization ansv	wered "Yes" on F ) Description	orm 990, Part IV, li	ine 11d. See Forn	n 990, Part X, line 19 (b) Book value
)) )) )al. (Column   Part   X   ) ) ) ) 4)	Other Assets.  Complete if the organization ansv	wered "Yes" on F ) Description	orm 990, Part IV, li	ine 11d. See Forr	n 990, Part X, line 1 (b) Book value
(a) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Assets.  Complete if the organization ansv	wered "Yes" on F	orm 990, Part IV, li	ine 11d. See Forr	n 990, Part X, line 1 (b) Book value
) ) ) al. (Column al. (Column art IX  ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	Other Assets.  Complete if the organization ansv	wered "Yes" on F	orm 990, Part IV, li	ine 11d. See Forr	n 990, Part X, line 1 (b) Book value
) ) al. (Column al	Other Assets.  Complete if the organization ansv	wered "Yes" on F	orm 990, Part IV, li	ine 11d. See Forr	n 990, Part X, line 1
(a) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Assets. Complete if the organization anslate	) Description		ine 11d. See Form	(b) DOCK VEHEC
3) 3) 1al. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column	Other Assets. Complete if the organization ansula	ol. (B) line 15.)			(b) Book value
)) )) part IX part IX  1) 2) 3) 4) 5) 6) 77 8) 9) otal. (Column	Other Assets. Complete if the organization ansula	ol. (B) line 15.)			(b) Book value
(a) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Assets. Complete if the organization ansular (a)  umn (b) must equal Form 990, Part X, complete if the organization ansular Complete if the organization ansular	ol. (B) line 15.)			(b) Book value
o) )) cal, (Column Part IX  1) 2) 3) 4) 5) 6) 77 8) 9) otal. (Column	Other Assets. Complete if the organization ansula	ol. (B) line 15.)			(b) DOCK VEHEC
) ) al. (Column al. (Column ) Part IX  ) ) b) b) f) column	Other Assets. Complete if the organization ansular (a)  umn (b) must equal Form 990, Part X, complete if the organization ansuline 25.  (a) Description of liability	ol. (B) line 15.) wered "Yes" on F			(b) Book value
) ) ) cal, (Column cart IX  ) ) ) (1) (2) (3) (4) (5) (5) (7) (8) (9) (9) (1) (Column cart X  (1) (Federal	Other Assets. Complete if the organization ansular (a)  umn (b) must equal Form 990, Part X, color Complete if the organization ansular line 25.	ol. (B) line 15.) wered "Yes" on F			(b) Book value
al. (Column al. (C	Other Assets. Complete if the organization ansular (a)  umn (b) must equal Form 990, Part X, complete if the organization ansuline 25.  (a) Description of liability	ol. (B) line 15.) wered "Yes" on F			(b) Book value
) ) al. (Column eart IX  Part IX  ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	Other Assets. Complete if the organization ansular (a)  umn (b) must equal Form 990, Part X, complete if the organization ansuline 25.  (a) Description of liability	ol. (B) line 15.) wered "Yes" on F			(b) Book value
) ) al. (Column el. (Column el.) ) (1) (2) (3) (4) (Column el. (Column el.) (Column	Other Assets. Complete if the organization ansular (a)  umn (b) must equal Form 990, Part X, complete if the organization ansuline 25.  (a) Description of liability	ol. (B) line 15.) wered "Yes" on F			(b) Book value
) ) al. (Column al	Other Assets. Complete if the organization ansular (a)  umn (b) must equal Form 990, Part X, complete if the organization ansuline 25.  (a) Description of liability	ol. (B) line 15.) wered "Yes" on F			(b) Book value
(a) (b) (c) (c) (c) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f	Other Assets. Complete if the organization ansular (a)  umn (b) must equal Form 990, Part X, complete if the organization ansuline 25.  (a) Description of liability	ol. (B) line 15.) wered "Yes" on F			(b) Book value
(a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Other Assets. Complete if the organization ansular (a)  umn (b) must equal Form 990, Part X, complete if the organization ansuline 25.  (a) Description of liability	ol. (B) line 15.) wered "Yes" on F			(b) Book value
(a) (b) (c) (c) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f	Other Assets. Complete if the organization ansy (a)  umn (b) must equal Form 990, Part X, co Other Liabilities. Complete if the organization ans line 25. (a) Description of liability Income taxes	ol. (B) line 15.) wered "Yes" on F			(b) Book value
) ) ) al. (Column el. (Column	Other Assets. Complete if the organization ansular (a)  umn (b) must equal Form 990, Part X, complete if the organization ansuline 25.  (a) Description of liability	ol. (B) line 15.)  wered "Yes" on F	Form 990, Part IV, I	line 11e or 11f. So	ee Form 990, Part X

Part				
	Complete if the organization answered "Yes" on Form 99			
1	Total revenue, gains, and other support per audited financial statemer	nts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ł 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	. 2b		
C	Recoveries of prior year grants			
þ	Other (Describe in Part XIII.)	. 2d		
е	Add lines 2a through 2d		2e	·
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b .			
þ	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 12.)	5	-
Part	XII Reconciliation of Expenses per Audited Financial Stat	tements With Exp	penses per Return.	
	Complete if the organization answered "Yes" on Form 99		a.	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1		
a	Donated services and use of facilities	<del></del>		
b	Prior year adjustments	. 2b	**************************************	
C	Other losses	. 2c		
þ	Other (Describe in Part XIII.)	•		
e	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	7		
b	Other (Describe in Part XIII.)		40	
Ç	Add lines 4a and 4b			
5	XIII Supplemental Information.	, mie 10. <i>j</i>		
Drawin	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4. Part IV lines	s 1h and 2h: Part V line 4: Part !	X. line
2. Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b, Also complete this p	part to provide any a	additional information.	
£., 1 W.	try into the arts to are try into the arts to are the	•		
	***************************************			
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	**************************************		······································	
	***************************************	******************	के 14 th	
	x			
			1441444pa	
	No 400 100 40 100 40 40 40 40 40 40 40 40 40 40 40 40 4	,		
		, m =		
		*******	, , , , , , , , , , , , , , , , , , ,	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************	

Page	nedule D (Form 990) 2015	hedule D (Form
	art XIII Supplemental Information (continued)	art XIII 🧲 🤄
		·
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		^~~~~~~~~~~~~~~~~
,		
***************************************	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
19484		
	}*************************************	************
		*****
***************************************		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
PRRENTED DE CONTROL DE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~
	/#####################################	
	/	
	***************************************	******

***************************************		n we are his out and him his sen and we can he can be able to the

1,260.00		0		21.00	60 \$	\$ 1,260.00	12/15/2015	Anodized seat Planks w/end cps
4,929.25	83.55	49		83.55	60 \$	Ch		Scoring Tables
	-	6		25.00		\$ 1,500.00	5/5/2015	Scoreboards
332.93		-		17.00	60 \$	\$ 1,019.95		Computer
	al maria			25.00		130000000000000000000000000000000000000	3/31/2013	Post website startup cost
	606.55	35		17.33		b		Portable Scoreboard
	+	+	Total Marie Control of State Public Annies Control	11.13	60 \$	\$ 667.67	12/1/2012	Sno Cone M/c
		36	and the designation of the second	25.63	60 \$	\$ 1,538.00	12/1/2012	MPCX Receivers
0.55	928.80 \$	\$		15.48	60 \$	\$ 929.35		New Computer w/Office
	. ļ	-		83.32	8 06 8	\$ 4,999.00	7/15/2010	Cramer Power Hydration Sys
distribution of the second of		\$		12.09	60 \$	\$ 725.54		Copier
	 -			8.15	60 \$			Generator Water/Pump
	 	÷	A.A Breath of the control of the	11.25	\$ 09	\$ 675.00		Bleacher Plates
0.20	,644.80	·		94.08	60 \$	\$ 5,645.00	5/28/2003	Vent Hood/Exhaust Fan
	 -	\$ 06		36.95	60 \$	\$ 2,217.00	4/30/2003	Drink Freezer
(0.25)		\$		13.07	60 \$	\$ 783.95		Computer Desk
	j			39.88	60 \$	\$ 2,393.00		Rattz Fence Barrier Gates
	714.00 \$	\$	10000	11.90	60 \$	\$ 714.00	6/6/2002	Refrigerators
1	1,872.00 \$	\$		31.20	60 \$	\$ 1,872.00	4/9/2002	Pitching Machine
The second secon	10,830.00 \$	60 \$		180.50	60 \$	\$ 10,830.00		Alumninum Bleachers
(0.20)				96.37	60 \$	\$ 5,782.00	9/17/2001 \$	John Deer Gator
	370.00	1		39.50	60 \$	\$ 2,370.00	8/25/2001 \$	cbc Gold Cart
0.15		1	6	15.72	60 \$		8/25/2001 \$	TV/VCR
(0.72)	 	\$	6	39.07	60 \$	\$ 2,344.08	7/12/2001	Picnic Tables
(0.09)	507.00	1		8.45	60 \$	The state of the s	7/12/2001 \$	Copier/Office
0.25		\$	6	20.41	60 \$	\$ 1,224.85	5/31/2001 \$	Air Conditioners
1		1	6	40.00	60 \$	\$ 2,400.00	4/26/2001 \$	
OF THE PROPERTY OF THE PROPERT	1,500.00 \$	1		25.00	60 \$		3/30/2001 \$	Radio Land Radios
2.00	1,503.00 \$	1	•	25.05	60 \$	\$ 1,505.00	12/20/2000 \$	Computer
(0.14)	-		6	33.04	60 \$		7/19/2000 \$	Lab Top Computer
0.20			6	38.98	60 \$	\$ 2,339.00	5/13/2000 \$	Ice Maker
(0.30)				7.60	60 \$	\$ 455.70		Furniture Presidents Office
(0.20)		60 \$	0	29.92	60 \$	\$ 1,795.00	2/6/2000 \$	Copier
(0.40)	445.20 \$	1	0	5.30	84 \$	\$ 444.80	9/12/1999 \$	Fruniture for Meeting Room
(0.02)		\$	0	6.21	60 \$	372.58	7/3/1999 \$	Air Conditioner
					A COLUMN TO THE PARTY OF THE PA	and the second s	Date Pur	The second se
And the second course of the s	The state of the s	u.	Depreciated	Month		Pur Price		As of December 31, 2013
Current Value	Total Dep Cu	Tota	Months	Dep Per	useful Life Do			Equipment & Furniture

		State of the state		and the second s	The second secon	THE PARTY OF THE P		And the second s
		\$ 71,776.79	\$	1,194.13	€	60,878.51	မှာ	10,639.73
Leasehold Improvements								
Blacktop Around Buldg/sdwlk	5/19/1999 \$	13,060.24	240 \$	11000	209 \$	11,373.78	69	1,686.46
Bathrooms	5/20/2000		Lt		187 \$	13,770.68	49	12,741.26
Press Box Moore/Clinic	3/27/2001					6,892.38		7,127.70
Concession Stand	7/20/2001					7,576.90		8,467.10
T ball Field Blacktop	6/3/2002 \$	6,070.00	240 \$			4,096.98		1,973.02
Duncan Field Pavilion	8/2/2002 \$					6,971.20	မှာ	8,715.86
Concrete for Dumpster Pad	2/20/2004				142 \$	710.00	ઝ	490.00
Roof for Building	6/30/2008					4,614.30	↔	1,538.49
Block Wall Duncan Field	11/30/2009		L		73 \$	2,917.08	₩	1,877.92
Backstop Duncan	1/11/2010			138.82	Commen.	9,856.22	မှာ	6,801.82
Irrigation System on Fields	9/30/2013	\$ 28,190.97	\$ 09	469.85	in war	12,685.95	မာ	15,505.02
Field Renovations	11/30/2013		\$ 09	875.00	25 \$	21,875.00	G	30,625.00
Netting on Clinic			1_1	82.75		1,406.75	မာ	3,558.25
The state of the s		\$ 205,855.12	↔	1,943.08	↔	104,747.22	€	101,107.90
	Application of the contraction o					and the second s		
Tractors							_	
Tractor	3/27/2000	\$ 13,999.00	\$ 09	233.32	900	13,999.20		(0.20)
Toro Field Dragger		\$ 9,096.49		151.61		9,096.60		(0.11)
Dixie Chopper	5/24/2007	\$ 7,399.00	\$ 09	123.32	8 09	7,399.20	မှ	(0.20)
John Deere Zero Turn Mower	ı I	\$ 7,981.97	\$ 09	133.03	21 \$	2,793.63		5,188.34
Total Tractors		\$ 38,476.46	69	641.28	ಈ	33,288.63	မာ	5,187.83

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization answered "Yes" on 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization Highview Athletic League Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations а f Solicitation of government grants ☐ Internet and email solicitations g Special fundraising events ☐ Phone solicitations ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No 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. (v) Amount paid to (vi) Amount paid to (or retained by) organization (iii) Did fundraiser have custody or control of contributions? (or retained by) fundraiser listed in col. (i) (iv) Gross receipts from activity (i) Name and address of individual (ii) Activity or entity (fundraiser) Yes No 1 2 3 10 **Total** 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.

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraisingross receipts greater tha	ng event contributions	on answered "Yes" on and gross income on	Form 990, Part IV, line Form 990-EZ, lines 1 a	e 18, or reported more and 6b. List events with
		g	(a) Event #1 Highview Bingo (event type)	(b) Event #2	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	285833.00			
	2 3	Less: Contributions Gross income (line 1 minus line 2)	285833.00			
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra	act line 10 from line 3. c	olumn (d)	»	
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" on Form 99	00, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs		was a superior of the superior		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
	5	Other direct expenses .	☐ Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)	, .	
to The state of th	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
(a Is	nter the state(s) in which the or the organization licensed to c "No," explain:	ganization conducts ga	s in each of these state		🗌 Yes 🗎 No
10		/ere any of the organization's of "Yes," explain:	gaming licenses revoked			? . 🗌 Yes 🗌 No

hedule	e G (Form 990 or 990-EZ) 2015		Annual Company	age 3
11	Does the organization conduct gaming activities with nonmembers?	∐ Y	es 📙	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	□ Y	es 🗀	No
	Indicate the percentage of gaming activity conducted in:			0/
a	The organization's facility			% %
b	An outside facility		-	70
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ \(\bar{\pi} \)	′es 🗌	No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
¢	If "Yes," enter name and address of the third party:			
	Name ▶	4-2947 00		
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶	*****		
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	_ ·	∕es [] No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informations.	nd (v matic); and on (se	9
			~~~~~	
			~~~~	


SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Highview Athletic League

➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Part VI Line 11B The board members look over the 990 and compare it to the financial statements received throughout the year at monthly
board meetings. The financial statements are given to board members at monthly board meetings to verify. At the annual meeting held in
December, all league members in attendance are given a copy of the financial statements. The 990 is also available at the meeting. It is also
available upon request throughout the year
Part IX Line 24 See the attached spreadsheet showing a breakdown of the expenses.

HIGHVIEW ATHLETIC RESTORED Balance Sheet December 31, 2015

ASSETS

Current Assets REPUBLIC CHECKING REPUBLIC SAVINGS First Investors Ameriprise Financial Bulk Rate Mail Balance AAU Baseball BOOSTER BASKETBALL BOOSTER CHEERLEADING BOOSTER FOOTBALL BASEBALL BOOSTER	\$ 22,178.71 200,423.24 22,314.30 22,200.06 228.34 1,663.64 9,953.61 2,106.54 10.44 4,413.31		
Total Current Assets			285,492.19
Property and Equipment FURNITURE & EQUIPMENT TRACTOR LEASEHOLD IMPROVEMENTS ACCUM. DEP - EQUIP/TRACTOR ACCUM DEP - LEASEHOLD	 71,776.79 38,476.46 205,855.12 (94,167.14) (104,747.22)		
Total Property and Equipment			117,194.01
Other Assets	 the state of the same and space group pay, space(1); (sp. 4 to some Arthurs Indicator Indicators and Arthurs Indic		
Total Other Assets			0.00
Total Assets		\$	402,686.20
	LIABILITII	ES AN	D CAPITAL
Current Liabilities			
Total Current Liabilities			0.00
Long-Term Liabilities			
Total Long-Term Liabilities			0.00
Total Liabilities			0.00
Capital BEGINNING BALANCE EQUITY RETAINED EARNINGS Net Income	\$ 8,893.83 266,461.29 127,331.08		
Total Capital		-	402,686.20
Total Liabilities & Capital		\$	402,686.20

			Ϋ́	219,961.37			
Advertising	Ş	6,256.03	Ş	6,256.03			
Depreciation	Ş	27,969.23			Ş	27,969.23	e de de de de la companya de la comp
Insurance	\$	11,017.37			ţ	11,017.37	
office supplies	Ş	2,957.72			Ş	2,957.72	
Bookkeeping	Ş	3,900.00			\$	3,900.00	The second secon
Concession stand repairs	\$	ŧ			Ş	1	
Meeting exp	₩.	1,048.69			Ş	1,048.69	
Total All Expenses	\$	273,110.41	လ	6,256.03	\$	46,893.01 \$	19,562.50
	\$	273,110.41	\$	188,235.44	\$	65,312.47 \$	BRY SERVE BE
Signups	Ş	87,690.29			requirements of a real material part and the		
Sponsors	Ş	6,805.00					
Fundraising	\$	17,081.69					
Gate income	\$	200.00					
Concession Stand Income	4	316.00		an a fallage to			
Government Support	Ş	1,250.00					The state of the s
Bingo	\$	285,833.00					
Dividends	Ş	639.40					
Capital Gains	Ŷ	513.10					
Donations	ş	1					
interest income	\$	113.01					
income Tota	٠,	400,441,49			THE P. I. CANGER THE P. LANGE SERVICE SERVICES.		
Net income	Ş	127,331.08					ACCHEMIA MARCHANIA MARCHAN

Farinment & Furniture			useful Life	Dep Per	Months	lotal Dep	Эер	Current Value	value
As of December 31, 2016		Pur Price		Month	Depreciated				
	Date Pur								00
Air Conditioner	7/3/1999	\$ 372.58	09	\$ 6.21	09		372.60	9	(0.02)
Eriniture for Meeting Room	9/12/1999	\$ 444.80	84				445.20	€Đ.	(0.40
	2/6/2000	\$ 1.795.00	8	\$ 29.92	09	&	1,795.20	ഗ	(0.20)
Copiei	2/13/2000		09	\$ 7.60	09	8	456.00	မာ	(0.30)
To Maker	5/13/2000	2	09	\$ 38.98	09	\$	2,338.80	ઝ	0.20
Leb Top Computer	7/19/2000		09	\$ 33.04	09	8	1,982.40	မာ	(0.14)
Computer	12/20/2000	\$ 1,505.00	09	 			1,503.00	s	2.00
Collibrial Dadio I and Radios	3/30/2001		09	L	09		1,500.00	ઝ	1
Naulo Earla Naulos	4/26/2001			\$ 40.00	09		2,400.00	မှ	1
ra System	5/31/2001	-		↓	09		1,224.60	υ	0.25
All Collulations	7/12/2001			L	9		507.00	မာ	(0.09
Copiet/Office	7/12/2001	2		ļ	09		2,344.20		(0.12)
TICITO LEBICO	8/25/2001		09	ļ —			943.20		0.15
Tay Colo	8/25/2001			မာ		e0 90	370	-	1
John Deer Gator	9/17/2001	\$ 5.782.00		L			5,782.20	မှ	(0.20)
Alimpinim Bleachers	2/19/2002	69	09	₩			10,830.00		1
Pitching Machine	4/9/2002	G		\$ 31.20		\$ 09	1,872.00	-	1
Refricerators	6/6/2002	\$ 714.00		↔			714.00	-+	1
Ratty Fence Barrier Gates	6/6/2002	\$		᠌			2,392.80	\rightarrow	0.20
Computer Dask	3/30/2003	မာ		မှ		\$ 09	784.20	-+	(0.25)
Outputer Door	4/30/2003	2		1			2,217.00	- 1	1
Vent Hood/Exhaust Fan	5/28/2003	& C		છ		\$	5,644.80		0.20
Bloocher Diates	6/4/2003	+				\$ 09	675.00		1
Generator Water/Plimp	5/21/2004	မာ	09	8.15		-1	489.00	\rightarrow	i
Copier	8/31/2008			-		\$ 09	725.40		0.14
Cramer Power Hydration Svs	7/15/2010	8		83.32		_	4,999.20	ક્ક	(0.20)
New Computer w/Office	9/30/2010	မာ		6		\$ 09	928.80		0.55
MDCX Receivers	12/1/2012	₩) \$ 25.63			1,230.24		307.76
Sho Cone M/c	12/1/2012	မာ				48	534.24		133.43
Dortable Scorehoard	1/24/2013			မာ			814.51		225.49
Post website starting cost	3/31/2013	8		ક્ક		\rightarrow	825.00	+	675.00
Computer	1/31/2015	€	5 60	မာ			391.00	-+	628.95
Scoreboards	5/5/2015	₩					4/5.00	A 6	1,020.00
Scoring Tables	11/25	ദ		မာ		<u>ب</u>	1,080.13	A 6	0,920.00
Anodized seat Planks w/end cps	 	_	09	မှာ		-	00.262	P	1,000.0

HIGHVIEW GOOD Balance Sheet November 30, 2016

ASSETS

LIABILITIES AND CAPITAL

Current Liabilities

HIGHVIEW GOOD

Income Statement

For the Eleven Months Ending November 30, 2016

	Current Month This Year	nth ear	Current Month Last Year	Year to Date This Year	Year to Date Last Year	
Revenues erron in pe	€	\$ 00	0.00	0.00	10.00	
SIGNOLO SALI BASEBALL			0.00	0.00	0.00	
SIGNLIPS - BASEBALL	0	0.00	0.00	22,358.00	24,246.00	
SIGNUPS-BASKETBALL	2,600.00	00.	2,430.00	35,847.00	35,580.00	
SIGNUPS BASKETBALL	0	0.00	0.00	00.0	00.00	
Basketball Tounament Fees	0	0.00	0.00	0.00	00.0	
SIGNUPS-CHEERLEADING	0	0.00	0.00	0.00	00.0	
SIGNUPS-CHEERLEADING BASKETBAL	929	650.00	1,466.00	7,271.00	7,419.00	
	0	0.00	0.00	5,519.00	4,208.00	
SIGNUPS-FALLBALL	0	0.00	0.00	0.00	00.0	
SIGNUPS-FOOTBALL	0	0.00	125.00	12,619.00	14,188.35	
SIGNUPS - SOFTBALL	0	0.00	00.0	0.00	00'0	
AAU Tournaments entry fee	0	0.00	00.00	0.00	00:0	
SPONSORS	0	0.00	0.00	00.0	0.00	
SPONSORS BASEBALL	0	0.00	0.00	2,093.27	3,805.00	
SPONSORS BASKETBALL	0	0.00	3,000.00	00.0	3,000.00	
SPONSORS CHEERLEADING	0	0.00	0.00	0.00	0.00	
SPONSORS FALLBALL	0	0.00	0.00	0.00	0.00	
SPONSORS FOOTBALL)	0.00	00'0	4,000.00	0.00	
SPONSOR 13U AAU	0	00.0	00'0	0.00	0.00	
FUNDRAISING)	00.0	0.00	00.0	0.00	
FUNDRAISING BASEBALL)	0.00	200.00	11,538.76	(2,131.41)	
FUNDRAISING BASKETBALL	_	00.0	00'0	1,842.25	3,456.10	
FUNDRAISING BASKETBALL)	00.0	00'0	00'0	00.0	
FUNDRAISING CHEERLEADING	•	00.0	1,133.56	837.45	797.90	
FUNDRAISING FOOTBALL	•	00.0	146.00	1,470.30	1,300.70	
FUNDRAISING 10U AAU	<u> </u>	00.0	00'0	0.00	0.00	
FUNDRAISING 13U AAU	•	0.00	00'0	00'0	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	00.00	
AATE INCOME BASKETBALL		0.00	(1,000.00)	1,000.00	200.00	
GATE INCOME BASKETBALL		0.00	0.00	0.00	0.00	
GATE INCOME FOOTBALL		00.0	0.00	3,848.00	00.00	

HIGHVIEW GOOD Balance Sheet November 30, 2016

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

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

Cost of Sales Equipment EQUIPMENT BASEBALL EQUIPMENT BASKETBALL EQUIPMENT CHEERLEADIN EQUIPMENT CHEERLEADIN BK EQUIPMENT CHEERLEADIN FTBALL EQUIPMENT FALLBALL EQUIPMENT FOOTBALL EQUIPMENT SOFTBALL UNIFORMS BASEBALL UNIFORMS BASKETBALL UNIFORMS BASKETBALL UNIFORMS CHEERLEADING UNIFORMS CHEERLEADING	CONCESSION STAND INCOME GOVERNMENT SUPPORT BINGO INCOME Dividends Capital Gains INTEREST INCOME Proceeds Insurance Reimbursem BOOSTER Fundraising BOOSTER BASKETBALL Fundraising Donations Total Revenues
0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	Current Month This Year 0.00 0.00 0.00 0.00 0.00 217.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
0.00 0.00 2,109.05 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Current Month Last Year 0.00 0.00 0.00 0.00 0.00 0.00 40,139,00 0.00 0.00 0.00 0.00 0.00 0.00 0.00
13.01 17,291.88 985.66 0.00 0.00 0.00 190.79 0.00 12,468.35 0.00 1,132.44 12,856.20 17,765.22 0.00 (500.00) 5,745.10	Year to Date This Year 0.00 0.00 0.00 0.00 0.00 0.00 193,640.00 256.72 0.00 141.78 0.00 0.00 0.00 (1,750.00) 302,532.53
0.00 3,278.26 2,696.70 0.00 395.10 0.00 0.00 0.338.92 0.00 679.31 23,847.60 1,200.65 0.00 6,284.80 (931.85)	Year to Date Last Year 0.00 0.00 (494.00) 0.00 810.00 1,250.00 270,138.00 239.75 0.00 98.71 0.00 0.00 0.00 368,122.10

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

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

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

15 YEAR OLD AAU TEAM 8 YEAR OLD AAU TEAM	14 YEAR OLD AAU TEAM	13 YEAR OLD AAU TEAM	12 YEAR OLD AAU TEAM	B Steffens AAU acct	10 YEAR OLD AAU TEAM	AAU TEAM COST	TROPHIES/BANQUETS FOOTBALL	TROPHIES FALLBALL	TROPHIES/BANQUEST CHEERLEADING	TROPHIES/BANQUEST CHEERLEADING	TROPHIES/BANQUEST CHEERLEADING	TROPHIES BASKETBALL	TROPHIES BASKETBALL	TROPHIES BASEBALL	TROPHIES/BANQUETS	ADVERTISING FOOTBALL	ADVERTISING FALLBALL	Advertising - CL FOOTBALL	Advertising - CL BASKETBALL	Advertising - CL	ADVERTISING BASKETBALL	ADVERTISING BASKETBALL	ADVERTISING BASEBALL	ADVERTISING	FIELD MAINTENANCE FOOTBALL	FIELD MAINTENANCE FALLBALL	Gym Rental Cheerleading FOOTBA	Gym Rental Cheerleading BKBL	Gym Rental Cheerleading	GYM RENTAL BASKETBALL	GYM RENTAL BASKETBALL	FIELD MAINTENANCE BASEBALL	GYM RENTAL/FIELD MAINTENANCE		
0.00	0.00	0.00	0.00	0.00	0.00	0.00	111.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,648.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	This Year	Current Month
0.00	0.00	0.00	, 0.00	0.00	0.00	0.00	5,187.65	0.00	0.00	0.00	1,220.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	750.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,875.00	393.75	750.00	Last Year	Current Month
0.00	0.00	0.00	0.00	0.00	0.00	0.00	425.00	0.00	1,223.58	884.10	0.00	0.00	10,069.31	2,283.65	0.00	177.80	0.00	46.20	97.00	0.00	0.00	2,984.68	1,510.10	0.00	117.33	0.00	2,520.00	2,640.00	0.00	3,000.00	3,065.00	10,978.62	6,207.89	This Year	Year to Date
0.00	0.00	0.00	0.00	0.00	0.00	(232.71)	5,464.22	0.00	344.60	594.55	1,220.06	0.00	1,748.65	2,320.65	0.00	30.51	0.00	188.51	812.28	0.00	0.00	1,750.32	3,224.41	250.00	1,917.33	0.00	1,435.00	1,220.00	0.00	3,000.00	2,274.42	20,838.55	750.00	Last Year	Year to Date

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

PRINTING EXPENSES FALLBALL PRINTING EXPENSES FOOTBALL	PRINTING EXPENSES CHEERLEADING	PRINTING EXPENSES BASKETBALL	PRINTING EXPENSES BASEBALL	PRINTING EXPENSES	FLOWERS/GIFTS	LOCK & KEY EXPENSES	OTHER SUPPLIES	OFFICE SUPPLIES	INSURANCE PLAYERS FOOTBALL	INSURANCE PLAYERS FALLBALL	INSURANCE PLAYERS BASKETBALL	INSURANCE PLAYERS BASKETBALL	INSURANCE PLAYERS BASEBALL	INSURANCE PLAYERS	INSURANCE PROP/CASUALITY	Mileage/Gas Exp	POSTAGE/SHIPPING EXPENSE	CONCESSION STAND EXPENSES	DUMPSTER/PORT A POT EXP	DEPRECIATION EXPENSE	WATER EXPENSE	PHONE EXPENSE	Expenses UTILITES	Gross Profit	Total Cost of Sales	COST SPONSOR SIGNS BASEBALL	COST SPONSOR SIGNS	9 YEAR OLD AAU TEAM		
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	121.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	265.60	1,672.01	1,794.99	0.00	0.00	0.00	This Year	Current Month
0.00	0.00	0.00	0.00	0.00	0,00	26.42	14.91	793.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28.50	0.00	0.00	230.16	558.38	25,538.70	22,115.07	0.00	0.00	0.00	Last Year	Current Month
0.00	0.00	352.50	110.40	0.00	554.41	495.68	806.98	2,966.60	782.73	0.00	0.00	0.00	0.00	0.00	8,948.49	363.90	475.56	143.96	2,590.14	0.00	4,131.06	2,335.34	4,050.49	105,111.28	197,421.25	0.00	0.00	0.00	This Year	Year to Date
0.00	0.00	154.00	0.00	0.00	1,096.75	93.62	1,468.53	2,802.32	1,049.77	0.00	0.00	0.00	0.00	0.00	9,173.34	528.97	664.19	1,137.06	1,133.83	0.00	3,700.22	2,986.98	3,637.97	215,773.28	152,348.82	0.00	0.00	0.00	Last Year	Year to Date

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

Current Month Current Month Year to Date Year to Date Press	1.40,502.1	7	9		
Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 300.00 375.00 3,600.00 300.00 375.00 3,600.00 300.00 1,402.95 8,287.72 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 PARSES 0.00 20.00 0.00 P CHEERLEADING 0.00 0.00 0.00 P FOOTBALL 0.00 0.00 0.00 AY EXPENSES 0.00 0.00 0.00 AY EXPENSES BASEBALL 0.00 0.00 0.00 AY EXPENSES FOOTBALL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	140 s 6	33 277 67 \$	19.179.55 \$	984.92 \$	
Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00 0.00 1,402.95 8,287.72 0.00 1,402.95 8,287.72 0.00 0.00 0.00 0.00 481.00 2,053.90 TAL 0.00 0.00 0.00 GES 0.00 211.36 950.15 SES 0.00 250.00 0.00 SEBALL 0.00 0.00 33.89 SKETBALL 0.00 0.00 33.89 SE 0.00 0.00 0.00 O.00 0.00 0.00 0.00 O.00 0.00 0.00 0.00 <t< td=""><td>75,21</td><td>71,833.61</td><td>6,359.15</td><td>687.09</td><td>Total Expenses</td></t<>	75,21	71,833.61	6,359.15	687.09	Total Expenses
current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00 0.00 1,402.95 8,287.72 0.00 0.00 481.00 2,053.90 1AL 0.00 0.00 0.00 1GES 0.00 0.00 0.00 SEBALL 0.00 250.00 0.00 SEBALL 0.00 0.00 33.89 SKETBALL 0.00 0.00 33.89 SKETBALL 0.00 0.00 0.00 SE 0.00 0.00 0.00 STPENSES 0.00 0.00 0.00 SE 0.00 0.00 0.00 SES FOOTBALL 0.00 0.00 6,128.12 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 <td>18,06</td> <td>21,286.00</td> <td>1,750.00</td> <td>0.00</td> <td>BINGO EXPENSES</td>	18,06	21,286.00	1,750.00	0.00	BINGO EXPENSES
Interest Month Current Month Year to Date This Year Last Year This Year 3,600.00 900.00 <td>_</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>Bad Debts</td>	_	0.00	0.00	0.00	Bad Debts
Sees Current Month Current Month Year to Date This Year Last Year This Year 0.00 375.00 3,600.00 0.00 0.00 906.00 0.00 1,402.95 8,287.72 0.00 0.00 0.00 0.00 NTAL 0.00 481.00 2,053.90 NTAL 0.00 0.00 0.00 0.00 RGES 0.00 211.36 950.15 950.15 SES 0.00 250.00 0.00 0.00 ASKETBALL 0.00 0.00 33.89 HEERLEADING 0.00 0.00 0.00 NSE 0.00 0.00 0.00 EXPENSES BASEBALL 0.00 0.00 0.00 NSES FOOTBALL 0.00 0.00 6,128.12 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	1,11,	(1,312.50)	0.00	0.00	Change in Value Investments
Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00 906.00 0.00 906.00 906.00 0.00 906.00 906.00 0.00 906.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 907.15 953.90 0.00 908.83 950.15 950.15 958.83 950.15 950.15 98.83 950.15 98.83 96.128.12 0.00 0.00 90.00 0.00 0.00 90.00 0.00 0	_	0.00	0.00	0.00	Penalties -IRS
Interest Nonth Current Month Current Month Year to Date This Year Last Year This Year 1000 375.00 3,600.00 1000 1,402.95 8,287.72 1000 1,402.95 8,287.72 1000 0.00 0.00 1,402.95 8,287.72 1,000 0.00 0.00 1,402.95 8,287.72 1,000 0.00 0.00 1,402.95 8,287.72 0.00 1,402.95 8,287.72 0.00 1,402.95 8,287.72 0.00 0,00 0.00 0.00 0.00 1,402.95 8,287.72 0.00 0.00 1,402.95 8,287.72 0.00 0.00 1,402.95 8,287.72 0.00 0.00 1,136 950.15 950.15 950.15 1,136 950.15 950.15 950.15 1,136 950.15 950.15 950.15 1,136 950.15 </td <td>892</td> <td>703.26</td> <td>223.05</td> <td>0.00</td> <td>SECURITY COST</td>	892	703.26	223.05	0.00	SECURITY COST
Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00 900.00 0.00 906.00 900.00 0.00 906.00 900.00 0.00 906.00 900.00 0.00 906.00 900.00 0.00 0.00 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15 950.15	3,38	0.00	0.00	0.00	PIG ROAST EXPENSES FOOTBALL
penses Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00 0.00 1,402.95 8,287.72 0.00 0.00 0.00 0.00 481.00 2,053.90 RENTAL 0.00 0.00 0.00 HARGES 0.00 211.36 950.15 PENSES 0.00 250.00 0.00 P BASEBALL 0.00 0.00 33.89 P CHEERLEADING 0.00 0.00 33.89 P FOOTBALL 0.00 0.00 0.00 AY EXPENSES 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	8,33(0.00	0.00	0.00	Basketball bash
Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00 0.00 1,402.95 8,287.72 0.00 0.00 0.00 0.00 481.00 2,053.90 0.00 0.00 0.00 0.00 0.00 0.00 0.00 211.36 950.15 0.00 250.00 0.00 0.00 0.00 33.89 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	3,23	6,128.12	0.00	0.00	HIGHVIEW DAY EXPENSES BASEBALL
Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00 0.00 1,402.95 8,287.72 0.00 0.00 0.00 0.00 481.00 2,053.90 0.00 0.00 0.00 0.00 0.00 0.00 0.00 211.36 950.15 0.00 0.00 0.00 0.00 0.00 33.89 1NG 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	_	0.00	0.00	0.00	HIGHVIEW DAY EXPENSES
Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00 0.00 1,402.95 8,287.72 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 211.36 950.15 0.00 0.00 0.00 33.89 DING 0.00 0.00 0.00 0.00 0.00 0.00 0.00		0.00	0.00	0.00	INTEREST EXPENSE
Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00 0.00 1,402.95 8,287.72 0.00 0.00 0.00 0.00 0.00 481.00 2,053.90 0.00 0.00 0.00 0.00 0.00 250.00 0.00 0.00 0.00 250.00 0.00 33.89 LL 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00		0.00	0.00	0.00	MEETING EXP FOOTBALL
Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00 0.00 1,402.95 8,287.72 0.00 0.00 0.00 0.00 481.00 2,053.90 0.00 0.00 0.00 0.00 0.00 0.00 0.00 250.00 0.00 33.89 34.29 88.83	17	0.00	0.00	0.00	MEETING EXP CHEERLEADING
Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00 0.00 1,402.95 8,287.72 0.00 0.00 0.00 0.00 481.00 2,053.90 0.00 0.00 0.00 0.00 0.00 0.00 0.00 250.00 0.00 0.00 33.89	19	88.83	14.29	0.00	MEETING EXP BASKETBALL
Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00 0.00 1,402.95 8,287.72 0.00 0.00 0.00 0.00 481.00 2,053.90 0.00 0.00 0.00 0.00 0.00 0.00 0.00 211.36 950.15 0.00 250.00 0.00	17	33.89	0.00	0.00	MEETING EXP BASEBALL
Expenses Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00 906.00 0.00 906.00 906.00 0.00 906.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00 0.00 906.00 0.00	<u>အ</u> ်	0.00	250.00	0.00	MEETING EXPENSES
Expenses Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00 906.00 1,402.95 8,287.72 0.00 0.00 0.00 0.05 0.00 2,053.90 0.00 0.00 0.00 0.00 0.00 0.00	1,02	950.15	211.36	0.00	BANK FEES/CHARGES
Expenses Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00 906.00 1,402.95 8,287.72 0.00 0.00 0.00 NSES 0.00 481.00 2,053.90 0.00 0.00 0.00 0.00		0.00	0.00	0.00	SALES TAX
Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00 0.00 1,402.95 8,287.72 0.00 0.00 0.00 0.00 481.00 2,053.90		0.00	0.00	0.00	EQUIPMENT RENTAL
Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00 0.00 1,402.95 8,287.72 0.00 0.00 0.00	94	2,053.90	481.00	0.00	MISC EXPENSES
Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 1g 0.00 0.00 906.00 S 0.00 1,402.95 8,287.72		0.00	0.00	0.00	Penalties
Current Month Current Month Year to Date This Year Last Year This Year 300.00 375.00 3,600.00 0.00 0.00 906.00	4,11	8,287.72	1,402.95	0.00	REPAIRS
Current Month Current Month Year to Date This Year Last Year This Year g Expenses 300.00 375.00 3,600.00		906.00	0.00	0.00	Consulting
Current Month Current Month Year to Date This Year Last Year This Year	3,60	3,600.00	375.00	300.00	Bookeeping Expenses
Current Month Year to Date	Last	This Year	Last Year	This Year	
	Year to	Year to Date	Current Month	Current Month	