

MILLER MAYER SULLIVAN AND STEVENS LLP  
CERTIFIED PUBLIC ACCOUNTANTS  
2365 HARRODSBURG ROAD  
LEXINGTON, KY 40504

MS. BRIGID DEVRIES  
KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION  
2280 EXECUTIVE DR  
LEXINGTON, KY 40505-4808

DEAR BRIGID:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS  
FOR THE PERIOD ENDED JUNE 30, 2006 FOR:

KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION AS FOLLOWS...

2005 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX  
2005 SCHEDULE A - ORGANIZATION EXEMPT UNDER 501(C)(3)  
2005 SCHEDULE B - SCHEDULE OF CONTRIBUTORS

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH  
THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

AN ADDITIONAL COPY OF THE FORM 990 HAS BEEN INCLUDED, TO BE MADE  
AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. PLEASE NOTE THAT ALL  
STATEMENTS OF DONORS' CONTRIBUTIONS ARE NOT SUBJECT TO PUBLIC  
INSPECTION AND HAVE BEEN REMOVED, AS APPROPRIATE.

FORM 990 MUST BE MADE AVAILABLE FOR PUBLIC INSPECTION FOR A PERIOD  
OF THREE YEARS, BEGINNING WITH THE DATE THE RETURN IS FILED. THE  
AVAILABLE DOCUMENT MUST BE AN EXACT COPY OF THE RETURN AND SCHEDULES  
(INCLUDING SCHEDULE B), AS FILED WITH THE IRS, EXCEPT THAT THE NAMES  
AND THE ADDRESSES OF THE CONTRIBUTORS MAY BE EXCLUDED. ANY  
ORGANIZATION THAT FAILS TO COMPLY WITH THIS PROVISION IS SUBJECT TO A  
PENALTY OF \$20 FOR EACH DAY THAT INSPECTION IS NOT PERMITTED, UP TO A  
MAXIMUM OF \$10,000. ANY ORGANIZATION THAT WILLFULLY FAILS TO COMPLY  
SHALL BE SUBJECT TO AN ADDITIONAL PENALTY OF \$5,000. YOU ARE ALSO  
REQUIRED TO PROVIDE COPIES OF THE RETURN IF YOU RECEIVE SUCH A  
REQUEST. SHOULD YOU RECEIVE A REQUEST FOR INSPECTION OR FOR COPIES OF  
YOUR RETURN, YOU MAY WANT TO CONTACT US FOR FURTHER DETAILS.

ANY ACT OF SELF-DEALING, THE MAKING OR RETAINING OF EXCESS BUSINESS  
HOLDINGS, OR JEOPARDIZING INVESTMENTS, AND THE MAKING OF TAXABLE  
EXPENDITURES MAY SUBJECT THE FOUNDATION TO PENALTY EXCISE TAXES OF  
FROM 5% TO 200% OF THE AMOUNT OF THE PROHIBITED TRANSACTION. PLEASE

CONTACT US FOR FURTHER INFORMATION IF YOU HAVE QUESTIONS CONCERNING ANY OF THESE PROHIBITED TRANSACTIONS.

VERY TRULY YOURS,

RICHARD A. CAMPBELL

MILLER MAYER SULLIVAN AND STEVENS LLP  
CERTIFIED PUBLIC ACCOUNTANTS  
2365 HARRODSBURG ROAD  
LEXINGTON, KY 40504

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INSTRUCTIONS FOR FILING  
KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION  
FORM 990 WITH SCH. A - EXEMPT UNDER 501(C)(3)  
FOR THE PERIOD ENDED JUNE 30, 2006

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SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)  
AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 15, 2006  
WITH...

INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

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MILLER, MAYER, SULLIVAN & STEVENS LLP  
CERTIFIED PUBLIC ACCOUNTANTS  
"INNOVATORS OF SOLUTION TECHNOLOGY"™

**K.H.S.A.A.**

**INSTRUCTIONS FOR FILING FORM 990  
WITH KENTUCKY ATTORNEY GENERAL  
FOR THE YEAR ENDED JUNE 30, 2006**

**SIGNATURE** .....

The original copy of the return  
should be signed (using full name  
and title) and dated on page 8 by:

**An Authorized Officer**

**FILING** .....

The signed return should be filed on  
or before **November 15, 2006** with:

**Office of Attorney General  
Form 990 Processing  
Consumer Protection Division  
1024 Capital Center Drive, Ste 200  
Frankfort, KY 40601**

**PAYMENT** .....

This return indicates no tax due.

**November 15, 2006**

**None**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 07/01, 2005, and ending 06/30/2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION
Number and street (or P.O. box if mail is not delivered to street address): 2280 EXECUTIVE DR
City or town, state or country, and ZIP + 4: LEXINGTON, KY 40505-4808

D Employer identification number: 61-0444710
E Telephone number: (859) 299-5472
F Accounting method: Cash, Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

G Website: WWW.KHSAA.ORG
J Organization type: 501(c)(3)

H(a) Is this a group return for affiliates? No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? No

H(d) Is this a separate return filed by an organization covered by a group ruling? No

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

I Group Exemption Number

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 3,907,790.

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

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22</b> Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22</b>				
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25</b> Compensation of officers, directors, etc.	<b>25</b>	335,366.		335,366.	
<b>26</b> Other salaries and wages	<b>26</b>	266,500.		266,500.	
<b>27</b> Pension plan contributions	<b>27</b>	62,658.		62,658.	
<b>28</b> Other employee benefits	<b>28</b>	107,923.		107,923.	
<b>29</b> Payroll taxes	<b>29</b>	44,068.		44,068.	
<b>30</b> Professional fundraising fees	<b>30</b>				
<b>31</b> Accounting fees	<b>31</b>	74,603.		74,603.	
<b>32</b> Legal fees	<b>32</b>	334,155.		334,155.	
<b>33</b> Supplies	<b>33</b>	13,090.		13,090.	
<b>34</b> Telephone	<b>34</b>	75,346.		75,346.	
<b>35</b> Postage and shipping	<b>35</b>	51,183.		51,183.	
<b>36</b> Occupancy	<b>36</b>	338,035.	288,384.	49,651.	
<b>37</b> Equipment rental and maintenance	<b>37</b>	5,408.		5,408.	
<b>38</b> Printing and publications	<b>38</b>	262,078.	109,009.	153,069.	
<b>39</b> Travel	<b>39</b>	59,768.		59,768.	
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	84,891.		84,891.	
<b>41</b> Interest	<b>41</b>	30,323.		30,323.	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b>	94,851.		94,851.	
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> STMT 2	<b>43a</b>	1,593,356.	838,510.	725,899.	28,947.
<b>b</b>	<b>43b</b>				
<b>c</b>	<b>43c</b>				
<b>d</b>	<b>43d</b>				
<b>e</b>	<b>43e</b>				
<b>f</b>	<b>43f</b>				
<b>g</b>	<b>43g</b>				
<b>44</b> Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	<b>44</b>	3,833,602.	1,235,903.	2,568,752.	28,947.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? <b>▶SEE STATEMENT 3</b></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p><b>a BOYS AND GIRLS BASKETBALL TOURNAMENTS</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p><b>705,580.</b></p>
<p><b>b FOOTBALL PLAYOFFS</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p><b>111,167.</b></p>
<p><b>c BASEBALL TOURNAMENTS</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p><b>80,169.</b></p>
<p><b>d OTHER TOURNAMENTS, PLAYOFFS AND MINOR SPORTS EVENTS</b></p> <p>-----</p> <p>-----</p> <p>-----</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p><b>338,987.</b></p>
<p><b>e Other program services (attach schedule)</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services), . . . . . ▶</p>	<p><b>1,235,903.</b></p>

**Part IV Balance Sheets** (See the instructions.)

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	45 Cash - non-interest-bearing . . . . .	982,780.	45	967,929.
	46 Savings and temporary cash investments . . . . .	400,000.	46	256,410.
	47a Accounts receivable . . . . .	47a 56,690.		
	b Less: allowance for doubtful accounts . . . . .	47b	65,928.	47c 56,690.
	48a Pledges receivable . . . . .	48a		
	b Less: allowance for doubtful accounts . . . . .	48b		48c
	49 Grants receivable . . . . .		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
	51a Other notes and loans receivable (attach schedule) . . . . .	51a		
	b Less: allowance for doubtful accounts . . . . .	51b		51c
	52 Inventories for sale or use . . . . .		52	
	53 Prepaid expenses and deferred charges . . . . .		53	
	54 Investments - securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55a Investments - land, buildings, and equipment: basis . . . . .	55a		
	b Less: accumulated depreciation (attach schedule) . . . . .	55b		55c
56 Investments - other (attach schedule) . . . . .		56		
57a Land, buildings, and equipment: basis <b>STMT 4</b> . . . . .	57a 4,117,920.			
b Less: accumulated depreciation (attach schedule) . . . . .	57b 1,451,598.	2,686,232.	57c 2,666,322.	
58 Other assets (describe <b>STMT 5</b> ) . . . . .		23,732.	58 14,239.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58. . . . .		4,158,672.	59 3,961,590.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .		241,037.	60 188,908.
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . . <b>STMT 6</b> . . . . .		273,563.	62 283,160.
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	b Mortgages and other notes payable (attach schedule) . . . . . <b>STMT 7</b> . . . . .		516,825.	64b 300,746.
	65 Other liabilities (describe <b>STMT 8</b> ) . . . . .		91,379.	65 109,470.
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .		1,122,804.	66 882,284.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted . . . . .		3,003,868.	67 3,031,176.
	68 Temporarily restricted . . . . .		32,000.	68 48,130.
	69 Permanently restricted . . . . .		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) . . . . .		3,035,868.	73 3,079,306.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .		4,158,672.	74 3,961,590.







Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 37,397.
83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88 X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE
d Enter: Amount of tax on line 89c, above, reimbursed by the organization NONE
90a List the states with which a copy of this return is filed KY,
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) 90b 16
91a The books are in care of KHSAA Telephone no. 859-299-5472
Located at 2280 EXECUTIVE DR LEXINGTON, KY ZIP + 4 40505-4808
b 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)? 91b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 NONE

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes [X] No [ ]
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes [ ] No [X]

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Paid Preparer's Use Only. Preparer's signature, Date 11/10/2006, Check if self-employed [ ], Preparer's SSN or PTIN P00249145, Firm's name (or yours if self-employed), address, and ZIP + 4 MILLER MAYER SULLIVAN & STEVENS LLP, 2365 HARRODSBURG ROAD, SUITE A-100, LEXINGTON, KY 40504, EIN 61-0866166, Phone no. 859-223-3095.

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2005**

Name of the organization

**KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION**

Employer identification number

**61-0444710**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 11				

Total number of other employees paid over \$50,000 . . ▶ **NONE**

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>GREENBAUM DOLL &amp; MCDONALD PLLC</b> <b>LEXINGTON, KY</b>	<b>ATTORNEYS</b>	<b>334,155.</b>

Total number of others receiving over \$50,000 for professional services . . . . . ▶ **NONE**

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶ **NONE**

<b>Part III Statements About Activities (See page 2 of the instructions.)</b>		<b>Yes</b>	<b>No</b>
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .		<b>X</b>
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	<b>X</b>
<b>b</b>	Lending of money or other extension of credit? . . . . .	<b>2b</b>	<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>	<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2d</b>	<b>X</b>
<b>e</b>	Transfer of any part of its income or assets? . . . . .	<b>2e</b>	<b>X</b>
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .	<b>3a</b>	<b>X</b>
<b>b</b>	Do you have a section 403(b) annuity plan for your employees? . . . . .	<b>3b</b>	<b>X</b>
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .	<b>3c</b>	<b>X</b>
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	<b>4a</b>	<b>X</b>
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>4b</b>	<b>X</b>

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)**

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

**5**  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

**6**  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

**7**  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

**8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

**9**  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_

**10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

**11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

**11b**  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

**12**  An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

**13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization:  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

**14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns for years (a) 2004, (b) 2003, (c) 2002, (d) 2001, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

**Part V Private School Questionnaire** (See page 7 of the instructions.) **NOT APPLICABLE**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	<b>31</b>	
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b>	Admissions policies? . . . . .	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b>	Educational policies? . . . . .	<b>33e</b>	
<b>f</b>	Use of facilities? . . . . .	<b>33f</b>	
<b>g</b>	Athletic programs? . . . . .	<b>33g</b>	
<b>h</b>	Other extracurricular activities? . . . . .	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	



**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table - <b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b> Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities** **NOT APPLICABLE**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) . . . . .			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2005**

Name of organization

KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION

Employer identification number

61-0444710

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

**General Rule -**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules -**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization **KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION**

Employer identification number

**61-0444710****Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GATORADE  	15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	RAWLINGS  	80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	COOK TIRES  	25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	NATIONAL GUARD  	32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MUSCO LIGHTING  	23,151.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	FIRST CORBIN FINANCIAL CORP  	20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION**

Employer identification number

**61-0444710****Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<u>IHIGH</u>  	<u>16,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<u>NATIONAL CITY</u>  	<u>39,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<u>KY TRANSPORTATION CABINET</u>  <u>FRANKFORT, KY</u>	<u>17,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<u>DODGE</u>  	<u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<u>UK SPORTS MEDICINE</u>  <u>LEXINGTON, KY</u>	<u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	<u>EAST KY POWER</u>  	<u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION**

Employer identification number

**61-0444710****Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	BELL SOUTH  	18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	NORTHERN KY UNIVERSITY  	8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	US MARINES  	5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	KY DEPT OF AGRICULTURE  FRANKFORT, KY	7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	FLAV-O-RICH  	32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	UPS  	6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION</b>	Employer identification number <b>61-0444710</b>
--	---

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	DUTCH'S CHEVY OLDS  MT STERLING, KY	16,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	FRIENDSHIP FORD  MT STERLING, KY	3,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	SECOND CHANCE AUTO  OWENSBORO, KY	3,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	CINGULAR WIRELESS  LEXINGTON, KY	14,397.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	EASTERN KY UNIVERSITY  RICHMOND, KY	7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	VARIOUS OTHER CONTRIBUTORS  ,	51,964.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION</b>	Employer identification number <b>61-0444710</b>
---	---

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
19	AUTOMOBILE USAGE _____ _____ _____	\$ 16,050.	06/30/2006
20	AUTOMOBILE USAGE _____ _____ _____	\$ 3,850.	06/30/2006
21	AUTOMOBILE USAGE _____ _____ _____	\$ 3,100.	06/30/2006
22	CELLULAR PHONE USAGE _____ _____ _____	\$ 14,397.	06/30/2006
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



FORM 990, PART I - OTHER DECREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
ASSETS RELEASED FROM RESTRICTION	30,750.
	-----
TOTAL	30,750.
	=====

FORM 990, PART II - OTHER EXPENSES  
 =====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
EVENT COSTS	316,605.	132,754.	183,682.	169.
TEAM EXPENSES & AWARDS	220,772.	220,772.		
INSURANCE	254,743.		254,743.	
TOURNAMENT WORKERS	172,391.	172,391.		
RADIO NETWORK	129,900.	129,900.		
SPONSORSHIP EXPENSE	156,518.	156,518.		
CLINICS & OFFICIALS' EXPENSE	90,100.		90,100.	
REPAIRS & MAINTENANCE	13,133.		13,133.	
DUES	52,481.		52,481.	
PROFESSIONAL DEVELOPMENT	29,798.		29,798.	
SALES COMMISSIONS	36,849.	8,071.		28,778.
AUDIO VISUAL EXPENSE	18,104.	18,104.		
AMORTIZATION	9,493.		9,493.	
DEBT SERVICE	2,300.		2,300.	
CONTRACT SERVICE	29,338.		29,338.	
MISCELLANEOUS SPORTS EXPENSE	7,734.		7,734.	
ADMINISTRATIVE EXPENSE	21,818.		21,818.	
SPORTSMANSHIP PROGRAMS	19,799.		19,799.	
LEADERSHIP PROGRAMS	11,480.		11,480.	
TOTALS	1,593,356.	838,510.	725,899.	28,947.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

TO ORGANIZE, REGULATE AND SUPERVISE ALL HIGH SCHOOL SPORTS ACTIVITIES  
IN KENTUCKY. IT WILL ESTABLISH, PROMOTE AND DELIVER THE HIGHEST  
QUALITY INTERSCHOLASTIC PROGRAMS AND ACTIVITIES IN AN EFFICIENT AND  
PROGRESSIVE MANNER THAT EMPHASIZES PARTICIPATION, SAFETY,  
SPORTSMANSHIP AND INTEGRITY TO ENHANCE THE EDUCATION OF THE STUDENT  
ATHLETE.

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT  
 =====

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL				
		BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
LAND	L	431,341.			431,341.				
BUILDINGS	SL	3,202,839.			3,202,839.	982,080.	79,999.		1,062,079.
FURNITURE & EQUIP	SL	483,740.			483,740.	374,667.	14,852.		389,519.
TOTALS		4,117,920.			4,117,920.	1,356,747.			1,451,598.
		=====			=====	=====			=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEBT ISSUANCE COST	14,239.
TOTALS	----- 14,239.
	=====

FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
UNEARNED DUES PAID BY MEMBERS	64,400.
UNEARNED REGISTRATION FEES	124,384.
UNEARNED PORTION OF SUPPORT	94,376.
TOTALS	----- 283,160. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====

LENDER: LEXINGTON-FAYETTE URBAN CO GOVERNMENT  
INTEREST RATE: 5.400000  
DATE OF NOTE: 02/01/1994  
MATURITY DATE: 01/31/2009

BEGINNING BALANCE DUE ..... 516,825.  
ENDING BALANCE DUE ..... 300,746.  
-----

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 516,825.  
=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 300,746.  
=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
ACCRUED SICK LEAVE	109,470.
	-----
TOTALS	109,470.
	=====



FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
GARY DEARBORN 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	PRESIDENT 3	NONE	NONE	NONE
BRIGID DEVRIES 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	COMMISSIONER 40	104,686.	13,609.	NONE
LARRY BOUCHER 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	ASST COMMISSIONER 40	76,870.	9,993.	NONE
JULIAN TACKETT 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	ASST COMMISSIONER 40	76,940.	10,002.	NONE
ROLAND WILLIAMS 2280 EXECUTIVE DR LEXINGTON, KY 40505-4808	ASST COMMISSIONER 40	76,870.	9,993.	NONE
	GRAND TOTALS	335,366.	43,597.	NONE

-----  
 335,366.      43,597.      NONE  
 =====

FORM 990, PART VII - PROGRAM SERVICE REVENUE

=====

DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
BOYS BBALL TOURNEY					1,635,616.
GIRLS BBALL TOURNE					317,873.
FOOTBALL PLAYOFFS					305,254.
OTHER TOURNAMENTS					455,518.
HALL OF FAME EVENT					42,790.
PUBLICATIONS					16,706.
MISC REVENUES					146,228.
		-----		-----	-----
TOTALS		=====		=====	2,919,985. =====

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
-----	-----	-----	-----	-----
BUTCH COPE 2280 EXECUTIVE DRIVE LEXINGTON, KY 40505	DIR OF PROMOTION 40	56,777.	7,381.	NONE
	TOTAL COMPENSATION	56,777.	7,381.	NONE
		=====	=====	=====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

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PLEASE SEE INFORMATION DISCLOSED ON FORM 990 PART V.

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
LAND	02/01/1992	431,341.	100.000						SL						
BUILDINGS	VARIOUS	3,202,839.	100.000			3,202,839.	982,080.	1,062,079.	SL		40.000				79,999.
FURNITURE & EQUIP	VARIOUS	483,740.	100.000			483,740.	374,667.	389,519.	SL		10.000				14,852.
Less: Retired Assets . . . . .															
<b>Subtotals . . . . .</b>		4,117,920.				3,686,579.	1,356,747.	1,451,598.							94,851.

Listed Property

Asset description	Date placed in service	Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
Less: Retired Assets . . . . .											
<b>Subtotals . . . . .</b>											
<b>TOTALS . . . . .</b>		4,117,920.				3,686,579.	1,356,747.	1,451,598.			94,851.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
<b>TOTALS . . . . .</b>							

\*Assets Retired  
JSA  
5X9024 1.000