**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Information about Form 990 and its instructions is at www.irs A For the 2013 calendar year, or tax year beginning  $JUL\ 1$ , 2013and ending JUN 30, 2014 D Employer identification number C Name of organization Check if KENTUCKY HIGH SCHOOL Address change ATHLETIC ASSOCIATION 61-0444710 Name Doing Business As initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 859-299-5472 2280 EXECUTIVE DRIVE Termin-4,512,226. G Gross receipts \$ Amended return City or town, state or province, country, and ZIP or foreign postal code H(a) is this a group return Applica-Ition 40515 LEXINGTON, KY \_Yes X No F Name and address of principal officer: JULIAN TACKETT pending for subordinates? H(b) Are all subordinates included? Yes No 40505-480 2280 EXECUTIVE DR., LEXINGTON, If "No," attach a list. (see instructions) 4947(a)(1) or ) ◀ (insert no.) H(c) Group exemption number J Website: ➤ WWW.KHSAA.ORG X Other ►UNINC L Year of formation: 1917 M State of legal domicile: KY Association Trust Corporation K Form of organization: Part I Summary Briefly describe the organization's mission or most significant activities: TO ORGANIZE, REGULATE AND SUPERVISE ALL HIGH SCHOOL SPORTS ACTIVITIES IN KENTUCKY. IT WILL Governance Check this box Full if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 Number of voting members of the governing body (Part VI, line 1a)  $\overline{18}$ Number of independent voting members of the governing body (Part VI, line 1b) 16 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 250 6 6 Total number of volunteers (estimate if necessary) 2,708. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 ..... Current Year Prior Year 1,574,884. 1,643,357. Contributions and grants (Part VIII, line 1h) 2,868,685. Revenue 2,916,479 Program service revenue (Part VIII, line 2g) 184. 517 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Ō. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,512,226. 4,491,880 12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) ... 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ö. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,312,796. 1,200,467 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ Ō. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 3,284,357. 3,302,949 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,503,416. 4,597,153. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <84,927.> <11,536. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 4,009,352. 4,119,337. 20 Total assets (Part X, line 16) 636,602. 661,660. Total liabilities (Part X, line 26) 3,372,750. 3,457,677. Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign JULIAN TACKETT. COMMISSIONER Here Type or print name and title Prep<u>are</u>r's signature Print/Type preparer's name b00011200 DAVID W. HICKS, CPA, CFF DY W. H.
Firm's name HICKS & ASSOCIATES CPAS, PLLC DAVID W. HICKS, CPA, CFF self-employed Paid 45-3047226 Firm's EIN 🛌 Preparer

LEXINGTON, KY 40509

Firm's address 1795 ALYSHEBA WAY,

Use Only

Phone no. (859)368-9727

STE 6206

-01111 5	990 (2013) ATHLETIC ASSOCIATION 01-0444710 Page 2
Part	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1 1	
	TO ODOLATION DECTIFATE AND STPERVISE ALL HIGH SCHOOL BEOATS ACTIVITIES
	THE TAXABLE TO MAIN TO THE WATER TO THE PROPERTY AND DELITOR AND MAINTENANCE TO THE PROPERTY OF THE PROPERTY O
,	ATTACHMENT COUNTY CONTO DE CORAMS AND ACTIVITION IN AN ELECTRONIC TONO
	QUALITY INTERSCHOLASTIC PROGRAMS THAT EMPHASIZES PARTICIPATION, SAFETY, SPORTMANSHIP
	PROGRESSIVE MANUER THAT HER HIS Later the year which were not listed on
	Did the organization undertake any significant program services during the year which were not listed on Yes X No
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.  Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	It investigation there changes an Schedule ().
	and the appropriate program sorvice accomplishments for each of its three largest program services, as measured by expenses.
4	Describe the organization's program service accomplishments to control of grants and allocations to others, the total expenses, and Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.  (Revenue \$ 1,836,816.)
4a	
	BOYS AND GIRLS BASKETBALL TOURNAMENTS.
	7.015.411
4b	(Code: ) (Expenses \$ 655,843 · including grants of \$ ) (Revenue \$ 1,015,411 · )
713	FOOTBALL PLAYOFFS, OTHER TOURNAMENTS, PLAYOFFS AND MINOR SPORT EVENTS
	POOLDAILE VILLE VI
V-	
٧.	
٧	
•	
,	
	(Code: ) (Expenses \$ 1,899,144 · including grants of \$ ) (Revenue \$ 13,750 · )
4c	(Code: ) (Expenses \$ 1,705,7172. CIDED VISE ALL, HIGH SCHOOL SPORTS ACTIVITIES
4c	TO ORGANIZE, REGULATE AND SUPERVISE ALL HIGH SCHOOL SPORTS ACTIVITIES  TO ORGANIZE, REGULATE AND SUPERVISE ALL HIGH SCHOOL SPORTS ACTIVITIES  TO ORGANIZE, REGULATE AND SUPERVISE AND DELIVER THE HIGHEST QUALITY
4c	TO ORGANIZE, REGULATE AND SUPERVISE ALL HIGH SCHOOL SPORTS ACTIVITIES IN KENTUCKY. IT WILL ESTABLISH, PROMOTE AND DELIVER THE HIGHEST QUALITY  TAMBER GOVERN SETTIC PROGRAMS AND ACTIVITIES IN AN EFFCIENT AND PROGRESSIVE
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	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 EFFCIENT AND PROGRESSIVE MANNER THAT EMPHASIZES PARTICIPATION, SAFETY, SPORTMANSHIP AND INTEGRITY TO ENHANCE THE EDUCATIONAL EXPERIENCE OF THE STUDENT-ATHLETE.
	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 EFFCIENT AND PROGRESSIVE MANNER THAT EMPHASIZES PARTICIPATION, SAFETY, SPORTMANSHIP AND INTEGRITY TO ENHANCE THE EDUCATIONAL EXPERIENCE OF THE STUDENT-ATHLETE.  Other program services (Describe in Schedule O.)
40	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 EFFCIENT AND PROGRESSIVE MANNER THAT EMPHASIZES PARTICIPATION, SAFETY, SPORTMANSHIP AND INTEGRITY TO ENHANCE THE EDUCATIONAL EXPERIENCE OF THE STUDENT-ATHLETE.

KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION equired Schedules

Part	Checklist of Required Schedules		Yes	No
	tine 501(a)(a) or 4947(a)(1) (other than a private foundation)?	_		
1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	X	
	If "Yes," complete Schedule A	2	Х	
2	is the organization required to complete schedule b, ochedule of certains of certains of certain places for Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		ļ	
		3		<u> </u>
	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
		4		X
	during the tax year? If "Yes," complete Scriedule C, Fat III  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	, <b> </b>		L
	The second tree of the contract of the contrac	5	<u></u>	X
	to the state of any similar funds of accounts 101 Willow Constitutions and accounts of the state			ĺ
6	Did the organization maintain any donor advised furius of any similar littles or accounts? If "Yes," complete Schedule D, Part I provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
	provide advice on the distribution or investment of amounts in sacrificate assements to preserve open space,  Did the organization receive or hold a conservation easement, including easements to preserve open space,			<b> </b>
7	Did the organization receive or hold a conservation easement, including determined by the construction of the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II the environment, historic land areas, or historic structures? If "Yes," complete	7		X
	the environment, historic land areas, or historic structures? " Yes," complete Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8		8_		X
	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for part X, line 21, for escrow or custodial account liability; serve as a custodian for part X, line 21, for escrow or custodial account liability; serve as a custodian for part X, line 21, for escrow or custodial account liability; serve as a custodian for part X, line 21, for escrow or custodial account liability; serve as a custodian for part X, line 21, for escrow or custodial account liability; serve as a custodian for part X, line 21, for escrow or custodial account liability; serve as a custodian for part X, line 21, for escrow or custodial account liability; serve as a custodian for part X, line 21, for escrow or custodial account liability; serve as a custodian for part X, line 21, for escrow or custodial account liability; serve as a custodian for part X, line 21, for escrow or custodial account liability; serve as a custodian for liability and liability account liabilit	ļ		!
9	Did the organization report an amount in Part X, line 21, lor escrew of eactestal artificial repair, or debt negotiation services? amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9_		<u> </u>
	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	Did the organization, directly or through a related organization, flood according to the organization, directly or through a related organization, flood according to the organization according to th	10		X
	endowments, or quasi-endowments? If "res, complete schedule D, read and the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	諸法	SAME.	1
11	If the organization's answer to any of the following questions is Tes, then compete a series of the following questions is Tes,	120	William.	
	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Did the organization report an amount for land, buildings, and equipment in a day and	11a	X	
	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ľ		
b	Did the organization report an amount for investments of the securities will assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	<u> </u>	<u> </u>
	assets reported in Part X, line 16? if Yes, complete schedule P, at the P and X, line 13 that is 5% or more of its total Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1		
¢	Did the organization report an amount for investments - program related with a sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		X
	assets reported in Part X, line 16? if Yes, Complete Schools 5,7 as 15. If the 15 more of its total assets reported in Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
		11d		X
	Part X, line 16? If "Yes," complete Schedule D, Part X  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
€		1		1
f	The second control of	111	X	
	the organization's liability for uncertain tax positions under the edge of the tax year? If "Yes," complete  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ļ		
12:	Did the organization obtain separate, independent addited infantial obtains a separate of the organization obtain separate, independent addited infantial obtains a separate of the organization obtain separate, independent addited infantial obtains a separate of the organization obtain separate, independent addited infantial obtains a separate of the organization obtain separate, independent addited infantial obtains a separate of the organization obtains a separate of the organization obtain separate of the organization obtains a separate of the organization obtain separate of the organization obtains a separate of the organization of the organization of the organization obtains a separate of the organization of the organizati	12:	X	
	independent audited financial statements for the tax year?		1	
. 1	Was the organization included in consolidated, independent additional additional additional and the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional in the organization answered "No" to line 12a, then completely Schedule D. Parts XI and XII is optional in the organization answered "No" to line 12a, then completely Schedule D. Parts XI and XII is optional in the organization answered "No" to line 12a, then completely Schedule D. Parts XI and XII is optional in the organization answered "No" to line 12a, then completely schedule D. Parts XI and XII is optional in the organization answered "No" to line 12a, then completely schedule D. Parts XI and XII is optional in the organization answered "No" to line 12a, then completely schedule D. Parts XI and XII is optional in the organization answered "No" to line 12a, then completely schedule D. Parts XI and XII is optional in the organization and the organizat	121	<u> </u>	X
	If "Yes," and if the organization answered No to line red, then to red, then complete Schedule E  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Ц_	X
13		14	3	X
14	the state of a companies of more than a 11,000 following, taken as a second			
	b Did the organization have aggregate revenues or expenses of more than \$1,00,000 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 investments.			
	The state of the s	. 14		<u> </u>
	A star generation Part IV column (A) line 3, more than \$5,000 or grants of other assistance to 9, 10, and	1		
15		. 1	<u> </u>	<u> </u>
	foreign organization? If "Yes," complete schedule?, I also wards to bid the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
16	and the New Macampleta Schadule E. Parts III and IV	. 10	3 📗	<u>X</u> _
	the state of more than \$15,000 of expenses for professional fundraising services on tracting			
17		1	7	X
	column (A), lines 6 and 11e? If "Yes," complete scriedule G, Fart Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18	and the Art	1	в	<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
19	Did the organization report more than \$15,000 or gross income norm gaming accomplete Schedule G, Part ill	1	9	X
	Leapitel facilities? If "Yes," Complete Oureagns 17		a	X
2	<ul> <li>Did the organization operate one of more rospital facilities? If you</li> <li>b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> </ul>	2		
_	b If "Yes" to line 20a, did the organization attach a copy of the address in the control of the	F	9 mi	<b>90</b> (2013

Form 990 (2013)

KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION

Parl	Checklist of Required Schedules (continued)		. T	
	r		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	government on Part IX. column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	-+	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			x
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	00	1	x
	Schedule J	23	-	
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	04-		x
	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	_	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			x
	discuplified person during the year? If "Yes." complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ711 Yes, complete			X
	Schedule i Part l	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			v
	complete Schedule   Part	26		<u> </u>
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	l	}	x
	of any of these persons? If "Yes," complete Schedule L, Part III	27	weeksel	
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):	CSC20000		×
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
<b>L</b>	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part V	28b	<u> </u>	<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an omcer,			x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<del> </del>	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30	<del> </del>	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		X
	If "Yes." complete Schedule N, Part I	31	<del> </del>	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N. Part II	32	<del> </del>	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		v
	Control 2 and 201 7701 32 If "Ves " complete Schedule B. Part I	33	╄	X_
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	$\frac{X}{X}$
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
ŧ	of "Ves" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes." complete Schedule R, Part V, line 2	35b	+-	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Ves." complete Schedule R. Part V. line 2	36	<del> </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		707
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule H, Part VI	37	—	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O			
38	Note. All Form 990 filers are required to complete Schedule O	38	n 990	1 (2)

n 990 (2013)

Parl	V Statements Regarding Other IRS Filings and Tax Compliance				
eroc <del>vill</del> ai	Check if Schedule O contains a response or note to any line in this Part V	************************************			
		ا= م م		Yes	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 142	150		
ıa h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		(E) (25	
b	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
C	(gambling) winnings to prize winners?		1c	X	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			9 19	
20	filed for the calendar year ending with or within the year covered by this return	2a 16			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b	X	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)	250		
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3a	X	
3a	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b	X	
40	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
48	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
<b>L</b>	If "Yes," enter the name of the foreign country:			\$ 155 \$ 155	
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.	1300	400	
e-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	***************************************	5a		<u> </u>
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action?	5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
C C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organization solicit			
ьа	any contributions that were not tax deductible as charitable contributions?		6a		X
L	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or gifts			
D	were not tax deductible?		6b		
_	Organizations that may receive deductible contributions under section 170(c).			PLA	
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so	ervices provided to the payor?	7a		X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	vas required			1
C	to file Form 8282?		7c		X
	the state of the s	7d		300 A	
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?	7e		X
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?	7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file	Form 8899 as required?	7g		Х
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi	zation file a Form 1098-C?	7h		Х
h	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting	100 Mes		20000004 0000004
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	it any time during the year?	8		
0	Sponsoring organizations maintaining donor advised funds.	•	400	VIII.	
9	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**********************	9a		X
a	Did the organization make a distribution to a donor, donor advisor, or related person?	*****	9b	<u> </u>	X
	Section 501(c)(7) organizations, Enter:		30203	9000 3000	
10	1. We king from and popital contributions included on Part VIII. line 12	10a	700	JAYOUR	
a	- 12 to the facilities	10b			
1.1 1.1	Section 501(c)(12) organizations. Enter:		50 182 31 163		
11	a to the manufacture or charabolders	11a			
8	Gross income from other sources (Do not net amounts due or paid to other sources against				
i.	amounts due or received from them.)	11b			1 多数
10-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For	m 1041?	12a		1
126	of "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 50 1(c)(29) qualified nonprofit health insurance issuers.		A CONTRACTOR OF THE PARTY OF TH	S SHELLY	
13	to be a state?		13a	<u> </u>	
8	Note. See the instructions for additional information the organization must report on Schedule O.		1000 (1000) 1000 (1000)		
	Enter the amount of reserves the organization is required to maintain by the states in which the		100000		
1	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand		101/1900 101/1900		e gree
44				<u> </u>	X
146	bild the organization receive any payments for indeed the organization receive any payments of "No," provide an explanation in Schedule 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 1f "No," provide 2f "No," p		. 14b		
	J 10 100, that it flow at Chin 120 to Topolic Transport		For	m <b>99</b> 1	<b>3</b> (2013

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						<u> </u>
Sect	on A. Governing Body and Management				<del></del>		
0000	Off Action and State of State		1	4.05	A 155 M (1875)	Yes	No
4	Enter the number of voting members of the governing body at the end of the tax year	1a		18			
12	If there are material differences in voting rights among members of the governing body, or if the governing			ĺ			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			امما			Toronto
	en transport de la company included in line 1a, above, who are independent	1b	<u> </u>	18	1 Men (55)		
b	Enter the number of vourig members included in line to, above, and on a business relationship of a business relationship. Did any officer, director, trustee, or key employee have a family relationship or a business relationship.	p with	any other	1		100000000	
	*** *** trustee or key omployee?				2		X
	Did the organization delegate control over management duties customarily performed by or under th	e dire	ct supervision	ļ			
3	or trustees, or key employees to a management company or other persons			*****	3		<u>X</u>
	and the process of th	JOU W	as meur		4		X
4	Did the organization make any significant changes to the geterning and the organization of the organization's as	sets?			5		X
5	5: 4thization have members or stockholders?		,	,	6		X
6	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoin	t one or				
	manufacture of the governing body?		,,		7a		<u>X</u> _
	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stocki	nolders, or				
D	the attention according body?				7ь		X
_	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he following:				
8	The governing body?				8a	X	
a	Each committee with authority to act on behalf of the governing body?		. 4		8b	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the				
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9	<u> </u>	X
<u></u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revent	ue Code.)				
Sec	TION B. Policies (mis Section B requests in small section B)					Yes	No_
	Did the organization have local chapters, branches, or affiliates?				10a	<u> </u>	X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such	chapte	ers, affiliates,				
þ	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy be	fore filing the f	orm?	11a		
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					5.500	
b	The base a written conflict of interest policy? If "No," go to line 13				12a		1
	Did the organization have a whiteh some sensitive to disclose annually interests that could give ris	se to co	onflicts?		12b	X	
b	and enforce compliance with the policy (1)	'Yes,"	describe		1		}
C	in Schedule O how this was done				120		<u> </u>
	Did the organization have a written whistleblower policy?				13	X	
13	Did the organization have a written whisterbower policy?  Did the organization have a written document retention and destruction policy?				14	X	
14	Did the process for determining compensation of the following persons include a review and appropriate process for determining compensation of the following persons include a review and appropriate process for determining compensation of the following persons include a review and appropriate process for determining compensation of the following persons include a review and appropriate process for determining compensation of the following persons include a review and appropriate process for determining compensation of the following persons include a review and appropriate process for determining compensation of the following persons include a review and approximately	val by	/ independent				
15	Did the process for determining compensation of the tollowing persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?			1/1/200		
	persons, comparability data, and contemporaried substantiation of the organization's CEO, Executive Director, or top management official				15		
1	The organization's GEO, Executive Director, or top management critical				15i	, X	<u> </u>
1	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				aster.		
	If "Yes" to line 15a of 15b, describe the process in ochreciae o less included by a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	gemen	nt with a		4.30		
16		•			16	a	X
	taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to eval	uate it	ls participation	j		E 1350	
	If "Yes," did the organization follow a written policy of procedure requiring the organization follows a written policy of procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows as written policy or procedure requiring the organization follows as written policy or procedure requiring the organization follows a written policy or procedure requirements.	ganiza	ation's			夏 臺	8 B. S.
	In joint venture arrangements under applicable lederal tax law, and take steps to such arrangements?				16	ь	
	exempt states manted						
Se	ction C. Disclosure				-1		
17	List the states with which a copy of this Form 990 is required to be filed KY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (S	ection 501(c)(3	s)s only	/) avaii	able	
18	Section 6104 requires an organization to make its Forms 1025 (or 1024 if applicable), 500, and 50	,-	. 71	. •			
	for public inspection. Indicate how you made these available. Check all that apply.    X   Own website	ain in	Schedule O)				
	Own website Another's website Upon request Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents	confl	ict of interest r	oolicv.	and fir	nancia	
19	Describe in Schedule O whether (and it so, now), the organization made its governing documents	, _ = 1 111		• •			
	statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the book	s and	records of the	organi	ization	: <b>&gt;</b>	_
20	State the name, physical address, and telephone number of the person who possesses the second KHSAA — COMPANY OFFICERS — 859—299—5472			5		_	
	COMPANY OFFICERS - 853-255 5472		, 4000 ·				
	2280 EXECUTIVE DRIVE, LEXINGTON, KY 40505-4808				E	orm QC	0 (2013)

Form 990 (2013)

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

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

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 of current legislations are paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organizat	(B)		(C)					(D)	(E)	(F)
Name and Title	Average hours per week	box.	. unles	s per	rson l	than o s boti c/trus	an a	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Кеу атріоуес	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) BILL BEASLEY	5.00	]						0.	0.	0
RESIDENT		乚	L	X	_	<u>L</u>		U •	V •	
2) CHAD COLLINS	37.50								0.	O
ENERAL COUNSEL		_	<u> </u>	Х	<u> </u>	ļ	L_	0.	0.	
3) JULIAN TACKETT	37.50	1						114 500	0.	O
COMMISSIONER		$oxed{oxed}$	<u> </u>	L-	igspace	X	_	114,568.	U •	
(4) JERRY WYMAN	5.00							0.	0.	l c
DIRECTOR			lacksquare		<b>Ļ</b> _	╄	<u> </u>	0.	0.	
(5) MIKE DEATON	5.00	1	1					0.	0.	(
DIRECTOR		<u> </u>	上	╙	↓_	↓_	ļ.—	ļ		
(6) MARK EVANS	5.00	4			İ			0.	0.	(
DIRECTOR		<u> </u>	1	↓_	╄	╄	┡	<u> </u>	0.	<u> </u>
(7) JOHN BARNES	5.00	4	1	1			Į	0.	0.	
DIRECTOR		$oldsymbol{\perp}$	$oldsymbol{\perp}$	╀	╄	╄	<del> </del> —	<u> </u>		<u> </u>
(8) CARRELL BOYD	5.00	4					ĺ	0.	0.	(
DIRECTOR		╀-	1	┞-	┼	╁.	1	· · · · · · · · · · · · · · · · · · ·	-	<u> </u>
(9) DONNA BUMPS	5.00	4					ļ	0.	.l o.	
DIRECTOR		1	4-	╀-	+	+	-			
(10) STEVE RILEY	5.00	4	1	1				0.	. 0.	.]
DIRECTOR		-	<del> </del>	+	┼-	+	+-		- 0.	<del> </del>
(11) PETE GALLOWAY	5.00	4	1				Ì	0.	.l o.	
DIRECTOR		1	╄-	╀	+-	+-	┼			<del> </del>
(12) GWEN GIBBS	5.00	4	1					0.	. 0.	
DIRECTOR	<del></del>		+	-	+	+	+	<u> </u>		
(13) MARLON MILLER	5.00	4	i		1			0.	.  0.	
DIRECTOR		,-	+	-	+-	-	+-	<u> </u>	-	<del>`</del>
(14) KIMBERLY PARKER-BROWN	5.00	4					ĺ	0	. 0	.
DIRECTOR	_ <del>                                     </del>	+	_	+	+	+	+	<del>                                     </del>	<u>-</u>	<del>-</del>
(15) JEFF SAYLOR	5.00	4	ĺ					0	. 0	
DIRECTOR		, -	+	+	+		+		•	<del>-</del>
(16) SCOTT HAWKINS	5.00	싀			-			0		•
DIRECTOR		+	+	-	+	-	+-	<u> </u>	<u> </u>	<del>\</del>
(17) HENRY WEBB	5.00	<i>)</i>					1	0	. 0	
DIRECTOR						_1			·1	Form <b>990</b> (2

332007 10-29-13

DIRECTOR  (20) DANA GUYER  DIRECTOR  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization set any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  A X	Form 990 (2013) ATHLETIC								- 1 - 1		# / L \	o rage o
Name and title    Name and title   Name   Na	Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employe	es (continuea)	7	
Name and title				1			,		, .	• •	,	. ,
Compensation   Comp	Name and title			not cl	neck i	more	than o		1	•		
Gitchard   Part   Par		1 :	offic	, unle: cer an	ss pe dad	rson i Irecto	is bou	tee)		•	`	
Policy		l .	ā								co	mpensation
(18) RON DARM   SAMP STRIPEL   SUBSTRIPEL   SUBSTRIPE   SUBSTRIP   SUBSTRIPE   SUBSTRIPE   SUBSTRIPE   SUBSTRIPE   SUBSTRIPE   S			direc			l	90		organization	(W-2/1099-MISC)		from the
(18) RON DARM   SAMP STRIPEL   SUBSTRIPEL   SUBSTRIPE   SUBSTRIP   SUBSTRIPE   SUBSTRIPE   SUBSTRIPE   SUBSTRIPE   SUBSTRIPE   S		related	tee or	ıstee			ansat		(W-2/1099-MISC)			~
(18) RON DARM   SAMP STRIPEL   SUBSTRIPEL   SUBSTRIPE   SUBSTRIP   SUBSTRIPE   SUBSTRIPE   SUBSTRIPE   SUBSTRIPE   SUBSTRIPE   S		1 -	trus	na) tri		e) ee	d mo				1	
(18) RON DARM   SAMP STRIPEL   SUBSTRIPEL   SUBSTRIPE   SUBSTRIP   SUBSTRIPE   SUBSTRIPE   SUBSTRIPE   SUBSTRIPE   SUBSTRIPE   S		1 .	Nidua	effett	183	를	ploye	THE C			or	ganizations
DERECTOR  5.00  0.0.0.0  DERECTOR  1b Sub-total  1c Total from continuation sheets to Part VII, Section A  1 Total add lines 1b and 10).  2 Total momber of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is the sum of reportable compensation and rolled organization singester than \$150,000 of very complete Schedule J for such individual  4 For any individual isled on line 1a, is the sum of reportable compensation and other compensation from the organization and rolled organization singester than \$150,000 of very complete Schedule J for such individual  4 For any individual isled on line 1a, is the sum of reportable compensation and other compensation from the organization and rolled organization speaked than \$150,000 of very complete Schedule J for such individual  5 Did any person isted on line 1a roceive or accrue compensation from any unrelated organization or individual for services rendered to the organization of ""''''''' '''''', complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensation from any unrelated organization or individual for services rendered to the organization. Report compensation from the organization or individual for services  (A)  None  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization or individual for services.  Compensation		I '	Ē	Ĕ	₽	ž,	± 5	<u> 8</u>				
11 Sub-total  12 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Heport compensation for the organization for the organization. Heport compensation for the organization	(18) RON DAWN	5.00	-	Ì			1		n.	d		0.
DERROTOR    10   0   0   0   0   0   0   0   0   0		5 00	-	┞	-		+				1	
10 Sub-total		3.00	1					ĺ	0.	l c		0.
1b Sub-total		5 00	1	├-	$\vdash$	$\vdash$	+	-			$\top$	
1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a; 1b v. complete Schedule I for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,0007 if "Yes," complete Schedule I for such person  5 Did any person listed on line 1a receive or secure compensation from any metaled organization or individual for services rendered to the organization if "Yes," complete Schedule I for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or willhin the organization sax year.  (A) Name and business address NONE  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$400,000 of compensation from the organization for the calendar year ending with or willhin the organization is ax year.		3.00	ł			1			0.	i c		0.
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)	DIRECTOR		-	╁	┢┈	$\vdash$	-	-				
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)			1	Ì	1		1					
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)			<del>                                     </del>	$\vdash$	<del>                                     </del>	$\vdash$	+	├┈				·
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)			1		1			1				
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)			-	$\top$	1	T	T					
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)			1			1		1				
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)		<del> </del>	†	†⁻	厂	1		T			ı	
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)			1		1							<del></del>
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)			T	1	Τ		Т					
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)			1_		_	L		L				
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)			T		1						İ	
to Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)			L	_	<u> </u>	<u> </u>		<u> </u>	444 568		-	
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   Note	1b Sub-total							•				
d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization     Yes   No	c Total from continuation sheets to Part \( \)	VII, Section A					,	▶				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization.  Yes Not line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than	d. Total (add lines th and 1c)					. <b> .</b>			114,500	<u> </u>	<del>'</del> ·!	
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	2 Total number of individuals (including but	not limited to	thos	e list	ted a	abo	ve) w	/ho	received more than \$10	0,000 of reportable		
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of services.	compensation from the organization	<u>.</u>										
line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  Description of services									. 1 * . 1 1	employee on	9.89	
ine 1a? If "Yes," complete Schedule J for such manufacture and state of the reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	3 Did the organization list any former office	er, director, or t	rust	ee, k	еу е	emp	loye	e, oi	r highest compensated	empioyee on	964	77
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	line 1a? If "Yes," complete Schedule J for	r such individua	3/ 						ther componentian from	the organization	20/4A	
and related organizations greater than \$150,000? If "res, "complete Schedule J for such person    Section B. Independent Contractors   Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from    Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from    Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from    Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from    Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from    Compensation   Compen	4 For any individual listed on line 1a, is the	sum of reporta	Die i	com	pen:	sauc	on ar	ia u da i	t for each individual	THE OIGHNEADON	1000	4 X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	and related organizations greater than \$1	50,000?# ***	s, c	otion	, from	. OC	nv 10	arale	ated organization or ind	ividual for services	28404 9870 68 S	
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	5 Did any person listed on line 1a receive of	r accrue comp	ensa ula	auoi I for	etici Hot	n ne	erson	11 616	ated organization of the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 17
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	rendered to the organization? If res, co	implete scheu	uie c	101	36707	, 00	,, 00.,					
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	d. Complete this table for your five highest	compensated i	nde	neno	lent	cor	ntrac	tors	that received more tha	n \$100,000 of comp	ensati	on from
Name and business address NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	the organization Report compensation f	or the calendar	vea	ren	dina	wit	h or	with	nin the organization's ta	x year.		
Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	<del></del>	J. 110 Julius	7		~				(B)			(C)
\$100,000 of compensation from the organization		ss address	1	101	ΊE				Description o	services	Con	npensation
\$100,000 of compensation from the organization												
\$100,000 of compensation from the organization		<del></del>										<del></del>
\$100,000 of compensation from the organization									1			
\$100,000 of compensation from the organization												
\$100,000 of compensation from the organization	<del></del>									ļ		
\$100,000 of compensation from the organization												
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\$100,000 of compensation from the organization												
\$100,000 of compensation from the organization												
\$100,000 of compensation from the organization		. H	<u> </u>	1 [2	i+c-'	+= 31	hoc -	lic*	ad above) who receives	I more than	oscensky al (il) Patriotick	e de tro de tro
	<ol><li>Total number of independent contractor</li></ol>	s (including bu	t no	r am	rea	io ti	ause N	: HS[	en anosal min ieneisec	A THOIC MAN		
	\$100,000 of compensation from the org	anization 🗲					-				F	orm <b>990</b> (201

V	EVIII	Statement of Revenue						[ <del></del> -
		Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII	(5)	(C)	<u>(D)</u>
				2 (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इस	1 a	Federated campaigns	1a					200 (man) 100 (min) 100 (m
ran Oth		Membership dues	1 1	593,545.	ie sugaren er e		State of Lands Ave.	1 THE REPORT OF SHIP AND ADDRESS.
E G	c	Fundraising events	1c					The state of the s
# E	ď	Related organizations					and the second	55-10-3-2-3-3-1
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions)	1e					The state of the s
Sto	f	All other contributions, gifts, grants, and	1 14	040 010		protein result and	Section 100 persons	
ë		similar amounts not included above		049,812.	To a community of the state of		en produce the crow	
id at		Noncash contributions included in lines ta-1f:			1,643,357.	<b>在工作的表现</b>		27 (50 (50 (50 (50 (50 (50 (50 (50 (50 (50
ğΈ	h	Total, Add lines 1a-1f	*************		and the second s		100000000000000000000000000000000000000	
ı		DOME COMME DACKE		Business Code	1,539,388.	1.539.388.	CONTRACTOR MEDITION OF SERVICE	of Commence in the Control of States and Con
<u>ခ်</u>	2 a	BOY'S STATE BASKET OTHER TOURNAMENTS	TDWDD	611710	762,068.	762,068.		
Program Service Revenue	þ	GIDI 'C DACKEMBALL	TOTIR	611710	297,428.		<u> </u>	
M S	C.	TOOMDATE DEAVOURC	20010	611710	253,343.			
E S	d	HALL OF FAME E		611710	11,555.	11,555.		
Š.	e	All other program service revenue	C11710	4,903.	2,195.	2,708.		
_	f	Total, Add lines 2a-2f			2,868,685.			THE STATE OF THE LOCAL
	<u>9</u> 3	Investment income (including divid	ends, inter	est, and				
	Ü	other similar amounts)			184.			184.
	4	Income from investment of tax-exe	mpt bond (	oroceeds 🕨			<u> </u>	<u> </u>
	5	Royalties					and the second second second section is a second se	c (A-2-50000 maso took 00000)
			(i) Real	(ii) Personal	The property of	10 / 10 at 17 at 17	emorale est	
	6 a	Gross rents			10.75.00.0000.000			Commence of the second
	b	Less: rental expenses					13 12 (32 H) (1 H)	
	c	: Rental income or (loss)		<u></u>				
	d	Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of (i)	Securities	(ii) Other		D 0 10 10 10 10 10 10 10 10 10 10 10 10 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		assets other than inventory		<u> </u>	The second secon			
	l t	Less: cost or other basis			100000000000000000000000000000000000000	The state of the s	1200 (C) (E) (C) (1200 (C)	Committee State of the
		and sales expenses	~*****	<del>-</del>			STEEL STATE COMMENTS	
					STATISTICS OF THE STATE OF THE	CASSING TENANT SEE EST	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	e andreas de la companya de la companya de la companya de la companya de la companya de la companya de la comp
		1 Net gain or (loss)		<u> </u>		5 40 55 E 265, 41 (\$ \)	# 10 G LINGS # 18 HE TO	
ė	8 8	a Gross income from fundralsing ev			1221.00 (F) - (1702.400)			n (24 (* Sin * Sin ) ad (32 ) (* Fin ) Burgaria
venue	1	including \$	of		The second secon		States Suggestion	
		contributions reported on line 1c).			35 A. B. 4777 B. 4			
Other Re	١.	Part IV, line 18 b Less: direct expenses		b	250 (0.00)			3275 5476 578 546
₹		Net income or (loss) from fundrais			- Vijes og 12-12-12-12-12-12-12-12-12-12-12-12-12-1	Company Company Company		
		a Gross income from gaming activit			Escapa de Etascolar			in projector of the second of
	1 9 '	Part IV, line 19		a	50 mm 2 127 mm - 177 mm	1 75 4 5 5 5 5 5	Weller III (445)	
	١,	b Less: direct expenses		b			100000500000000000000000000000000000000	ara na salahara d
		c Net income or (loss) from gaming	activities					
	10	a Gross sales of inventory, less retu			200 A 200 A			100 25 70 70 70
	10	and allowances		a	100 Telephone (100 Te		61 SERVERS	
	ľ	b Less: cost of goods sold		ь		A. T. San San San San San San San San San San		t nationalessa
		c Net income or (loss) from sales o		<u></u>	- Contract of the Contract of		ove. Unit 14 Cest Salida primaris 1955	See See See See See See See See See See
		Miscellaneous Revenue		Business Co	de 🚃 🕞 🚛		A CONTRACTOR OF THE	
	11	a					<del></del>	
		ь		.		<del> </del>		
		c						
		d All other revenue						
	1	e Total. Add lines 11a-11d			N E12 226	.2,865,977	. 2,708	. 184
		Total revenue. See instructions						

ction	501(c)(3) and 501(c)(4) organizations must comple	ete ali columns. Ali otne	Organizations must be	implete bolding p y	X
	Check if Schedule O contains a response	e or note to any line in the (A)	(0)	(C) Management and	(D)
o, 8b	include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
G	rants and other assistance to governments and	}		Sant Court Flat Cally	racional paracione de
	ganizations in the United States. See Part IV, line 21		<u> </u>		
	rants and other assistance to individuals in				
	ne United States. See Part IV, line 22			The second secon	anandaring argumental ar
	arants and other assistance to governments,				Control of the Contro
0	rganizations, and individuals outside the	-			
	Inited States. See Part IV, lines 15 and 16				JESUS MELLEGETZE GESTELLE
	Benefits paid to or for members				
	Compensation of current officers, directors,			'	
tı	rustees, and key employees compensation not included above, to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4958(c)(3)(B)				
	Other salaries and wages	995,447.	696,813.	149,317.	149,317
_	Aner salaries and wages Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	170,514.	119,360.	25,577.	25,577
	Other employee benefits	78,701.	55,091.	11,805.	11,805
	, -	68,134.	47,694.	10,220.	10,220
	Payroll taxes				
	Management	*			<u></u>
		68,347.	47,843.		10,252
	LegalAccounting	15,500.	10,850	2,325.	2,325
a	LobbyingProfessional fundraising services. See Part IV, line 17		o die trecht is de		
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)				
	Advertising and promotion				0.04
	Office expenses	15,626.	10,938	2,344.	
	Information technology	25,174.	17,622	. 7,552.	
	Royalties				
	Occupancy	83,251.	58,276		
17	Travel	43,375.	30,363	6,506	6,506
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				10 25
	Conferences, conventions, and meetings	69,013.	48,309	. 10,352	. 10,35
20	Interest				
21	Payments to affiliates			100 500	
22	Depreciation, depletion, and amortization	166,590.	4.50 430	166,590 69,617	
23	Insurance	232,056.	162,439	. 69,61 <i>1</i>	
24	Other expenses. Itemize expenses not covered above. (I ist miscellaneous expenses in line 24e. If line			e de Company de la Company	
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	vice of the second		The state of the s	
	COSTS ASSOCIATED W/ ONL	2,311.		2,311	
a	CLINIC AND OFFICIALS' E	593,739.	415,617		
đ	SPONSORSHIP EXPENSE	357,859.	86,738		•
d	TEAM EXPENSES AND AWARD	292,700.			
	All other expenses SEE SCH O	1,318,816.			
e SE	Total functional expenses. Add lines 1 through 24e	4,597,153.		1,289,594	. 228,69
25	Joint costs. Complete this line only if the organization				
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (20

Form 990 (2013)

	X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			<b>(A)</b> Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing	1,149,499.	1	1,351,579.
		Savings and temporary cash investments		2	
		Pledges and grants receivable, net		3	040 400
1		Accounts receivable, net	538,601.	4	319,482
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			And the second s
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	2-11 DEF 11-17-11 2-		
	Ū	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	# 100 mm	70 00 10 1	
1		employers and sponsoring organizations of section 501(c)(9) voluntary	20 A CONTRACTOR OF THE PROPERTY OF THE PROPERT	1000 THE NEW YORK	August 1985 File School
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
		Notes and loans receivable, net		7	
		Inventories for sale or use		8	
		Prepaid expenses and deferred charges	4,957.	9	12,949
-	40	Land buildings and aguipment; cost or other	The Control of the Control		SA SATE SAMPAN IN A
	iud	basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 4,517,399.  10b 2,192,057.	Mary property cardinates	-313	
	L.	Least accumulated depreciation 10b 2,192,057.	2,426,280.	10c	2,325,342
		Investments - publicly traded securities		11	
- 1	11	Investments - other securities. See Part IV, line 11		12	
١	12	Investments - program-related. See Part IV, line 11		13_	
-	13	Interest programmerated, dee 1 dr. 17, and 1		14	
ļ	14	Other assets. See Part IV, line 11		15	
	15	Total assets. Add lines 1 through 15 (must equal line 34)	4,119,337.	16	4,009,352
┥	16	Accounts payable and accrued expenses	243,974.	17	314,953
ļ	17	Grants payable		18	
-	18	Deferred revenue	314,085	19	217,61
	19	Tax-exempt bond liabilities		20	
- 1	20	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	21	Loans and other payables to current and former officers, directors, trustees,	[10.4424 (10.452)]	S STATE	
	22	key employees, highest compensated employees, and disqualified persons.			TOTAL SECTION AND SECTION OF THE SEC
		Complete Part II of Schedule L	AND PROPERTY OF LINES AND THE PROPERTY OF THE	22	
	00	Secured mortgages and notes payable to unrelated third parties		23	
	23	Unsecured notes and loans payable to unrelated third parties		24	
	24	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	103,601	25_	104,03
		Total liabilities. Add lines 17 through 25	661,660	• 26	636,60
	26	Organizations that follow SFAS 117 (ASC 958), check here		ALCOHOL:	CROSS SEAS NAME OF SEASONS
•		complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	3,411,420	• 27	3,318,75
ii.	27	Temporarily restricted net assets		- 28	53,99
מ	28	Permanently restricted net assets		29	<u> </u>
2	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			and the property of the second
Net Assets or Fund balances		and complete lines 30 through 34.	Control of Carlot Control		4.01 (240) 87 (152) 156
9	20	Capital stock or trust principal, or current funds	The state of the s	30	
98	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ϋ́	31	Retained earnings, endowment, accumulated income, or other funds		32	
	32			• 33	3,372,75
E E	33	Total net assets or fund balances	1		4,009,35

Form	990 (2013) ATHLETIC ASSOCIATION			
Par	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	·····	·	<u> </u>
			4,512	226
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,512	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,337	, <u>133.</u> ,927.>
3	Revenue less expenses. Subtract line 2 from line 1	3		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,457	,0//-
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		<del></del>
7	Investment expenses	7		
8	Prior period adjustments	8		0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- 0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		2 271	750
	column (B))	10	3,314	750.
Pai	t XIII Financial Statements and Reporting			X
	Check if Schedule O contains a response or note to any line in this Part XII			Yes No
		•	September 14	Description
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 366	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.		X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	ed on a		
	separate basis, consolidated basis, or both:		100 mg 10	
	Separate basis Consolidated basis Both consolidated and separate basis		2b	x
b	Were the organization's financial statements audited by an independent accountant?		20	A
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ite basis,	\$2.00 pm	
	consolidated basis, or both:			Hach Med
	X Separate basis Consolidated basis Both consolidated and separate basis	- 100	7	
Ç	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	ne audīt,	32/327	X
	review or completion of its financial statements and selection of an independent accountant?		2c	Control (029/02)
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc	hedule O.	(3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	single Audit	in in the second	X
	Act and OMB Circular A-133?		3a	- <del>  ^</del>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the rec	ured audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	990 (2013)
			Form	<b>JJU</b> (2013)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION

Employer identification number 61-0444710

Part I	Reason fo	r Public Charity	y Status (All organizat	tions must	complete	this part.)	See instr	actions.				
	ization is not a D	orivate foundation be	cause it is: (For lines 1	through 11	, check or	aly one bo	x.)					
1	A church, conv	ention of churches,	or association of church	nes descrit	oed in sec	tion 170(b	)(1)(A)(i).					
2	A school descri	ibed in section 170(	b)(1)(A)(ii). (Attach Sch	edule E.)								
з 🔲	A hospital or a	cooperative hospital	l service organization de	escribed in	section 1	i70(b)(1)(A	.)(jii).					
4	A medical rese	arch organization op	erated in conjunction w	ith a hosp	ital descrit	oed in sec	tìon 170(b	)(1)(A)(iii)	. Enter th	ne hospital's	s name	∌,
-	city and state:	•										
5	An organization	n operated for the be	enefit of a college or uni	versity ow	ned or ope	erated by a	a governm	ental unit	describe	ed in		
	section 170(b	)(1)(A)(iv). (Complete	e Part II.)									
6 🔲	A federal state	e or local governmen	nt or governmental unit	described	in section	170(b)(1)	(A)(v).					
7	An organization	n that normally recei	ves a substantial part o	f its suppo	rt from a g	overnmen	ital unit or	from the g	general p	oublic descr	ribed ir	1
-	section 170(b)	)(1)(A)(vi). (Complete	Part II.)									
8	A community t	rust described in ser	ction 170(b)(1)(A)(vi). (0	Complete F	art II.)							_
9 X	An organization	n that normally recei	ves: (1) more than 33 1/	/3% of its s	support fro	om contrib	utions, me	embership	fees, an	id gross rec	eipts i	irom
	activities relate	ad to its exempt fund	tions - subject to certai	n exceptio	ns, and (2)	) no more :	than 33 1/	3% of its:	support	trom gross	invest	ment
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
	See section 509(a)(2), (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
10	An organizatio	n organized and one	erated exclusively to tes	t for public	safety. S	ee section	1 509(a)(4)	).				
11 🗀	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that											
	more publicly	supported organizati	ions described in sectic	on 509(a)(1)	or section	n 509(a) <b>(</b> 2)	. See sec	tion 509(a	)(3). One	eck the box	เกลเ	
	describes the	type of supporting o	organization and comple	ete lines 11	e through	11h.		——————————————————————————————————————		£1!1		-rotod
	a L Type I	ь 📖 Тур	ре II — <b>с</b> — Ту	pe III - Fun	ctionally in	ntegrated	d			n-functionall		
e 🗀	By checking the	his box, I certify that	the organization is not	controlled	directly or	indirectly	by one or	more also	uaimed	persons ou costion 500	Mentar Jeruna	31
	foundation ma	anagers and other th	an one or more publicly	supported	d organiza	tions desc	nbed in so	ection 509	(a)(1) or	section out	η(α)(∠).	
f			en determination from t	he IRS tha	titisalyp	se i, Type	ıı, or Type	: 111				
	supporting org	ganization, check thi	s box				_					
9	Since August	17, 2006, has the or	ganization accepted an	ny gift or co	ntribution	from any	or the tolk	owing pers	i) balaw		Yes	No
	(i) A person	n who directly or indir	rectly controls, either al	one or toge	ether with	persons a	escribed i	и (л) жиа (л	ii) Delow,	11g(i)	163	100
	the gove	rning body of the su	pported organization?		•••••	· · · · · · · · · · · · · · · · · · ·					$\vdash$	<del> </del> -
	(ii) A family	member of a person	described in (i) above?	/m> 1							1	<del>                                     </del>
	(iii) A 35% c	ontrolled entity of a p	person described in (i) o	or (11) above						[119(11)	Л.,	
ħ	Provide the fo	ollowing information a	about the supported or	ganization	s).							
				(las) la blaca	rannization	(v) Did you	notify the	l (vi) Is	the	(util) Amoren	t of mo	noton
	ne of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o in col. (i) lis	rganization ited in vour	organizati		(vi) Is organizatio	n in cel.	(vii) Amoun	port	Heldiy
or	ganization		above or IRC section	governing (	document?			(i) organiz U.S	?	, ou	porc	
			(see instructions))	Yes	No	Yes	No	Yes	No			
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		Total Company of Control of Control			100%, 45%	Yazet (Sid	\$2.50%	100 mm	FORES			
			97-109 (1976) 187-199 (1976)				TAXABINE S		1	<u> </u>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 ATHLETIC ASSOCIATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					L Vanda III	ID T-t-I		
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
	Tax revenues levied for the organ-								
	ization'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			<u> </u>					
4	Total. Add lines 1 through 3		And the day of the set of the second second second						
5	The portion of total contributions		Action (Control of the Control of th						
	by each person (other than a				910.01.914				
	governmental unit or publicly		30回30mm(2000年)	\$4500 DEF		THE RESERVE AND THE TANK OF THE PARTY OF THE			
	supported organization) included				10.55				
	on line 1 that exceeds 2% of the		eed in less in	Table State See		u ne du como de la como de la como de la como de la como de la como de la como de la como de la como de la como La como de la como de			
	amount shown on line 11,	100	pie o di consider d <del>a</del> s		070 333-20 S				
	column (f)	100000000000000000000000000000000000000		Contract of the Contract of th	Andrews Committee Committe				
	Public support. Subtract line 5 from line 4.	And the second s	200600220000000000000000000000000000000	Carry All Professional Address of the	And the state of the second of the second	-acceptation-recognistic committees			
	ction B. Total Support	T . 10000	(h) 0010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(6/2011	(4) 2012	(4) = 0.0			
	Amounts from line 4								
8	Gross income from interest,					1			
	dividends, payments received on	ļ							
	securities loans, rents, royalties								
	and income from similar sources	···							
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on Other income. Do not include gain						<del></del>		
10	or loss from the sale of capital								
	. (m. 1.1.1.15)	1							
44	Total support. Add lines 7 through 10	The state of the second state of	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 5.000 5000 5000 5000					
10	Gross receipts from related activities	s, etc. (see instruct	ions)		********	12			
12	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth f	tax year as a sectic	ın 501(c)(3)			
	organization, check this box and sto	p here			<u></u>		<u>.,</u> ▶└ᆜ		
Se	ction C. Computation of Pub	olic Support Pe	ercentage		<u></u>				
14	Public support percentage for 2013	(line 6, column (f)	divided by line 11,	column (f))		14	%		
45	Bublic cupport percentage from 201	2 Schedule A. Par	t II, line 14			15	. %		
16	a 33 1/3% support test - 2013. If the	organization did n	ot check the box	on line 13, and line	∍ 14 is 33 1/3% or i	more, check this bo	x and		
	stop have The organization qualifies	s as a nubliciv sub	ported organization	on					
	b 33 1/3% support test - 2012. If the	organization did n	ot check a box or	n line 13 or 16a, an	id line 15 is 33 1/39	% or more, check tr	is dox		
	and atom have. The organization of	alifies as a publiciv	supported organ	ization					
17	and stop here. The organization que a 10% -facts-and-circumstances te	st - <b>2013.</b> If the or	ganization did no	t check a box on lii	ne 13, 16a, or 16b,	and line 14 is 10%	or more,		
	and if the organization meets the "fa	acts-and-circumsta	ınces" test, check	this box and <b>stop</b>	nere. Explain in Pa	att to now the order	iization		
	meets the "facts-and-circumstances	s" test. The organiz	zation qualifies as	a publicly support	ed organization	47 315-447 (-			
	h 10% -facts-and-circumstances te	est - 2012. If the or	rganization did no	t check a box on li	ne 13, 16a, 16b, or	1/a, and line 15 is	10% Or		
	more and if the organization meets	the "facts-and-circ	cumstances" test,	check this box an	d stop nere, Explai	IU BI SALEM HOW THE	,		
	organization meets the "facts-and-c	ircumstances" tes	t. The organization	n qualifies as a pub	olicly supported org	panization			
_18	3 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2013 ATHLETIC ASSOCIATION

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	(Complete only if you checked			ganization lalleu ti	quality dituer i ai	CII. II (IIO OIGGIAL	ation rand to
	qualify under the tests listed be	elow, please comp	lete Part II.)				
	tion A. Public Support		#1.0040	(-) 0011	(d) 2012	(e) 2013	(f) Total
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(0) 2012	(6) 2010	(1) 1000
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1065633	1154525.	961,885.	1026264.	1062322.	5270619.
	include any "unusual grants.")	1065623.	11343231	901,003.	10202021		
2	Gross receipts from admissions,	ļ					
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the	2501200	2622662	3533653.	3498599.	3459522	17635835.
	organization's tax-exempt purpose	3521399.	3622662.	2222022.	3470377.	5455542.	1,000,000
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	e				<u> </u>	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	450000	ADD0107	4495538.	4524863.	4521844	.22906454.
6	Total. Add lines 1 through 5	4587022.	4777187.	4495556.	4324003	4021044	1223001011
7:	Amounts included on lines 1, 2, and				1		0.
	3 received from disqualified persons		<u> </u>				<del>                                     </del>
	Amounts included on lines 2 and 3 received	1					
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		<b>\</b>				0.
	amount on line 13 for the year		ļ		<del> </del>		+ <u>ŏ</u> .
	Add lines 7a and 7b				Marie Salandaria (1977)		22906454.
8	Public support (Subtract line 7c from line 6.)	The second second		Action Constitution	C COMPANY AND AND AND AND AND AND AND AND AND AND	Spinstingening 1970, was tree	<u> </u>
	ction B. Total Support		<del></del>		1 1 2 2 2 2	1-1-0012	(f) Total
Calendar year (or fiscal year beginning in) $\blacktriangleright$ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total $45.870.22.47771.87.4495538.4524863.4521844.22906454$							
	Amounts from line 6	4587022	4777187	4473330	4324003.	1 2003011	1230072
10	a Gross Income from interest,					ļ	
	dividends, payments received on securities loans, rents, royalties	0 500	1 407	1,017	517.	184	5,754.
	and income from similar sources	2,539	1,497	1,011	311	<del></del>	
	b Unrelated business taxable income						
	(less section 511 taxes) from businesses	1					
	acquired after June 30, 1975		1 407	1,017	517	184	5,754.
	c Add lines 10a and 10b	2,539	1,497	1,017	917	101	
11	Net income from unrelated business	3		ļ			
	activities not included in line 10b, whether or not the business is					1	
	regularly carried on		<u> </u>			<del> </del>	
12	Other income. Do not include gain or loss from the sale of capital					1	
	assets (Explain in Part IV.)	4500551	4870604	. 4496555	. 4525380	4522028	3.22912208.
13	Total support (see E 0 100 11 and 12)	4589561	. 4778684				
14	First five years. If the Form 990 is t	or the organization	n's first, second, th	nird, fourth, or fifth	tax year as a secu	on sur(c)(s) orga	enzation,
	shock this boy and ston here			<u> </u>		***************************************	
S	ection C. Computation of Pul	olic Support P	ercentage	. (0)	<u>,</u>	Tel	99.97 %
1	Public support percentage for 2013	3 (line 8, column (f)	divided by line 13	, column (f))		15	99.95 %
1	5 Public support percentage from 20	12 Schedule A, Pa	rt III, line 15	-		16 ]	JJ • J 5 70
ร	ection D. Computation of Inv	estment Incol	ne Percentag	<u>e</u>		T1	.03 %
1	7 Investment income percentage for	<b>2013</b> (line 10c, col	umn (f) divided by	line 13, column (t)	)	17	.05 %
_		n 2012 Schedule /	A Part III line 17	•		18	
1	n - on 4/20/ aumment tacte - 2013  ft	ne organization did	I not check the bo	x on line 14, and I	ine 15 is more triar	133 1/3%, and iir	ne 17 is not ► X
	than 20 1/20/ check this hay	and stop bere. T	he organization qu	ialifies as a publici	y supported organ	izauon	
	1. 00 4/09/ numbert toets - 2019 If the	he ornanization di	d not check a box	on line 14 or line 1	9a, and line 16 is r	nore than 33 1/3	76, and
	11 10 1- met mark than 33 1/306 C	beck this box and	stop here. The o	rganization qualific	es as a publiciy sup	iporteu organizai	
2	O Private foundation. If the organiza	tion did not check	a box on line 14,	19a, or 19b, checl	this box and see i	nstructions	<u>PL</u>
	2002 00 25-13				Si	chedule A (Form	990 or 990-EZ) 201

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047
2013

Name of the organization

KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION Employer identification number

61-0444710

	D. Minn.
Filers of:	Section:
Form 990 ar 990-EZ	X 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 organizat	ion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
X For an organiz	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one complete Parts I and II.
Special Rules	
509(a)(1) and	501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% ton (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
total contribu	501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, itions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or one of cruelty to children or animals. Complete Parts i, II, and III.
contributions If this box is a	1501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, is for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively aritable, etc., contributions of \$5,000 or more during the year
Caution. An organiza	ation that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-Pf No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION Employer identification number 61-0444710

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALE-8-ONE 25 CAROL ROAD WINCHESTER, KY 40301	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COOK TIRE, INC.  PO BOX 970  LONDON, KY 40743	\$\$ <u>31,680.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP ÷ 4	(c) Total contributions	(d) Type of contribution
3	ASHER AGENCY 4101 TATES CREEK CENTRE DR. LEXINGTON, KY 40517	s22,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	EBONITE INTERNATIONAL  PO BOX 746  HOPKINSVILLE, KY 42240	\$6,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	FLAV-O-RICH  221 WEST HIGHWAY 80  LONDON, KY 40741	\$\$, 875.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	FORCHT GROUP OF KENTUCKY  2709 OLD ROSEBUD ROAD  LEXINGTON, KY 40509	\$34,978.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 10	L. Living and the second of th	Schedule B (For	n 990, 990-EZ, or 990-PF) (2013

KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION Employer identification number

61-0444710

ATHLE.	FIC ASSOCIATION		
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	H & W SPORTS SHOP  115 S CENTRAL AVE  CAMPBELLSVILLE, KY 42718	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	WHITAKER BANK  430 W VINE ST  LEXINGTON, KY 40507	\$125,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	BOWLING GREEN AREA CONVENTION  352 THREE SPRINGS RD  BOWLING GREEN, KY 42104	\$\$,150.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	HOUCHENS INDUSTRIES  PO BOX 90009  BOWLING GREEN, KY 42101	\$\$	Person X Payroil  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
11	CACI STRATEGIC COMMUNICATIONS  1100 NORTH GELBE RD  ARLINGTON, VA 22201	<u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	KOSAIR CHARITIES  982 EASTERN PARKWAY  LOUISVILLE, KY 40217	\$\$.	Person X Payroll

Name of organization
KENTUCKY HIGH SCHOOL

Employer identification number

61-0444710 ATHLETIC ASSOCIATION Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. EASTERN KY UNIVERSITY Person 13 Payroll 35,200. Noncash 521 LANCASTER AVE (Complete Part II for noncash contributions.) RICHMOND, KY 40475 (d) (c) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. X Person TEAM IP 14 Payroll Noncash 132,000. 701 NW FEDERAL HIGHWAY (Complete Part II for noncash contributions.) STUART, FL 34994 (c) (d) (b) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. X Person FLW OUTDOORS 15 Payroll 5,000. Noncash 30 GAMBLE LANE (Complete Part II for noncash contributions.) BENTON, KY 42025 (d) (c) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. X Person MIDWAY COLLEGE 16 Payroll 7,800. Noncash 512 E STEPHENS ST (Complete Part II for noncash contributions.) MIDAY, KY 40347 (d) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. [X]Person KY TRANSPORTATION CABINET 17 Payroli 15,000. Noncash 200 METRO STREET (Complete Part II for noncash contributions.) FRANKFORT, KY 40622 (d) (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person KY UTILITIES/LG&E 18 Payroll 38,500. Noncash 1 QUALITY STREET (Complete Part II for noncash contributions.) LEXINGTON, KY 40507 Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization

KENTUCKY HIGH SCHOOL

Employer identification number

61-0444710 ATHLETIC ASSOCIATION Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. X Person LEACHMAN BUICK/GMC 19 Payroll 15,000. Noncash 2012 SCOTTSVILLE ROAD (Complete Part II for noncash contributions.) BOWLING GREEN, KY 42102 (c) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. X LEXINGTON CONVENTION & VISITORS BUREAU Person 20 Payroll Noncash 10,000. 510 EAST VINE STREET (Complete Part II for noncash contributions.) LEXINGTON, KY 40507 (d) (c) (b) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. X Person LEXINGTON HERALD LEADER 21 Payroli 8,200. Noncash 100 MIDLAND AVE (Complete Part II for noncash contributions.) LEXINGTON, KY 40508 (d) (c) (b) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. NATIONAL FEDERATION OF STATE HIGH X SCHOOL ASSOCIATIONS Person 22 Payroll 100,010. Noncash PO BOX 690 (Complete Part II for noncash contributions.) IN 46206 INDINAPOLIS (d) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. X Person MUSCO LIGHTING 23 Payroll 24,920. Noncash 100 FIRST AVENUE (Complete Part II for noncash contributions.) LA 52577 OSKALOOSA, (c) Type of contribution (a) **Total contributions** Name, address, and ZIP + 4 No. Person NEW WEST AGENCY 24 Payroll Noncash 30,266. 950 BRECKINRIDGE LN, 140 (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

LOUISVILLE, KY 40207

Name of organization KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION Employer identification number 61-0444710

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	NORTHERN KENTUCKY UNIVERSITY  LUCAS CENTER, SUITE 701	\$12,750.	Person X Payroll
	HIGHLAND HEIGHTS, KY 41099		<u> </u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	OWENSBORO DAVIESS CONVENTION BUREAU		Person X Payroll
	215 EAST SECOND STREET	\$6,000.	Noncash (Complete Part II for
	OWESNBORO, KY 42302		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	PANNELL SWIM SHOP  148 WEST TIVERTON WAY	\$ 6,000.	Person X Payroll Noncash
	LEXINGTON, KY 40503		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	VOLAR VIDEO INC  325 W MAIN ST #300  LEXINGTON, KY 40507	\$11,200.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	PRAIRIE FARMS  1100 BROADWAY  CARINVILLE, IL 62626	\$6,664.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	RAWLINGS SPORTS 510 MARYVILLE UNIVERSITY DRIVE, SUITE 110	\$115,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
222452 10	ST. LOUIS, MO 63141	Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Employer identification number Name of organization KENTUCKY HIGH SCHOOL 61-0444710 ATHLETIC ASSOCIATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	Iditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	RUSSELL ATHLETICS  1 FRUIT OF THE LOOM DRIVE  BOWLING GREEN, KY 42102	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	SCHEDULE STAR  100 EMERSON LANE  BRIDGEVILLE, PA 15017	\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	LRG PREP, LLC  442 CENTURY LN #100  HOLLAND , MI 49423	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$Sahadula B /For	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer Identification number

KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION

61-0444710

(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b></b>	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

323454 10-24-13

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

KENTUCKY HIGH SCHOOL

AMULI BILLS A GOOGLEMICON

OMB No. 1545-0047

Open to Public Inspection

ATHLETIC ASSOCIATION

Employer identification number 61-0444710

Par	Organizations Maintaining Donor Advised	Funds or Other Similar Fund	Is or Accounts. Complete if the
Transco.	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2			
3			
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	vised funds
J	are the organization's property, subject to the organization's e	exclusive legal control?	L Yes NO
6	Did the organization inform all grantees, donors, and donor ad	ivisors in writing that grant funds can b	e used only
·	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	se conterring
	imporminaible private benefit?		res LINO
Pai	Till Conservation Easements. Complete if the organic	anization answered "Yes" to Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all th <u>at a</u> pply).	
•	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an t	nistorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Presentation of open space		
2	Complete lines 2a through 2d if the organization held a qualifit	ied conservation contribution in the for	m of a conservation easement on the last
2.	day of the tax year.		Para de la companya del companya de la companya de la companya del companya de la
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	ucture included in (a)	26
ď		after 8/17/06, and not on a historic stru	ucture
u	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by	the organization during the tax
3	year >		
4	Number of states where property subject to conservation eas	sement is located 🕨	<del></del>
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling	of
3	violations, and enforcement of the conservation easements if	t holds?	tes L No
6	Stoff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easement	s during the year 🚩
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements dur	ing the year 🕨 💲
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1	: / U(n)(4)(B)(I)
Ŭ			Tes NO
9	In Doct VIII, describe how the organization reports conservati	ion easements in its revenue and expe	nse statement, and balance sheet, and
•	include, if applicable, the text of the footnote to the organiza	tlon's financial statements that describ	es the organization's accounting for
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or	r Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1:	If the examination elected, as permitted under SEAS 116 (A)	SC 958), not to report in its revenue sta	atement and balance sheet works of art,
,.	historical treasures, or other similar assets held for public ex	hibition, education, or research in furth	erance of public service, provide, in Part XIII,
	the text of the feetnets to its financial statements that descr	ibes these items.	
	. If the argonization elected as permitted under SEAS 116 (A)	SC 958), to report in its revenue staten	nent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of	f public service, provide the following amounts
	relating to these items:		
	(3) Boyonues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(iii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for fina	ncial gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
	= 000 Port VIII fine f		<b>▶</b> ⇒
	b Assets included in Form 990, Part X		<b>&gt;</b> \$
	D Floodio Holadod at Form 550) Face C		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

	KENTUCKY	HIGH SCHOOL
Schedule D (Form 990) 2013	ATHLETIC	ASSOCIATION
Part III Organizations N	Maintaining Col	lections of Art, I
3 Using the organization's acc	quisition, accession	, and other records, cl
(check all that apply):		L.
a Public exhibition		d L
(*************************************		ا م

Part	III Organizations Maintaining Co	ollections of Ar	t, Histori	cal Tre	asures, or	Other	Simila	ar Asset	S(continu	ed)	
3 1	Jsing the organization's acquisition, accession	on, and other records	s, check an	y of the fe	ollowing that a	re a sig	nificant (	use of its c	ollection i	items	
	check all that apply):										
a `	Public exhibition	d	Loar	າ or exch	ange program	5					
b	Scholarly research	е	Othe	ər							
	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5 1	During the year, did the organization solicit or	receive donations of	of art, histor	ical treas	ures, or other	similar i	assets		İ		
-	to be sold to raise funds rather than to be ma	intained as part of t	ne organiza	tion's col	lection?	<u></u>		L <u>.</u>	Yes		No
Part	IV Escrow and Custodial Arrang	<b>gements.</b> Comple	te if the org	anization	answered "Ye	es" to F	orm 990	, Part IV, lii	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	s the organization an agent, trustee, custodi	an or other intermed	liary for con	tributions	s or other asse	ets not i	ncluded	г <del></del>	1 .		
	on Form 990. Part X?										
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	e:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d		<del></del>		
е	Distributions during the year				***************************************		. <u>1e</u>				
f	Ending balance	,,,					. <u>If</u>	L		1 1	
2a	Did the organization include an amount on Fi	orm 990, Part X, line	21?					L	Yes	$\vdash$	No
ь	If "Yes." explain the arrangement in Part XIII.	Check here if the ex	oplanation h	as been	provided in Pa	art XIII		<u></u>			
Par	Endowment Funds. Complete i	f the organization ar	swered "Ye	es" to For	m 990, Part IV	/, line 10	J				
		(a) Current year	(b) Prior	year	(c) Two years	back (	d) Three	years back	(e) Four	years b	ack_
1a	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses	1									
g	End of year balance		<u> </u>		<u>L </u>						
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1g, c	column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
	Permanent endowment	%									
c	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the poss-	ession of the organiz	zation that a	are held a	ınd administer	ed for t	he organ	ization	г	Т	
	by:								t	Yes	No_
	(i) unrelated organizations								3a(i)	+	
	(ii) related organizations					,,			3a(ii)	-+	
b	If "Yes" to 3a(ii), are the related organization	ns listed as required	on Schedul	e R?					. 3b		
4	Describe in Part XIII the intended uses of th	e organization's end	lowment fur	nds.	·						
Pa	t VI Land, Buildings, and Equipr	nent.									
	Complete if the organization answer										
	Description of property	(a) Cost or	. 1		t or other	٠,	ccumula	l P	(d) Bool	k value	ž.
		basis (invest	tment)		(other)		preciatio	n Haranaa	43	1 2	<del>// 1</del>
1a	Land						070	DE1		1,3	
	Buildings			3,56	58,124.	<u> </u>	972,	D D T •	1,59	<u>، ۲</u>	13.
С	Leasehold improvements			<u> </u>	17 024		ጎተሉ ፡	206	20	8,7	20
d	Equipment			5	17,934.		219,	∠UO•	49	0,1	40.
	Other								2 22	<u> こう</u>	12
Tota	ıl. Add lines 1a through 1e. (Column (d) must	equal Form 990, Pa	rt X, column	(B), line	10(c).)			▶	2,32		
								Schedul	e D (Forr	n 990)	2013

KENTUCKY HIGH SCHOOL 61-0444710 Page 3 ATHLETIC ASSOCIATION Schedule D (Form 990) 2013 Part VII Investments - Other Securities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (b) Book value (a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A)(B) (C) (D) (E) (F) (G) (H)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (b) Book value (a) Description of investment (1)(2)(3)(4)(5)(6) (7)(8)(9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) Description (1)(2)(3)(4) (5)(6)(7)(8)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Part X Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (a) Description of liability 1. Federal income taxes 104,034. ACCRUED SICK LEAVE

(3)(4)(5)(6)(7)(8)104,034. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2013

KENTUCKI ALGOCIARION		,	61 – 07	444710 Page	4
Schedule D (Form 990) 2013 ATHLETIC ASSOCIATION  Part XI Reconciliation of Revenue per Audited Financial Statem	onts With			TATE   Age	<del>-</del>
Part XI Heconciliation of Revenue per Audited Financial Statem	iciira ssiem	ricionas por in			
Complete if the organization answered "Yes" to Form 990, Part IV, line 12:	a		1	4,524,736	
1 Total revenue, gains, and other support per audited financial statements			CALEBOAY CANCEL		
Amounts included on line 1 but not on Form 990, Part VIII, line 12:     Net unrealized gains on investments	2a				
5 5 - 2044 - a	**		CUARTON SERVICES		
	1 - 1				
d Other (Describe in Part XIII.)		48,750.			
e Add lines 2a through 2d			2e	48,750	
3 Subtract line 2e from line 1			3	4,475,986	•
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		13), 4647.1 13), 4647.1		
a Investment expenses not included on Form 990, Part VIII, line 7b		26 240	35/E-F		
b Other (Describe in Part XIII.)	4b	36,240.		36,240	1
c Add lines 4a and 4b		.,,	4c	4,512,226	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	monte With	Evnences ner	5 Retur		<u> </u>
Part XII Reconciliation of Expenses per Audited Financial State	ments with	Lxperises per	Hetai	111	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12		·	1	4,617,403	3.
1 Total expenses and losses per audited financial statements			58.92 (30.04 6.50 (20.04		_
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		interior		
a Donated services and use of facilities     b Prior year adjustments			(2) (4) (7) (6) (7) (7) (7) (8) (7)		
·			100 (100 (100 (100 (100 (100 (100 (100		
d Other (Describe in Part XIII.)	2d	20,250.	albini Servi		
e Add lines 2a through 2d			2e	20,250	<u>J.</u>
3 Subtract line 2e from line 1			3	4,597,15	<u>3 .</u>
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			1 050 miles		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		A SALES OF S		
b Other (Describe in Part XIII.)			142 (2000) 142 (2000)		ο.
c Add lines 4a and 4b			4c	4,597,15	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			1 5 1	<del>1,551,15</del>	<b>-</b> -
Part XIII Supplemental Information.	Part IV lines 1h	and 2h: Part V line	4. Part	X line 2: Part XI	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	attiv, mes 15 additional infor	mation.	7,1 41,7	x, iii 10 2, i ca c / a ,	
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	Idditional miles	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
PART X, LINE 2:					
EXPLANATION: AS OF JUNE 30, 2014, THE ASSOC	CIATION	HAS NO UNC	CERTA	AIN TAX	
THE PROPERTY OF THE PROPERTY O		ימדאד כתאתי	ויואיבואנים	የር ጥአህ	
POSITIONS THAT QUALIFY FOR DISCLOSURE IN THE	HE FINAL	CIAL STAIL	71.11.174	D. IRA	—
YEARS 2009 THROUGH 2013 ARE STILL OPEN UNDI	स्यत्वच वञ	RAT. AND STA	ነጥዊ ያ	TATUTE OF	
YEARS 2009 THROUGH 2013 ARE STILL OF BROOKEN					
LIMITATIONS AND REMAIN SUBJECT TO REVIEW A	ND CHANG	E.			
HIMITATIONS AND REMAIN BOSSESS TO THE PERSON					
PART XI, LINE 2D - OTHER ADJUSTMENTS:					
				00 50	. ^
RELEASE FROM RESTRICTED			·	28,50	<u>U.</u>
				20 25	: n
IN-KIND CONTRIBUTIONS				20,25	
TO CONTRACT TO DADE UT TIME OF				48,75	0.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	<del> </del>				
PART XI, LINE 4B - OTHER ADJUSTMENTS:					

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OM8 No. 1545-0047 Open to Public Inspection

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

KENTUCKY HIGH SCHOOL Emplo

ATHLETIC ASSOCIATION

Employer identification number 61-0444710

FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:
UNINCORPORATED NON-PROFIT
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ESTABLISH, PROMOTE AND DELIVER THE HIGHEST QUALITY INTERSCHOLASTIC
PROGRAMS AND ACTIVITIES IN AN EFFCIENT AND PROGRESSIVE MANNER THAT
EMPHASIZES PARTICIPATION, SAFETY, SPORTMANSHIP AND INTEGRITY TO ENHANCE
THE EDUCATIONAL EXPERIENCE OF THE STUDENT-ATHLETE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND INTEGRITY TO ENHANCE THE EDUCATIONAL EXPERIENCE OF THE
STUDENT-ATHLETE.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE 990 IS REVIEWED AND SIGNED BY THE COMMISSIONER, ANY
CONCERNS ARE PURSUED FOR CLARITY WITH AN ACCOUNTING FIRM.
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: MANAGEMENT IS RESPONSIBLE FOR MAKING DETERMINATIONS OF
CONFLICTS OF INTEREST IN REGARDS TO EMPLOYEES. THE BOARD OF CONTROL
REVIEWS ALL MAJOR CONTRACTS BEFORE THEY ARE ENTERED INTO TO DETERMINE IF A
POTENTIAL CONFLICT OF INTEREST MAY EXIST. IF A CONTRACT IS ENTERED INTO
WITH A BOARD MEMBER OR HIS/HER FIRM THE BOARD MEMBER IS REQUIRED TO SUBMIT
HIS/HER RESIGNATION TO THE BOARD. HOWEVER, THE BOARD MAY VOTE TO REJECT THE
RESIGNATION IF THEY DO NOT FEEL A CONFLICT EXISTS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

- 1 1 0 15 000 000 5TA (0010)	Page 2
Schedule O (Form 990 or 990-EZ) (2013)  Name of the organization KENTUCKY HIGH SCHOOL  ATHLETIC ASSOCIATION	Employer identification number $61-0444710$
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: THE BOARD OF CONTROL AND MANAGEMEN	T RECEIVES COMPENSATION DATA
EACH YEAR FROM VARIOUS SOURCES, INCLUDING ASSOC	HATIONS TO WHICH THE
ASSOCIATION BELONGS. THIS DATA PROVIDES INDUST	RY SPECIFIC INFORMATION FROM
COMPARABLE ASSOCIATIONS IN ORDER FOR THE ASSOCI	ATION TO REMAIN COMPETITIVE
AND ASSURE THAT THE ASSOCIATION'S COMPENSATION	IS IN LINE. THE PERFORMANCE
OF THE INDIVIDUAL IS A MAJOR FACTOR IN THE DECI	SIONS MADE BY THE BOARD. THE
DOCUMENTATION REVIEWED BY THE BOARD IS RETAINED	).
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: ALL GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST	r or at www.khsaa.org.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTION	NAL EXPENSES:
TOURNAMENT FACILITY RENTAL:	
PROGRAM SERVICE EXPENSES	265,038.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	265,038.
TOURNAMENT WORKERS:	
PROGRAM SERVICE EXPENSES	248,047.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	248,047.
OTHER EVENT COSTS:	
PROGRAM SERVICE EXPENSES	145,813 . Schedule O (Form 990 or 990-EZ) (2013
332212 09-04-13 32	Schedule O (Form 990 or 990-EZ) (2013

Schedule O (Form 990 or 990-EZ) (2013)  Name of the organization KENTUCKY HIGH SCHOOL	Employer identification number
ATHLETIC ASSOCIATION	61-0444710
MANAGEMENT AND GENERAL EXPENSES	93,003.
FUNDRAISING EXPENSES	0.
POTAL EXPENSES	238,816.
PRINTING AND PUBLICATION:	
PROGRAM SERVICE EXPENSES	27,704.
MANAGEMENT AND GENERAL EXPENSES	138,968.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	166,672.
CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	96,069.
MANAGEMENT AND GENERAL EXPENSES	41,172.
FUNDRAISING EXPENSES	0.
	137,241.
TOTAL EXPENSES	
RADIO NETWORK:	
PROGRAM SERVICE EXPENSES	91,372.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	91,372
TITLE IX EDUC. EXPENSE:	
PROGRAM SERVICE EXPENSES	34,579
MANAGEMENT AND GENERAL EXPENSES	14,820
	0
TOTAL EXPENSES	

Schedule O (Form 990 or 990-EZ) (2013)  Name of the organization KENTUCKY HIGH SCHOOL  ATHLETIC ASSOCIATION	Employer identification number 61-0444710
AUDIO VISUAL EXPENSE:	
PROGRAM SERVICE EXPENSES	47,961.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	47,961.
TOTAL DATE	
STAFF DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	32,496.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	32,496.
REPAIRS AND MAINTENANCE:	0.
PROGRAM SERVICE EXPENSES	17,250.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	
TOTAL EXPENSES	17,250.
SCHOLARSHIPS:	
PROGRAM SERVICE EXPENSES	13,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,500.
COACH EDUCATION EXPENSE:	0.400
PROGRAM SERVICE EXPENSES	8,125.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES 332212 09-04-13	0 . Schedule O (Form 990 or 990-EZ) (2013

Schedule O (Form 990 or 990-EZ) (2013)  Name of the organization KENTUCKY HIGH SCHOOL	Employer identification number 61-0444710
ATHLETIC ASSOCIATION	
TOTAL EXPENSES	8,125.
DUES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,500.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,500.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	399.
FUNDRAISING EXPENSES	0.
	399.
TOTAL EXPENSES	COL A 1,318,816.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E,	COII A 1,313,020.
FORM 990, PART XII, LINE 2C:	
EXPLANATION: THE PROCESS HAS NOT CHANGED FROM THE PRI	OR YEAR.
	·
	-

Form <b>990-T</b>	E	xempt Organization Busi	ines	s Income T	ax Return	-	OMB No. 1545-0687
		(and proxy tax unde	r sec	tion 6033(e))		- 1	0049
	For cal	lendar year 2013 or other tax year beginning JUL 1,	201	.3 , and ending UUL	V 30, 201	<del>*</del>	ZUIJ
Department of the Treasury	]	Information about Form 990-T and its instruct	ions is	available at www.irs.ge	ov/form990t.	9	pen to Public Inspection for
nternal Revenue Service	<b></b>	Do not enter SSN numbers on this form as it may	e mad	e public it your organiza	mon is a bulle)(a).	D Employ	1(c)(3) Organizations Only er identification number
A Check box if		Name of organization ( Check box if name ch	anged a	ing see instructions.)		(Employ instruct	vees' trust, see ions.)
address changed	4	KENTUCKY HIGH SCHOOL ATHLETIC ASSOCIATION				61	-0444710
B Exempt under section	Print	Number, street, and room or suite no. If a P.O. box,	coo ins	tructions		E Unrelate	ed business activity codes tructions.)
X 501(C)(3) 408(e) 220(e)	Tyne	2280 EXECUTIVE DRIVE	, <b>3</b> 00 HR	54 40 (D10-		(986 R19	a actioner)
408(e) 220(e)		City or town, state or province, country, and ZIP or	foreion	postal code			
529(a)	'	LEXINGTON, KY 40515		,		5191	.00
e Book value of all assets	F Grou	n exemption number (See instructions.)	<b>&gt;</b>				
at end of year	C Chao	ty organization type X 501(c) corneration		501(c) trust	401(a) trust_		Other trust
H Describe the organizati	on's orio	pary unrelated business activity. WEBSITE	ADV	ERTISING I	NCOME		**
I During the tax year, wa	s the cor	poration a subsidiary in an affiliated group or a paren	t-subsi	diary controlled group?	▶ └	Yes	X No
If "Vec " enter the name	and ider	ntifying number of the parent corporation.				Eo -	000_5/72
J The books are in care of	of 📂 🕽	KHSAA - COMPANY OFFICER	$\frac{S}{}$	(A) Income	one number 📂 8 (B) Expenses		(C) Net
Part I Unrelate	ed Tra	de or Business Income		(A) moune	(B) Expenses		open control to the control
1a Gross receipts or sa							Application of the second seco
b Less returns and all			1c 2				Compared to the compared to th
		e A, line 7)	3		- 5 (46) - 5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (	\$57 <b>42</b> 355	and the contract of the contra
3 Gross profit. Subtra	ict line 2	from line 1c	4a		Section of the	Service of	
4a Capital gain net inco	ome (atta	ch Form 8949 and Schedule D) Part II, line 17) (attach Form 4797)	4h		Secret College (Co.		
		usts	4c				
		ships and S corporations (attach statement)	5		150 (150 (150 (150 fin)) (150 fin)		
		mips will be desperations (all desired as a second as	6				
		ome (Schedule E)	7				
8 Interest, annuities,	rovalties.	and rents from controlled organizations (Sch. F)	8				
9 Investment income	of a sect	tion 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt a	ctivity ind	come (Schedule I)	10	0 500		711	397.
		ıle J)	11	2,708.	4,	311.	391.
12 Other income (See	instructio	ons; attach schedule.)	12	2,708.	2 3	311.	397.
The second secon	ies 3 thro	ough 12	13	· · · · · · · · · · · · · · · · · · ·		J .LL.	
Part II Deduct	ions N	Not Taken Elsewhere (See instructions for buttons, deductions must be directly connected.)	or mith	the unrelated busines	ss income.)		
(Except to	or contri	directors, and trustees (Schedule K)				14	
						15	
15 Salaries and wag	es			***************************************		16	
16 Repairs and main	REHISTICE					17	
17 Bad debts 18 Interest (attach s	chedule)					18	
19 Taxes and license	98					19	
20 Charitable contril	outions (S	See instructions for limitation rules.)			*******	20	
21 Depreciation (atta	ach Form	4562)		21		92323	
22 Less depreciation	n claimed	on Schedule A and elsewhere on return		ZZa	<del></del>	22b	
23 Depletion		*****				23	
24 Contributions to	deferred	compensation plans				24	
25 Employee benefi	t progran	ns		***********************		<u> </u>	
26 Excess exempt e	xpenses	(Schedule I)				<b>—</b>	
27 Excess readersh	ip costs (	Schedule J)	••••••			-	
28 Other deductions	s (attach	schedule)		***************************************	*************		0.
29 Total deduction	ons. Add	l lines 14 through 28	act line	29 from line 13			397.
30 Unrelated busine	es doduci	tion (limited to the amount on line 30)	LOC III.O	SEE STA	TEMENT 1	31	397.
31 Net operating los	ss utuudi see tavah	le income before specific deduction. Subtract line 31	from Ili	ne 30		32	0.
92 Specific deducti	on /Gene	rally \$1,000, but see instructions for exceptions.)				33	1,000.
34 Unrelated busin	iess taxa	ble income. Subtract line 33 from line 32. If line 33 i	s greate	er than line 32, enter the :	smaller of zero or		
line 32						. 34	0.
323701 12-12-13 LHA For	Paperw	ork Reduction Act Notice, see Instructions.			1		Form <b>990-T</b> (2013)

Form 990-T (2013)	) ATHLETIC ASSO	JULATION							
Part III	Tax Computation						64-03 appen		
35 Orga	nizations Taxable as Corporation	ns. See instructions	s for tax comp	outation.			CONTRACTOR OF		
Cont	rolled aroun members (sections 1	(561 and 1563) che	eck here 📂	See Instructions a	nd:		Addition to		
a Ente	r your share of the \$50,000, \$25,0	000, and \$9,925,00	0 taxable inco	ome brackets (in that ord	er):		1000000		
		(2)  \$	1	(3)  \$			<b>電影</b>		
h Enta	r organization's share of (1) Addi	itional 5% tax (not	more than \$1	1,750) \$			1725 SET		
D Ente	Additional 3% tay (not more than 5	\$100 000)		\$					
(2) /	mental on the amount on line 3/	p (00,000)				<b>&gt;</b>	35c		<u>0.</u>
C INCO	Taughton Trust Bates Coo in	etructions for tax c	omputation. 1	ncome tax on the amoun	t on line 34 from:				
36 1198	Tax Computation   Tax Computation   Storage and Stor			36					
L	J lax late scriedule of on	medalo e (i oim io					37		
37 Prox	xy tax, See Histructions						38		
38 Altei	rnative minimum tax	or 90 uibiohount a	nnlies	***************************************			39		0.
		Ut 50, WillCiteVet a	φρικο						
Part IV	Tax and Payments	- Form 1110s tructs	attach Form	1116)	40a		74. e. 3.55 (A. 4.3.5)		
40a Fore	eign tax credit (corporations attact	1101111 1110, 8056	s attacins onn	1110)	40b	······································			
<b>b</b> Othe	er credits (see instructions)	,			·  -:				
c Gen	Tax Computation   Source   S								
d Gree	Tax Computation   Tax Degratation   So organizations Taxable as Corporations, See instructions for tax computation.   Controlled group members (sections 156) and 1563) check here   See instructions and:   a Enter your charse of the \$50,000, \$25,000, and \$9,925,000 basable income brackets (is that order):   (1) &   \$ (2) &   \$ (3) &   \$ (3) &   \$ (2) &   \$ (2) &   \$ (2) &   \$ (3) &   \$ (2) &   \$ (2) &   \$ (2) &   \$ (3) &   \$ (2) &   \$ (2) &   \$ (2) &   \$ (2) &   \$ (2) &   \$ (3) &   \$ (2) &			40e					
e Tota	al credits. Add lines 40a through	400					1	,, <u>.,</u>	0.
<b>41</b> Sub	otract line 40e from line 39		note [	Form 9607   Form	esse Dother to	ttach schadule)			
42 Oth	er taxes. Check if from: Form	n 4255 📖 Form	18611	FORM 8097 Lanti	0000 [] Other (	mach scriedne)	43	<del></del>	0.
43 Tot	al tax. Add lines 41 and 42				140		Contraction		
44 a Pay	rments: A 2012 overpayment cred	lited to 2013		,	·		Section Property		
					" <del>    </del>		-		
c Tax	deposited with Form 8868	,			•		- SAME AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE		
<b>d</b> For	eign organizations: Tax paid or wit	thheld at source (s	ee instruction	s)	··		- 35		
e Bao	ckup withholding (see instructions	;)			**				
f Cre	edit for small employer health insu				·		-		
g Oth	ner credits and payments:	Form 2	2439		1				
	Form 4136	Other		Total <b>B</b>	► 44g				
45 To	ta! payments. Add lines 44a throu	JUH 44U			********************		45		
46 Est	timated tax penalty (see instruction	ns). Check if Form	2220 is attacl	ned ➤ 📖			. 46		0.
47 Ta	x due. If line 45 is less than the tol	tal of lines 43 and 4	46, enter amo	unt owed		<b>P</b>	► 47 I		0.
48 Ov	verpayment. If line 45 is larger that	n the total of lines	43 and 46, en	ter amount overpaid			48		
	to the amount of line 40 year word	to Credited to 2014	Lestimated ta	ıx 📂	Re	tunded 🤛	49		
200 Miles (N. W. O.	Statements Regarding	o Certain Ac	ctivities a	nd Other Informa	ation (see instru	ctions)			- U-
	time device the 2012 palandar year	r did the organizat	Hon bave an li	nterest in or a signature o	or other authority ov	er a financial.	account (t	oank,	Yes No
securiti	ies, or other) in a foreign country?	If YES, the organiz	zation may ha	ive to file Form TD F 90-2	2.1, Report of Fore	ign Bank and i	-inancial		x
<b>A</b>	. If VEC anion the name of the f	orgian country her	a 👺						
2 During t	the tax year, did the organization receive	a distribution from, or nization may have to fi	was it the grant le.	tor of, of transleror to, a lovely			••••••		A Control
3 Enter t	he amount of tax-exempt interest i	received or accrue	d during the ta	ax year 📂 \$					<b>电影观众 的最高级</b>
Schedul	le A - Cost of Goods So	old. Enter metho	od of invente	ory valuation 🕨 N	/A		<del></del>	ı ——	
				6 Inventory at end or			VARIO 08000	<b></b>	
	•	2					776 FE		
		3					7		10 10
_		4a		8 Do the rules of sec	ction 263A (with res	pect to			Yes No
		4b		property produced	for acquired for res	sale) apply to			
	4.11	5		the organization?			***********		
0 10101.		at I have examined the	is return, includi	ng accompanying schedules	and statements, and to reparer has any knowle	the best of my ledge.	knowledge a	and belief, it i	is true,
Sign	correct, and complete. Declaration of	preparer (other than ta	xpayer) is baser		,	_	May the IF	RS discuss th	nis return with
Here	- Land		15/13	COMMI	SSIONER_		•	rer shown bel	
	Signature of ethiser		Date	Title			instruction	ns)? <u>X</u> Y	Yes No
	Print/Tyde prepare 's name	P	reparer's sigr	nature	Date	Check L	J if  ₽T	IN	
		S.CPA,	>		سر سور مع	self- employ	red		
	ree	· ' .	for .	W. Many	3-15-15			00011	
	Firm's name - HICKS	& ASSOC	IATES			Firm's EIN	<u> </u>	45-30 <sub>4</sub>	47226
Use Or	179	5 ALYSHE	BA WAY	, STE 6206					
	Firm's address LEX	INGTON.	KY 405	09		Phone no.	(859	9)368-	
000011 40 1								Form 9	<b>990-T</b> (201
323/11 12-1	1 <u>2</u> - 10			27					

61-0444710 Page 3 Form 990-T (2013) ATHLETIC ASSOCIATION Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(See Instructions) 1. Description of property (1) (2)(3) (4) Rent received or accrued 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (1) (2)(3)(4)0. 0 . Total Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, Part I, line 6, column (B) 0. 0. here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) Deductions directly connected with or allocable to debt-financed property 2. Gross income from (b) Other deductions (attach schedule) or allocable to debt-(a) Straight line depreciation (attach schedule) financed property Description of debt-financed property (1) (2)(3) (4) 8. Allocable deductions 7. Gross income 6. Column 4 divided Average adjusted basis of or allocable to debt-financed property (attach schedule) Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (column 6 x total of columns reportable (column by column 5 3(a) and 3(b)) 2 x column 6) % (1) % (2)% (3)% (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A). 0. 0 Totals Ō. Total dividends-received deductions included in column 8 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 6. Deductions directly connected with Income In column 5 Part of column 4 that is included in the controlling 1. Name of controlled organization Total of specified payments made Net unrelated income (loss) (see instructions) Employer identification number organization's gross income (1) (2) (3) (4)Nonexempt Controlled Organizations 10. Part of column 9 that is included in the controlling organization's 11. Deductions directly connected with income in column 10 Total of specified payments made 8. Net unrelated income (loss) 7 Taxable Income (see instructions) gross income (1) (2)(3) (4) Add columns 6 and 11. Add columns 5 and 10. Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (B). line 8, column (A). 0. 0 Totals Form 990-T (2013)

323721 12-12-13

Form 990-T (2013) ATHLETIC ASSOCIATION

(see instru	ctions)		<del></del>		3. Deduct		. Set-asides	5. Total deductions
. Descrip	1. Description of income		2	Amount of income	directly con (attach sch	necteu (a	ttach schedule)	and set-asides (col. 3 plus col. 4)
)								
)								<u> </u>
)								
)			_		otiaco celeticos seconociono co	es constanting	erroren errore	Enter here and on page 1
				nter here and on page 1, art I, line 9, column (A).	Section 1	20 Sec. 3		Part I, line 9, column (B).
				0.				0.
tals		· Incomo C	thor		ing Incon	1 <b>e</b>	a see all a see that a see a see as a see	· · · · · · · · · · · · · · · · · · ·
chedule I - Exploited E	tions)	y mcome, c	, LI 161	indi Adio. do				
		3. Expenses		4. Net income (loss)	5. Gross i		•	7. Excess exempt
1, Description of	2. Gross unrelated business	directly connec	ted	from unrelated trade or business (column 2	from activi	ty that	6. Expenses attributable to	expenses (column 6 minus column 5,
exploited activity	income from trade or business	with production of unrelated	1	minus column 3). If a gain, compute cols, 5	is not unre business i	elated	column 5	but not more than column 4).
	trade of business	business inco	ne	through 7.				
1)								
2)					<u> </u>			
3)								
4)	V						en en en en en en en en en en en en en e	Enter here and
<u>''</u>	Enter here and on	Enter here and page 1, Pert				La companya da companya da companya da companya da companya da companya da companya da companya da companya da		on page 1,
	page 1, Part I, line 10, col. (A).	line 10, col. (I						Part II, line 26.
otale	0		0.				Sound of the	0
olals	na Income (see	instructions)						
Part I Income From I	Periodicals Re	ported on a	Cons	olidated Basi	5		-	
-arra		•						
		<del></del>		4. Advertising gain				7. Excess readership
	2. Gross advertising	_ [ 0.5		or (loss) (col. 2 minu col. 3). If a gain, comp		culation ome	6. Readership costs	costs (column 6 minus column 5, but not more
. Name of periodical	income	advertistr	ប្ត costs	cols, 5 through 7.				than column 4).
TATO OT MIN				20 Sept. 25 Sept. 25				mana (1) di antioni di mana (1) seria Transista di Antonio di Antonio di Antonio di Antonio di Antonio di Antonio di Antonio di Antonio di Antonio d
(1) WEBSITE				100000000000000000000000000000000000000				
(2) ADVERTISING	2,7	09 2	311	545 40 5 933	Control of the contro	0.	0.	45 275 CEVENTS AF O
(3) INCOME	4,1	2,	<u> </u>					000 100 (00 00 00 00 00 00 00 00 00 00 00 00
(4)				1885 45 5 10 qui 45 1 10 10 10 10 10 10 10 10 10 10 10 10 1	162)			
		00 2	311	. 39	7			(
Totals (carry to Part II, line (5)) Part III Income From	▶ 2,7	08. 4.	SON	voto Basis (Fo	r aach perio	dical listed in	Part II fill in	
Part II Income From	Periodicals Re	eported on a	ı sepa	itale basis (FC	r each peno	CICEI IISCOC III	art ii, tiii iii	
columns 2 through	7 on a line-by-line	Dasis.)		1 4				7. Excess readership
	2. Gross		irect	4. Advertising ga or (loss) (col. 2 min	us 0.Cit	culation	6. Readership	costs (column 6 minus column 5, but not mor
<ol> <li>Name of periodical</li> </ol>	advertisir income	g advertist	ng costs	col. 3). If a gain, com cols. 5 through 7		come	costs	than column 4).
					<u> </u>			1
(1)								
(2)					_			
(3)					-			
(4)			7 4 4	January I. January Calvistone		logesi (1984) sessionidae	STORES CONTRACTOR	
Totals from Part I			, 311	• 5.50 0a. 18 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	Carson Pulter			Enter here and
	Enter here a page 1, Page 1	unti, page 1	re and on I, Part I,		i nije		7477 - 18 6.000 E	on page 1, Part II, line 27.
	line 11, col	. (A). line 11,	col. (B).			ENDE ANS		il .
Totals, Part II (lines 1-5)	▶ 2,7	08 2	<u>, 311</u>	· 713 % F.W. 519			ntervers a federalisticate	
Schedule K - Comper	nsation of Office	ers, Direct	ors, a	nd Trustees (s	ee instructio	ns) 3. Percent o	, T	45 1/ N 3 1
				2, Title		time devoted	1 7.000	pensation attributable nrelated business
1.	Name			E. Hue		business		
(4)							%	
(t)							%	
(2)						L	%	
(3)							%	
(4) Total. Enter here and on page 1,	Dort II. line 14						<b>&gt;</b>	
rotal, Enter here and on page 1,	, t alt II, 1996 19	****	**********					Form <b>990-T</b> (2

FORM 990-T	NET	OPERATING LOSS	STATEMENT 1	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13 1,057.		0.	1,057.	1,057.
	VER AVAILABLE THIS	YEAR	1,057.	1,057.

Form **8868** (Rev. January 2014)

Department of the Treasury internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

	· · · · · · · · · · · · · · · · · · ·					
If yo	are filing for an Automatic 3-Month Extension, complete	e only Pa	rt I and check this box			<b>X</b>
● If yo	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II (on page 2 of	this form).		
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed For	m 8868.	
Electr	onic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months for a co	prporation
require	d to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	le Form 88	68 to request a	n extension
of time	to file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for 1	ransfers A	ssociated With	Certain
Persor	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the elec	tronic filing of th	is form,
	vw.irs.gov/efile and click on e-file for Charities & Nonprofits				•	
Part					W	
A corp	pration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I o	* *************************************	**********		***********		
	r corporations (including 1120-C filers), partnerships, REM	ICs, and to	rusts must use Form 7004 to reques	t an extens	sion of time	
to tile i	ncome tax returns.			Enter file	r's identifying r	umber
Туре с	<ul> <li>Name of exempt organization or other filer, see instru</li> </ul>	ctions.		Employer	identification nu	imber (EIN) or
print	KENTUCKY HIGH SCHOOL			•		
F21 - b 45	ATHLETIC ASSOCIATION				61-0444	<u>710</u>
File by th due date	for Number, street, and room or suite no. If a P.O. box, s	ee instruct	tions.	Social sec	curity number (S	SN)
filing you return. So						
instructio		reign add	ress, see instructions.		•	
	LEXINGTON, KY 40515	7111				
Enter t	ne Return code for the return that this application is for (file	a separa	te application for each return)	*********		0 1
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)	· · · · · · · · · · · · · · · · · · ·		07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than Individual)			. 09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
	" KHSAA - COMPAN	Y OFF	ICERS			
• The	books are in the care of 2280 EXECUTIVE	DRIV.	<u>E - LEXINGTON, KY</u>	40505	<u>-4808</u>	
Tele	phone No. ► 859-299-5472		Fax No. 🕨			
	e organization does not have an office or place of busines					. 🏲 🔲
• If th	is is for a Group Return; enter the organization's four digit	Group Exe	emption Number (GEN)	If this is fo	r the whole grou	p, check this
box 🍃	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	f all memb	ers the extensio	n is for.
1	request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until		
	FEBRUARY 15, 2015, to file the exemp	t organiza	ition return for the organization nam	ed above.	The extension	•
i	s for the organization's return for:					
	calendar year or					
	► X tax year beginning JUL 1, 2013	, ar	nd ending <u>JUN 30, 2014</u>		<u> </u>	
	- ···· ··					
2	f the tax year entered in line 1 is for less than 12 months, α	check reas	son: Initial return	Final retur	n	
	Change in accounting period					
3a	f this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			
	nonrefundable credits. See instructions.		Send the villa region which the	3a	\$	0.
b	f this application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	y refundable credits and	١.		
	estimated tax payments made. Include any prior year oven	payment a	llowed as a credit.	3b	\$	0.
C	Balance due. Subtract line 3b from line 3a. Include your pa	ayment wi	th this form, if required,			_
	by using EFTPS (Electronic Federal Tax Payment System).			3c	\$	<u> </u>
Cautio	n. If you are going to make an electronic funds withdrawa	l (direct de	bit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-E	O for payment
LHA 323841 12-31-1	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868	3 (Rev. 1-2014)

# Form **8868** (Rev. January 2014)

(Hev. January 2014)

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Department of Internal Reven		Information about Form 8868	3 and its i	nstructions is at www.irs.gov/form	3868 •		
● If you at	re filing for an Auto	omatic 3-Month Extension, complete	only Par	rt I and check this box		<b>&gt;</b>	
• If you ar	re filing for an Add	litional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II (on page 2 of ti	nis form).		
D	www.lata.Dort II umlo	on you have already been granted a	n automat	tic 3-month extension on a previousl	y filed Forn	n 8868.	
Flectronic	filing 6 file). Yo	u can electronically file Form 8868 if yo	ou need a	3-month automatic extension of tim	e to file (6 ı	months for a corp	oration
required to	o file Form 990-T).	or an additional (not automatic) 3-mon	th extens	ion of time. You can electronically fil	e Form 886	ia to request an e	extension
of time to	file any of the forn	ns listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for T	ransfers As	ssociated With Ce	ertain
Personal E	Benefit Contracts,	which must be sent to the IRS in paper	er format (	see instructions). For more details o	n the elect	ronic filing of this	form,
visit www.	irs.gov/efile and c	lick on e-file for Charities & Nonprofits.					
Part I		c 3-Month Extension of Time					
A corpora		e Form 990-T and requesting an autom				_	X
Part I only	·						* [A]
All other c	orporations (includ	ding 1120-C filers), partnerships, REMI	Cs, and tr	rusts must use Form 7004 to reques:	t an extens	ion of time	
to file inco	ome tax returns.					's identifying nu	
Type or	Name of exemp	t organization or other filer, see instruc	ctions.	T. C. C. C. C. C. C. C. C. C. C. C. C. C.	Employer i	dentification num	iber (EIN) or
print		HIGH SCHOOL				61-04447	10
Tile by the		ASSOCIATION					
File by the due date for filing your	Number, street, 2280 EXE	, and room or suite no. If a P.O. box, se ECUTIVE DRIVE	ee instruc	tions.	Social sec	urity number (SS	N)
return. See Instructions.		ost office, state, and ZIP code. For a fo	reign add	iress, see instructions.			
	.1						[ <del></del> ]
Enter the	Return code for ti	ne return that this application is for (file	a separa	te application for each return)			0 7
Applicati	on		Return	Application			Return
ls For	·		Code	Is For			Code
Form 990	or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990	)-BL		02	Form 1041-A			08
Form 472	20 (individual)		03	Form 4720 (other than individual)			09
Form 990	)-PF		04	Form 5227			10
Form 990	)-T (sec. 401(a) or	408(a) trust)	05	Form 6069			11
Form 990	)-T (trust other tha	n above)	06	Form 8870			12
		KHSAA - COMPAN	TODET	E LEALMONON KA	40505.	-4808	
<ul><li>The be</li></ul>	ooks are in the cal	re of 2280 EXECUTIVE	DKIV	E - DEATINGTON, ICT	40303	4000	
Telepi	hone No. 🕨 85	9-299-5472		Fax No.		<del></del>	
If the	organization does	not have an office or place of busines urn, enter the organization's four digit	S In the U	nited States, check this box	If this is for	the whole aroun	check this
	is for a Group Ret	rurn, enter the organization's four digit art of the group, check this box	Group Ex	emption Number (GLN)	if all memb	ere the extension	is for
рох 📂	If it is for pa	art of the group, check this box	_ and au	to file Form 900 To extension of time	until	STA THE EXTENDED	10 1011
1   re	equest an automat MAY 15	tic 3-month (6 months for a corporation $ m , 2015$ , to file the exemp	required ot organiza	ation return for the organization nam	ed above.	The extension	
is f	for the organizatio						
▶	calendar yea						
<b>&gt;</b>	X tax year beg	inning JUL 1, 2013	, ai	nd ending JUN 30, 2014	<u> </u>	<b>-</b> •	
					Fi1 · · · ·	_	
2 lf t		ed in line 1 is for less than 12 months, o	check rea	son: Initial return	Final retun	(1	
	Change in acc	ounting period			1		
		for Forms 990-BL, 990-PF, 990-T, 4720	), or 6069,	, enter the tentative tax, less any	3a	\$	0.
. <u>no</u>	nrefundable credi	ts. See instructions.	B onter -	ny refundable credite and	Ja	Ψ	
<b>b</b> If t	this application is	for Forms 990-PF, 990-T, 4720, or 606	e, enter al	ny resultable credit allowed as a credit	3b	\$	0.
es	timated tax paym	ents made. Include any prior year over	payment w	ith this form if required	155		
		act line 3b from line 3a, Include your p			3с	\$	0.
by	using EFTPS (Ele	ctronic Federal Tax Payment System).	USER BOOK	obit with this Form 8868, see Form			

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions. 323841 12-31-13

Form 8868 (Rev. 1-2014)

0000 (D 4 004 f)					Pa	ige 2	
orm 8868 (Rev. 1-2014) If you are filing for an Additional (Not Automatic) 3-Monti	. Extension, c	omplete only Part II and check this	box		X		
If you are filing for an Additional (Not Addontate) 5-Monte ote. Only complete Part II if you have already been granted	an automatic 3	Remonth extension on a previously file	ed Form 8	368.			
ote. Only complete Part II if you have already been granted If you are filing for an Automatic 3-Month Extension, con	nlete only Pa	rt I (on page 1).					
1. \ 0	h Extension	of Time. Only file the origina	al (no co	oies need	ded).		
Part II Additional (Not Automatic) 3-Mont	T EXTENSION	Enter filer's	identifying	number.	see instructi	ons	
					n number (El		
pe or Name of exempt organization or other filer, see in	istructions.		Employ or		,	,	
KENTUCKY HIGH SCHOOL			61-0444710				
e by the ATHLETIC ASSOCIATION			Social sec	urity numb			
e date for ng your 2280 EXECUTIVE DRIVE	ox, see instruct	ions.	000111 000				
City, town or post office, state, and ZIP code. Fo LEXINGTON, KY 40515	r a foreign add	ress, see instructions.			F		
nter the Return code for the return that this application is fo	or (file a separa	te application for each return)			0	1	
	Return	Application				turn	
pplication	Code	Is For			Co	ode	
s For	01		Translation (	MARKET ENGR			
orm 990 or Form 990-EZ	02	Form 1041-A	-			08	
orm 990-BL	03	Form 4720 (other than individual)			(	09	
orm 4720 (individual)	04	Form 5227				10	
orm 990-PF	05	Form 6069				11	
orm 990-T (sec. 401(a) or 408(a) trust)	06	Form 8870				12	
orm 990-T (trust other than above) STOP! Do not complete Part II if you were not already gra	antad on auto		viously file	d Form 88	68.		
12 U C A A I TI I MI L	AND THE	I C.P.B.O					
The books are in the care of 2280 EXECUTI	VE DRIV	E - LEXINGTON, KY	40505	-4808			
The books are in the care of $\sim \frac{2200 \text{ Like 0.12}}{2200 \text{ Like 0.12}}$	. , 2	Fax No.					
Telephone No. ► 859-299-5472  If the organization does not have an office or place of but	 cinoss in the H					]	
<ul> <li>If the organization does not have an office of place of but</li> <li>If this is for a Group Return, enter the organization's four</li> </ul>	digit Crown Ev	emption Number (GEN)	If this is fo	r the whole	group, check	k this	
If this is for a Group Return, enter the organization should be written by If it is for part of the group, check this box	algit Gloup Ex	ach a list with the names and EINs o	of all memb	ers the ext	ension is for.		
DOX . If it is for part of the group, check this box	MAY	15, 2015 .					
4 I request an additional 3-month extension of time until	, TITI, 1	, 2013 , and endir	na JUN	30, 2	2014		
5 For calendar year, or other tax year beginning	the shock res		Final				
6 If the tax year entered in line 5 is for less than 12 mon	ILIIS, CHECK IEG	Soft. La Frida Fotoni	, ,,,,,,,,				
Change in accounting period							
7 State in detail why you need the extension NEED MORE TIME TO COMPLETE	AUDIT E	EFORE FILING RETUR	SN				
	<u></u>						
8a If this application is for Forms 990-BL, 990-PF, 990-T,	4720, or 6069	, enter the tentative tax, less any	8a	\$		0.	
nonrefundable credits. See instructions.			- Company	<del>  Ψ</del>			
b If this application is for Forms 990-PF, 990-T, 4720, o	r 6069, enter a	ny refundable credits and estimated	4,600,000				
tax payments made. Include any prior year overpaym	nent allowed as	a credit and any amount paid	8b	\$		0.	
previously with Form 8868.		ni di Companya di Propinsi	- I SD	+*			
Balance due. Subtract line 8b from line 8a. Include y	our payment w	uth this form, it required, by using	8c	\$		0.	
EFTPS (Electronic Federal Tax Payment System). Se	e instructions.	the completed for Part II		1 9			
Under panetting of parity of declars that I have examined this form	. including accor	ust be completed for Part II npanying schedules and statements, and	to the best	of my knowle	edge and belief	,	
it is true, correct, and complete, and that I am authorized to prepar	E BRS TOTAL						
Signature Def W. Hir Tit	le ▶ CPA,(	CFF	Dat	e <b>≥</b> 2-/			
				Form	n <b>8868</b> (Rev. 1	1-2014	

## HICKS & ASSOCIATES CPAS, PLLC FORM 990 & 990-T APPROVAL

I have thoroughly read and reviewed the accompanying 990 & 990-T tax returns of Kentucky High School Athletic Association for the year ended June 30, 2014 and take responsibility for the presentation and amounts reported therein.

I understand that you as the auditors have provided our Organization the 990 & 990-T and after our careful review and discussion with you on any concerns, we feel as if the 990 & 990-T accurately portray the Organization and its activity for the year.

I approve the 2013 Form 990 & 990-T for signing and mailing.

5/14/15

Date

Signature

-Ommice of

Title