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### Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements For the 2012 calendar year, or tax year beginning 2012, and ending D Employer Identification Number Check if applicable C Name of organization Ligonier Youth Baseball & Softball Association Doing Business As Address change 25-1678358 Number and street (or P O box if mail is not delivered to street addr) Room/suite Telephone number Name change Initial return Box 200 (724) 238-1801 State ZIP code + 4 City, town or country Terminated Amended return Ligonier PA 15658 G Gross receipts \$ 44,805 H(a) Is this a group return for affiliates? Application pending F Name and address of principal officer Yes H(b) Are all affiliates included? If 'No,' attach a list' (see instructions) Thomas Dowden PO Box 200 PA 15658 Ligonier Tax-exempt status 501(c) ( X |501(c)(3) ) < (insert no ) 4947(a)(1) or Website: ► H(c) Group exemption number www.Ligonierybsa.com Form of organization X Corporation Trust Association Other P L Year of Formation 1992 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities Our organization's mission is to promote, develop, supervise and voluntarily assist the interest of those children Governance who will participate in baseball and softball regardless of race, color, creed, religion sex, or ancestry. Our program has been and is still in existence for youth residing Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 14 \_ ح Number of independent voting members of the governing body (Part VI, line 1b) 14 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 100 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7ь JUN 24 **Current Year Prior Year** Contributions and grants (Part VIII, line 1h) 25,093 17,650. Program service revenue (Part VIII, line 2q) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 12,470.20,797 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 45,890 30,120. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 27,742. 29,088. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column; (D), line 25) Other expenses (Rart IX) column (A); lines 11a-11d, 11f-24e) 17 19,592. 21,551 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 49,293 48,680. Revenue less expenses Subtract line 18 from line 12 -3,403-18,560. **End of Year Beginning of Current Year** Total assets (Part X, line 16) 316,654. 335,214. 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 335,214. 316,654 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 reasurer Here Hannah Type or print name and title Print/Type preparer's name Preparer's signatur David J. Parquette self-employed P01501885 Paid Preparer ► Christopher Use Only Firm's EIN <u>20-0144531</u> Firm's address 535 Lloyd Ave Latrobe 15650 Phone no (724) 537-6010

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

No

Form 990 (2012)

Yes

ВАА	TEEA0102 08/08/12			Form 9	990 (2012)
(Expenses \$ 4 e Total program service expenses ▶	including grants of \$ ) (Revenue \$ 43,665.	Ş		)	<del> </del>
4 d Other program services. (Describe ii	•	•	••		
	<del></del>	<b></b>			
			<del>-</del>		·
			<del></del>	<b>-</b> -	
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					- <del></del>
<b>4c</b> (Code) (Expenses \$	including grants of \$)	(Revenue	\$		)
		<del>-</del>	<del>-</del>		
		<b>-</b>			
			<b>-</b>		
4 b (Code ) (Expenses \$	including grants of \$)	(Revenue	\$		)
			- <b></b> -		
				<del>-</del>	
children's baseball ar					
provides equipment and	field supplies to the	<b></b>	 :		
Ligonier Youth Basebal	1 & Softball Association	(i veveriue	٠ <u> </u>	1/	<u>, 650.</u> )
4a (Code ) (Expenses \$	43,665. including grants of \$ 0.)	(Revenue	\$	17	650 \
others, the total expenses, and reve	nue, if any, for each program service reported	<b>9</b> .			<del>-</del>
Section 501(c)(3) and 501(c)(4) organized	service accomplishments for each of its three largest program service accomplishments for each of its three largest program services; and section 4947(a)(1) trusts are required to report the a	rices, as me	easured ants an	by expe d alloca	enses tions to
If 'Yes,' describe these changes on					<del></del>
	ng, or make significant changes in how it conducts, any program se	rvices?		Yes	X No
If 'Yes,' describe these new services	on Schedule O			Yes	F 140
2 Did the organization undertake any Form 990 or 990-EZ?	significant program services during the year which were not listed o	n the prior		Ves	x No
O Dath					
See Form 990, Page 2, Part III, Line				· – – – ·	
	l_voluntarily assist the interest of thos	e child	 iren		
Our organization's mis					
Check if Schedule O contains     Briefly describe the organization's n	a response to any question in this Part III				
	Service Accomplishments				
Form 990 (2012) Ligonier Youth	Baseball & Softball Association	25-1	67835	58	Page 2

25-1678358

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	- *-		
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	<b>b</b> Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		X
•	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13		<u>x</u>
	, , , , , , , , , , , , , , , , , , , ,	14a		
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Partill Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 Х IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 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* Х 23 Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 Х 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a Х b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant-selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If 'Yes,' complete Schedule M 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х 32 Schedule N. Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Х 34 and V, line 1 Х 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Х 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is X treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance 25-1678358 Page 5 Check if Schedule O contains a response to any question in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b

2 a Enter the number of employees reported on Form W.3. Transmitted of Wage and Tax State tenners, field of the calefact year ending with or within the year covered by this return  3 bill at least one is reported on hine 2a, did the organization file all required federal employment tax returns?  3 bill Yes has it field a form 990-T for this year? If No. I provide an explanation in Schedule O  3 bill Yes has it field a Form 990-T for this year? If No. I provide an explanation in Schedule O  3 bill Yes has it field a Form 990-T for this year? If No. I provide an explanation in Schedule O  3 bill Yes, and the form 990-T for this year? If No. I provide an explanation in Schedule O  3 bill Yes, and the form 990-T for this year? If No. I provide an explanation in Schedule O  3 bill Yes, and the foreign country.  3 certain year in the Schedule O  3 bill Yes, and the name of the foreign country.  3 certain year in the Schedule O  3 bill Yes, and the same of the degracization that it was or is a party to a prohibited tax sheller transaction?  4 certain year year.  5 certain year year year year year year year year	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin	g		
ments, filed for the calendar year ending with or within the year covered by this return    2a	(gambling) winnings to prize winners?	1 c	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 b If Yes has it filed a Form 990.T for this year? If No, 'provide an explanation in Schedule O 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the fore accountly of the form 8286-17. The financial accountly of the financial accountly of the form 8286-17. The financial accountly of	2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2 a			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial account)  5 a Was the organization or the foreign country >  5 a Was the organization or the foreign country >  5 a Was the organization or the foreign country >  5 a Was the organization or the foreign country >  5 a Was the organization or the foreign country >  5 a Was the organization or the organization that it was or is a party to a prohibited tax sheller transaction?  5 a Was the organization organization that it was or is a party to a prohibited tax sheller transaction?  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions.  6 a X  5 b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 a Does the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor.  7 organizations that may receive deductible contributions under section 170(c).  7 organizations and the payor.  8 organization receive a	- · · · · · · · · · · · · · · · · · · ·	2 b		Х
b If Yes has it field a Form 990-T for this year? If No., provide an explanation in Schedule O  a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (cuch as a bank account, securities account, or other financial accounts)  b If Yes, enter the name of the foreign country  See instructions for filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 a Was the organization as party to a prohibited tax shelter transaction?  5 a Was the organization as party to a prohibited tax shelter transaction?  5 a Was the organization and the organization title Form 8896-T?  6 a Does the conganization include with every solicitation an express statement that such contributions or gifts were not lax declutible?  6 b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not lax declutible?  7 b Organizations that may receive deductible contributions under section 170(c).  8 b If Yes, indicate the number of Forms 8828 filled during the year party as a contribution and partly for goods and services provided to the payor?  9 b If Yes, indicate the number of Forms 8828 filled during the year.  1 b If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8829?  2 d If Yes, indicate the number of Forms 8828 filled during the year.  9 b If Wes, indicate the number of Forms 8828 filled during the year.  1 b If the organization during the year pay premiums, directly or indirectly, on a personal benefit contract?  7 c X  7 d Did the or				
4 a Karp time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country    See instructions for filling requirements for Form TD F0-22 I, Report of Foreign Bank and Financial Accounts  a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization file Form 8886-T?  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b) if "Yes," did the organization notify the donor of the value of the goods or services provided?  c) Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?  d) if "Yes," indicate the number of Forms 8282 filled during the year  e) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 to the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 to the organization received a contribution of qualified intellectual property, did the organization file Form 8899  as required?  9 Sponsoring organizations maintaining donor advised funds and section 509(x)3 supporting organizations. Did the supporting organization is included on Part VIII	3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
financial account) in a foreign country (such as a bank account, securities account), or other financial account)?  4	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5 a Was the originazation a party to a prohibited tax sheller transaction at any time during the tax year?  5 b Did any taxable party notify the originazation that it was or is a party to a prohibited tax sheller transaction?  5 b X  5 b IX  6 b If Yes, 1 to line 5 a or 5b, did the originazation file Form 8886-T?  6 a Dees the originazation have annual gross receipts that are normally greater than \$100,000, and did the originazation solicit any contributions that were not tax deductible as charitable contributions?  6 b If Yes, 1 did the originazation include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 b If Yes, 1 did the originazation include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8 b If Yes, 1 did the originazation notify the donor of the value of the goods or services provided?  9 b If Yes, 2 did the organization notify the donor of the value of the goods or services provided?  1 b If Yes, 2 did the organization notify the donor of the value of the goods or services provided?  1 b If Yes, 2 did the organization notify the donor of the value of the goods or services provided?  2 b If Yes, 3 midcate the number of Forms 8282 filed during the year  9 b If Yes, 3 midcate the number of Forms 8282 filed during the year  9 b If Yes, 3 midcate the number of Forms 8282 filed during the year  9 c IV II IV II	4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?			x
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If Yes, to line 5a or 5b, did the organization file Form 8886-77  5 c  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 a Did Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  bif Yes, indicate the number of Forms 8282 filed during the year  c Did the organization sell, exchange, or otherwise dispose of langible personal property for which it was required to file Form 8282?  di If Yes, indicate the number of Forms 8282 filed during the year  c Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C?  S Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution of organization supporting organizations. Enter:  a Instantion fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form	<b>b</b> If 'Yes,' enter the name of the foreign country			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if 17%; to line 5a or 5b, did the organization file Form 8886-T?  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if 17%; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 b if 17%; did the organization notify the donor of the value of the goods or services provided?  5 Did the organization of the value of the goods or services provided?  6 Did the organization of the washing, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified infletelectual property, did the organization file Form 8899 as required?  8 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 509(a)(3) supporting organizations. Better  9 Sponsoring organization make and distribution to a donor, donor advised funds.  10 Did the organization make and distribution of a donor, donor advised funds.  2 Did the organization make and distribution of a donor, donor advised funds.  3 Did the org	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
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a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13b  13c  14a X				
Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  X	13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a  X	·	13a		<u> </u>
which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X	Note. See the instructions for additional information the organization must report on Schedule O			
14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X	which the organization is licensed to issue qualified health plans  13b			
y and the same and				
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Page 6 25-1678358 Form 990 (2012) Ligonier Youth Baseball & Softball Association 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 to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 1 b **b** Enter the number of voting members included in line 1a, above, who are independent 14 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents 4 Х since the prior Form 990 was filed? 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Х Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a Х b Each committee with authority to act on behalf of the governing body? 8 b Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 Х 13 13 Did the organization have a written whistleblower policy? 14 Х Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a Х a The organization's CEO, Executive Director, or top management official 15 b Х b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Pennsylvania Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Upon request Other (explain in Schedule O) Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year.

BAA

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

146 Green Oak Lane Ligonier PA 15658 (724) 238-1801

form <b>990</b> (2012)	Liconier	Youth	Raseball	£	Softhall	Association
01111 330 (2012)	ridonier	IOULII	DaseDall	Or i	SOLLDAIL	ASSOCIALION

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Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization	nor any r	elated	org	anız	atio	n com	pen	sated any current offic	cer, director, or trustee	e
				(0	;)					
(A) Name and Title	Average hours per	one bos offic	x, unl	ess p	ersor	more the structure of t	an e)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from	(F) Estimated amount of other compensation
-	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Mark Zimmerman	8.00									
President 01/01/12-09/30/12				X				0.	0.	0.
(2) Scott Mills Treasurer 1/1/12-9/30/12	2.00			Х				0.	0.	0.
(3) Ben Grace	2.00									
Director 1/1/12-9/30/12		x						0.	0.	0.
(4) Brian Chappie	2.00									
Director		_X_						0.	0.	0.
(5) Brent Harbert	1.00									
Director 1/1/12-9/30/12		Х						0.	0.	0.
_(6)_Bill_Lowery	1.00									
Director 1/1/12-9/30/12		Х						0.	0.	0.
	1.00									
Director		Х						0.	0.	0.
_(8) Pat Kromel	1.00									
Director		Х					_	0.	0.	0.
_(9) Scott Hunter	1.00	1			ŀ					
Director		Х					<u> </u>	0.	0.	0.
(10) Brian Deemer	1.00	1								
Director		Х						0.	0.	0.
(11) Tom Dowden Sec. 01/01/12-09/30/12		1			ļ					
President 10/1/12-12/31/12		Х		Х	_			0.	0.	0.
(12) Eric_Caldwell	2.00	1								
Director 1/1/12-9/30/12		X			_		ļ.,	0.	0.	<u> </u>
(13) Paul Hannah	4.00	L							_	_
Treasurer 10/1/12-12/31/12	+	X		Х	ļ			0.	0.	0.
(14) Kelley Neiderhiser	2.00	1								_
Secretary 10/1/12-12/31/12	<u> </u>	X_		Х				0.	0.	0.

A   Name and title	Part VII    Section A. Officers, Directors, Trus	(B)	ley	CII	ibic		es, a	arre	i riighest com	ipensaleu Emp	loyees	(001	11)
Compensation from the organization sheets to Part VII, Section A   Cold Inumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization stary former officer, director or trustee, key employee, or highest compensated employee on line 12 if 'yes,' complete Schedule J for such person listed on line 1a; is the sum of reportable compensation and other compensated employee or severe rendered to the organization is tax year compensation from the organization is tax person listed on line 1a; is the sum of reportable compensation and other compensation from the organization is tax person listed on line 1a; is the sum of reportable compensation from the organization is tax person listed on line 1a; is the sum of reportable compensation from the organization of the subject of the compensation from the organization for compensation for the organization for the organization for compensation for the organization for compensation for the organization organization organization for compensation for the organization org			Position (do not check more that box, unless person is by officer and a director/tr					an tee)	Reportable compensation from	Reportable compensation from	amou	timated nt of oth	
Director  (16) Jeff Sierocky Director D		(list any hours for related organiza - tions below dotted	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	related organizations	comp fre orga and	pensatio om the inization i related	n I
Section   Sierocky   2,00   X   0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	(15) Scott Will	2.00	1						0	0			
107   Mike Jones   2,00   X   0. 0. 0. 0.	(16) Jeff Sierocky	2.00		<del>                                     </del>						.,			
(79) Keith Tuk Director Director VX Director VX Director OX Director OX	(17) Mike Jones	2.00											
19   Pat Micheals   2.00   X   0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(18) Keith Tuk	2.00	· I								<del> </del>		
2.00   Melissa Eller   2.00   X   0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(19) Pat Micheals	2.00	· I						_	32			
(23)  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 ist 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 for services rendered to the organizations' 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  2 Total number of independent contractors (including but not limited to those listed above) who received more than  2 Total number of independent contractors (including but not limited to those listed above) who received more than	(20) Melissa Eller	2.00							0.	0.			
(23)  (24)  (25)  1 b 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 list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  3 X  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  5 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  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	(21)		-		-		-	-			-	_	_
255	(22)												
1b Sub-total	(23)												
1 b 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? 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 5 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  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than  2 Total number of independent contractors (including but not limited to those listed above) who received more than	(24)							ļ					
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 is 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  5 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  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	(25)									"			
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  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  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  5 X  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  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		Δ		<del></del>	-		-	<b>▶</b>	0.	0.			0.
from the organization   Section B. Independent Contractors   Section B. Independent Contractors   Compensation from the organization. Report compensation for the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization.  2 Total number of independent contractors (including but not limited to those listed above) who received more than	d Total (add lines 1b and 1c)							<b>&gt;</b>					
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  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  5 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  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	· -	ed to tho	se lis	sted	abo	ve)	who i	rece	eived more than \$	100,000 of reportab	ole comp	ensatı	on
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  5 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)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than												Yes	No
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  5 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  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than				кеу (	emp	loye	e, or	hig	nest compensated	i employee	3		Х
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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  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	such individual						·			ndıvıdual			Х
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  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than	for services rendered to the organization? If 'Yes,'	complete	e Sci	hedi	ıle J	for	such	pei	rson		5	<u> </u>	<u> </u>
(A) Name and business address Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	1 Complete this table for your five highest compensa	ted inde	pend	lent	conf	tract	ors tl	hat	received more tha	n \$100,000 of	tav vear		
Total number of independent contractors (including but not limited to those listed above) who received more than	(A) (B) (C)								 on				
		• • •									- <u></u>		
											•		
	•		lımıt	ed t	o th	ose	listed	l ab	ove) who received	I more than			

<u></u>	Check if Schedule O contains a response to any question	on in this Part VIII			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
JTIONS, GIFTS, GRANTS ER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions)  1 a 1 b 17,650.				
CONTRIBL AND OTH	f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lns 1a-1f  h Total. Add lines 1a-1f	17 650			
₩	Business Code	17,650.			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	2 a b c d e f All other program service revenue g Total. Add lines 2a-2f	-			
	3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss)				
	d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)	-			
OTHER REVENUE	8 a Gross income from fundraising events (not including \$_of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events	5,356.		0.	5,356.
	9 a Gross income from gaming activities See Part IV, line 19  b Less direct expenses  c Net income or (loss) from gaming activities	-			
	10 a Gross sales of inventory, less returns and allowances a 12,675.  b Less cost of goods sold b 8,081.				
	c Net income or (loss) from sales of inventory	4,594.	4,594.	0.	0.
	Miscellaneous Revenue Business Code				
	11a Sponsorships 999999 b c	2,520.	2,520.	0.	0.
	d All other revenue				
	e Total. Add lines 11a-11d	2,320.	7 114	^	E 25.0
	TE TOTAL TEVERIMENTOCC HISTOCHOLIS	30,120.	7,114.	0.	5,356.

Part IX Statement of Functional Expenses

000	tion sor(c)(s) and sor(c)(4) organizations must c			idot complete coldinii (i	<del>7:</del>
	Check if Schedule O contains a re				
Do 1 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees	29,088.	29,088.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .			-	· · · · · · · · · · · · · · · · · · ·
	Fees for services (non-employees)				
_	Management		–		
	D Legal				· · · · · · · · · · · · · · · · · · ·
		67.5			
	Accounting	675.	0.	675.	0.
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
-	Other (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch 0) Advertising and promotion				
13	Office expenses	130.	0.	130.	0.
14	Information technology		· · · · · · · · · · · · · · · · · · ·		
15	Royalties				
16	Occupancy	2 502		2 502	
17	' ' '	3,592.	0.	3,592.	0.
	Payments of travel or entertainment		<u> </u>		
	expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				· · · · · · · · · · · · · · · · · · ·
20	Interest				
21	-,				
	Depreciation, depletion, and amortization	14,577.	14,577.	0.	0.
	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	Miscellaneous	618.	0.	618.	0.
ŀ	·				
(	: <b> </b>				
(	<u> </u>				
•	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	48,680.	43,665.	5,015.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2012) Page 11 25-1678358 Ligonier Youth Baseball & Softball Association Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 14,475 1 9,834. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10 a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10 a 397,227 b Less: accumulated depreciation 10 b 90,406 320,739 10 c 306,821 Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 335,214 316,654 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 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, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 0 Total liabilities. Add lines 17 through 25 0 Organizations that follow SFAS 117 (ASC 958), check here ► k |and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 316,654. 334,017 Temporarily restricted net assets 28 1,197 0. Permanently restricted net assets 29 P Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

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31

32

33

34

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

<u>316,654.</u> Form 990 (2012)

316,654.

30

31 32

33

34

335,214

335,214

Form	990 (2012) Ligonier Youth Baseball & Softball Association 25-1	L678358		Pa	ge <b>12</b>			
Pai	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		30,1	120.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	18,6	580.			
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . 4							
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	31	<u> 16,6</u>	<u> 554.</u>			
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
		_		Yes	No			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			·				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O							
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?	Ĺ	2 a	Х				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both	n a			4.04			
	X Separate basis Consolidated basis Both consolidated and separate basis							
1	Were the organization's financial statements audited by an independent accountant? —		2 b		X —			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis							
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c		х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O							
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3 a		X			
ا	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3 b					
BAA			Form	990	(2012)			

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

**Public Charity Status and Public Support** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number Ligonier Youth Baseball & Softball Association 25-1678358

Part I | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 170(b)(1)(A)(iv). (Complete Part II) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I С Type III — Functionally integrated ď Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q No Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (iv) Is the organization in column (i) listed in your governing document? (i) Name of supported organization (o) EIN (v) Did you notify the organization in column (i) of your support? (iii) Type of organization (described on lines 1-9 above or IRC section (vi) Is the organization in column (i) (VII) Amount of monetary support (see instructions)) organized in the Yes No Yes Yes (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Ligonier Youth Baseball & Softball Association 25-1678358

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

A Public Support	
(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 I organization fails to qualify under the tests listed below, please complete Part III)	f the
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)	(VI)

Sec	tion A. Public Support								
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge		:						
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	(e) 2012	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12			
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ .		
Sec	tion C. Computation of Pu	blic Support F	Percentage						
	Public support percentage for 20	· · · · · · · · · · · · · · · · · · ·		e 11, column (f))		14	%		
15	Public support percentage from 2	2011 Schedule A,	Part II, line 14			15	%_		
16 a	a 33-1/3% support test — 2012. If and stop here. The organization	the organization o qualifies as a pub	lid not check the t licly supported or	oox on line 13, and ganization	the line 14 is 33-	1/3% or more, chec	k this box		
t	33-1/3% support test — 2011. If to and stop here. The organization	he organization di qualifies as a pub	d not check a box blicly supported or	on line 13 or 16a ganization	, and line 15 is 33	-1/3% or more, che	ck this box ►		
17 a	7 a 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	o 10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est The organiza	' test, check this b tion qualifies as a	ox and stop here. publicly supported	Explain in Part IV I d organization	now the □		
	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a, o	or 17b, check this	box and see instruc	tions ►		
BAA		·			Cak	andula A (Form 900	000 EZ 0010		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support			· <del>-</del>			
	ndar year (or fiscal yr beginning in) >	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions and membership fees				1		
	received. (Do not include	01 705					
2	any 'unusual grants ') Gross receipts from admis-	81,795.					81,795.
_	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is						
	related to the organization's						
2	tax-exempt purpose	34,819.	<del>-</del>				34,819.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513						
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
5	its behalf The value of services or						
	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	116,614.					116,614.
	Amounts included on lines 1,	110,014.			<del> </del>		110,014.
	2, and 3 received from disqualified persons						
	Amounts included on lines 2				<del> </del>		
	and 3 received from other than		= -				
	disqualified persons that exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year				<u> </u>		
	Add lines 7a and 7b				ļ		
	Public support (Subtract line 7c from line 6.)			-			116,614.
	tion B. Total Support					,	
	dar year (or fiscal yr beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
	Amounts from line 6	116,614.	<del> </del>				116,614.
100	Gross income from interest, dividends, payments received						
	on securities loans, rents, royalties and income from						
	similar sources						
t	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	čapital assets (Explain in Part IV.)						
13	Total support. (Add Ins 9, 10c, 11, and 12)	116,614.		<del></del> -			116,614.
	First five years. If the Form 990		ion's first_second	d third fourth or	fifth tax vear as a	section 501(c)(3)	110,014.
	organization, check this box and	stop here				30011011 301 (0)(3)	▶
	tion C. Computation of Pul						
	Public support percentage for 201		-	e 13, column (f))		15	100.00 €
	Public support percentage from 2				<del>_</del>	16	100.00 %
	tion D. Computation of Inv						
	Investment income percentage for	· · · · · · · · · · · · · · · · · · ·	=' ='	•	nn (f))	17	<del></del>
	Investment income percentage from 33-1/3% support tests – 2012. If				nd line 15 in mare	18   han 23 1/2% and	line 17
	is not more than 33-1/3%, check	this box and stop	here. The organiz	zation qualifies as	s a publicly suppor	ted organization	<b>►</b>  X
Ľ	33-1/3% support tests - 2011. If line 18 is not more than 33-1/3%,	tne organization d , check this box ar	id not check a bo nd <b>stop here.</b> The	ox on line 14 or lin e organization qua	ne 19a, and fine 16 lifies as a publicly	is more than 33-1 supported organiz	/3%, and ation ► □
	Private foundation. If the organiz						▶  =

Schedule A	(Form	990	or 99	0-EZ)	2012	Lig	jonie	r You	ıth I	Baseb	all	& So:	ftba]	ll As	socia	ation	25-	1678	358		age 4
Part IV	Supp Part (See	lerr	i <mark>ent</mark> a	<b>il Inf</b> e 7a oi	ormat 17b	tion. ; and	Com Part	plete III, li	this ne 1	part 2. Als	to pr o co	ovide mple	e the ete th	expl is pa	anation rt for	ons re any a	quired addition	by Pa nal inf	art II, li ormatio	ine 10; on.	
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# SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047 2012

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Lio	gonier Youth Baseball & Softb	all Association		25-1	678358	
Par	t   Organizations Maintaining Dono	r Advised Funds or Oth	er Similar Fund			e ıf
	the organization answered 'Yes'					
		(a) Donor advised f	funds	(b) Funds a	nd other acco	unts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and don are the organization's property, subject to the organization.	or advisors in writing that the a organization's exclusive legal c	ssets held in donor ontrol?	advised funds	Yes	No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing of the donor or donor advisor, o	g that grant funds ca or for any other purp	an be used only cose conferring	Yes	No
Par	t II Conservation Easements. Comp	lete if the organization a	nswered 'Yes' t	o Form 990, F	Part IV, line	7.
1	Purpose(s) of conservation easements held by	the organization (check all tha	t apply)			
	Preservation of land for public use (e g , re	ecreation or education)	Preservation of a	an historically imp	ortant land a	rea
	Protection of natural habitat		Preservation of a	a certified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation	contribution in the			
					the End of th	e Tax Year
	Total number of conservation easements			2 a		
	Total acreage restricted by conservation easer			2 b		
	Number of conservation easements on a certification		` '	2 c		
•	Number of conservation easements included in structure listed in the National Register	ı (c) acquired after 8/17/06, and	d not on a historic	2 d		
3	Number of conservation easements modified, t tax year ▶	ransferred, released, extinguisl	hed, or terminated t	by the organizatio	n during the	
4	Number of states where property subject to con	nservation easement is located	•			
5	Does the organization have a written policy regard enforcement of the conservation easemen	garding the periodic monitoring, ts it holds?	, ınspection, handlır	ng of violations,	Yes	No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing co	nservation easemer	nts during the yea	r	_
7	Amount of expenses incurred in monitoring, in: ▶\$	specting, and enforcing conserv	vation easements d	uring the year		
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the req	uirements of section	n 170(h)(4)(B)(ı)	Yes	No
9	In Part XIII, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in the organization's financial sta	its revenue and ex atements that descr	pense statement, ibes the organiza	and balance tion's accoun	sheet, and ling for
Par	t III Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical wered 'Yes' to Form 990	<b>Treasures, or C</b> , Part IV, line 8.	Other Similar	Assets.	
1 8	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	s held for public exhibition, educ	cation, or research	statement and ba in furtherance of p	lance sheet w	orks of , provide,
ı	b) If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items					
	(i) Revenues included in Form 990, Part VIII,	line 1		1	<b>&gt;</b> \$	
	(ii) Assets included in Form 990, Part X			1	<b>-</b> \$	
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other 16 (ASC 958) relating to these	sımılar assets for fı ıtems	nancial gain, prov	vide the follow	ving
á	Revenues included in Form 990, Part VIII, line	1		1	<b>►</b> \$	
ı	Assets included in Form 990, Part X .			1	► \$	

•									
schedule <b>D</b> (Form 990) 2012 Ligon	ier Youth	Baseb	all & Softb	all	Association	25-167			Page 2
Pantim Organizations Mainta	ining Colle	ctions	of Art, Histo	orical	Treasures, or	r Other Similar Ass	ets (C	ontinu	<u>ea)</u>
3 Using the organization's acquisition items (check all that apply)	on, accession,	and oth	ner records, che	ck any	of the following t	hat are a significant use	of its c	ollectio	า
a Public exhibition			<b>d</b> Loan o	or excl	nange programs				
<b>b</b> Scholarly research			e Other				_		
c Preservation for future genera	ations		<del>_</del>						
4 Provide a description of the organ Part XIII	nızatıon's colle	ctions a	nd explain how	they fo	urther the organiz	ation's exempt purpose	ın		
5 During the year, did the organizal to be sold to raise funds rather th	an to be main	tained a	s part of the org	ganıza	tion's collection?		Yes		No
Parit M Escrow and Custodial A reported an amount o	<b>Arrangemer</b> n Form 990	<b>its.</b> Coi , Part	mplete if the o X, line 21.	organi	zation answere	ed 'Yes' to Form 990	, Part I'	V, line	9, or 
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian	, or othe	er intermediary f	for con	tributions or other	r assets not included	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII an	d compl	ete the following	g table	;			-	-
							Amoun	ì	
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1 f			
2 a Did the organization include an a	mount on Forr	n 990, F	art X, line 21?				Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII C	heck hei	re if the explanti	ion has	s been provided ir	n Part XIII			]
Parft V Endowment Funds. C			ganization an	nswer					
	(a) Current	t	(b) Prior yea	ar	(c) Two years	(d) Three years	(e)	our yea	'S
1 a Beginning of year balance									
<b>b</b> Contributions									
c Net investment earnings, gains, and losses									
d Grants or scholarships									
<ul> <li>Other expenditures for facilities and programs</li> </ul>									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage	of the curren	t year e	nd balance (line	1g, c	olumn (a)) held a	S			
a Board designated or quasi-endow	vment ►		······ 8						
<b>b</b> Permanent endowment ►	8								
c Temporarily restricted endowmen	nt ►		_ <del>8</del>						
The percentages in lines 2a, 2b,	and 2c should	equal 1	00%						
3 a Are there endowment funds not in organization by	n the possessi	on of th	e organization tl	hat are	e held and admini	stered for the	1	Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)	-	
<b>b</b> If 'Yes' to 3a(ii), are the related of	rganizations li	sted as	required on Sch	nedule	R?		3b		
4 Describe in Part XIII the intended	_						·		
Part VI Land, Buildings, and									
Description of property		(a) Cost	or other basis	(b)	Cost or other pasis (other)	(c) Accumulated depreciation	(d)	Book va	lue
1 a Land					126,122.			126	,122.
<b>b</b> Buildings					<del></del>				
c Leasehold improvements					254,417.	77,073.		177	,344.
<b>d</b> Equipment					6,313.	4,611.			,702.
e Other					10,375.	8.722.			.653.

BAA

Schedule **D** (Form 990) 2012

306,821.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule	<b>D</b> (Form 990) 2012	Ligonier Youth	Basel	oall & Softball A	ssociation	25-1678358_	Page 3
Part VII				Form 990, Part X,			
	(a) Description of s (including nar	security or category me of security)		(b) Book value		(c) Method of valuation Cost or end-of-year market value	
(1) Financ	cial derivatives						
(2) Closel	ly-held equity interes	its					
(3) Other							
(A) (B)				-			
(C)		<del>-</del>					
(D)							
(E)							
(F)						-	
(G)							
(H)					<u>-</u>	***************************************	
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	mn (h) must equal Form 9	— — — — — — — — — — — — — — — — — — —					
Part VII	7			Form 990, Part X,	line 13	· · · · · · · · · · · · · · · · · · ·	
rait VII		investment type	. 000	(b) Book value	1	(c) Method of valuation Cost or	
	(a) bescription of	investment type		(b) Book Take		end-of-year market value	
(1)							
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	ımn (b) must equal Form 9	990, Part X, column (B) line 1.	3) ▶				
Part IX		See Form 990, Pa		line 15.	•		
				scription		<b>(b)</b> Bo	ook value
(1)				·			
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	olumn (b) must eauz	al Form 990, Part X, col	umn (F	3) line 15.)		<b>&gt;</b>	
Part X	· ,	es. See Form 990,				<u>'</u>	
FaitA		otion of liability	<u>ı art</u>	(b) Book value			
(1) Fed	eral income taxes	otion or nabinty		(b) Book Value			
(2)	crai income taxes	<del></del>			<del></del>		
(3)				-			
					—		
<u>(4)</u>					— <u> </u>		
(5)	·						
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(11)							
		990, Part X, column (B) line 25		<b>&gt;</b>			
2. FIN 48 (A	ASC 740) Footnote In Par 8 (ASC 740) Check bere i	t XIII, provide the text of the t f the text of the footnote has I	footnote heen aro	to the organization's financial	statements that repo	orts the organization's liability for uncertain	n tax positions

Schedule I	(Form 990) 2012 Ligonier Youth Baseball & Softball Ass	sociation	25-1678358	Page 4
Part XI	Reconciliation of Revenue per Audited Financial Statemer		r Return	
1 Tota	revenue, gains, and other support per audited financial statements		1	
2 Amo	unts included on line 1 but not on Form 990, Part VIII, line 12.			
a Net	inrealized gains on investments	2 a		
<b>b</b> Dona	ated services and use of facilities	2 b		
<b>c</b> Reco	veries of prior year grants	2 c		
<b>d</b> Othe	r (Describe in Part XIII )	2 d		
e Add	lines 2a through 2d		2 e	
3 Subt	ract line 2e from line 1		3	
4 Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:			
a Inve	stment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Othe	r (Describe in Part XIII )	4 b		
<b>c</b> Add	lines 4a and 4b		4 c	
5 Tota	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Part XII	Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses	per Return	
	expenses and losses per audited financial statements		1	
2 Amo	unts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b> Dona	ated services and use of facilities	2 a		
<b>b</b> Prior	year adjustments	2 b		
<b>c</b> Othe	r losses	2 c		
<b>d</b> Othe	r (Describe in Part XIII )	2 d		
e Add	lines 2a through 2d		2 e	
3 Subi	ract line 2e from line 1		3	
4 Amo	unts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b> Inve	stment expenses not included on Form 990, Part VIII, line 7b	4 a		
	r (Describe in Part XIII )	4 b		
	lines 4a and 4b		4c	
	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	Supplemental Information			
Complete line 4, Pai	this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pat X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also com	ift III, lines 1a and 4, Part plete this part to provide a	ny additional informatio	rt v, on
	<b></b>			
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ВАА			Schedule <b>D</b> (Form	990) 2012

Schedule D (Form 990) 2012 Ligonier Youth Baseball & Softball Association	25-10/8338	raye J
Part XIII Supplemental Information (continued)		
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#### SCHEDULE O (Form 990 or 990-EZ)

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Employer identification number Name of the organization 25-1678358 Ligonier Youth Baseball & Softball Association Pt\_VI, Line 11b Form 990 was sent via email to all current Board Directors Pt\_VI, Line 11b \_ prior to a board meeting. The form 990 was then reviewed Pt VI, Line 11b at the board meeting and approved for filing by the Board of Directors. Pt VI, Line 19 Financial statements are made available per request Pt\_VI, Line 8b \_ There are no Independant committees with authority to act for the organization. Pt\_VI, Line\_2\_\_\_ Business is conducted between the organization and businesses owned by officers

## Form **4562**

Name(s) shown on return

## Depreciation and Amortization (Including Information on Listed Property)

ng Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 179

Identifying number

OMB No 1545-0172

**2012** 

Ligonier Youth Baseball & Softball Association 25-1678358 Business or activity to which this form relates Form 990 / Form 990EZ Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 separately, see instructions 6 (a) Description of property (b) Cost (business use only) (C) Elected cost Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property ) (See instructions Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2012 14,485 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B — Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (a) (c) Basis for depreciation (b) Month and (d) (e) Convention (g) Depreciation Classification of property year placed in service (business/investment use only — see instructions) Recovery period deduction 19 a 3-year property **b** 5-year property 659. 200 DB c 7-year property 7.0 yrs HY 94. d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27.5 yrs S/L MM 27.5 yrs S/L property MM i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs MM S/L Part IV | Summary (See instructions ) 21 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions 22 14,577. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

	.co (0010)					<b></b>							05.1	C7025	0	Dags 2
Part \	662 (2012)	Ligonier Property (Inc									1 proper	tv used		67835 ertainme		Page 2
art v	recreati	on, or amuseme	nt)						•			-				
	Note: F	or any vehicle fo s (a) through (c)	or which you a	are using t	he standa	ard mile	age rat	e or o	deduci	tıng lea	ase exp	ense, c	omplete	only 24	a, 24b,	
		n A – Deprecial									its for p	asseng	er autoi	nobiles.	)	
24 a Do		idence to suppor					Yes	$\overline{}$	$\overline{}$		es, is the	<del></del>	-	Ī	Yes	No
	(a)	(b)	(c)	(d			(e)			(1)	(	g)		<u>-</u>		(i)
	of property	Date placed	Business/ investment	Cost other	or	i .	or depreci		Red	covery	Met	hod/ ention		reciation fuction		lected ion 179
(IIST	vehicles first)	in service	use percentage	Outer	uasis		ise only)	nem	,		Conv	ention				cost
		ciation allowance					ervice o	during	the t	ax yea	r and	0.5				
		n 50% in a quali more than 50%				ons)						25				
20 11	operty useu	Thore than 50 %	T a quanneu	Dusiness	<u> </u>						1				T	
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<b>27</b> Pr	operty used	50% or less in a	qualified bus	siness use												
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20 .		1				<u>.                                    </u>					1	100			_	İ
		n column (h), lin	_				e 21, pa	age 1				28	<u> </u>	29	-	
29 A	io amounts i	n column (ı), line	e 26 Enter n		B – Info		on Use	of V	ehicle	· S	<del></del>			23		
:omole	te this section	n for vehicles us	sed by a sole								or relat	ed ner	son If v	ou provi	ded veh	icles
your	employees,	first answer the	questions in	Section C	to see if	you me	et an ex	cepti	on to	comple	eting thi	s section	n for th	ose vehi	cles	.0.00
20 F	–			- (	a) –	- (b	<del>)</del> –	-	(c) <sup>-</sup>	-	(d)	-	(6	·)	- (1	<u> </u>
		/investment mile r ( <b>do not</b> include			ćle 1	Vehic	le 2	V	ehicle	: 3	Vehic	le 4	Vehi	cle 5	le 5 Vehicle 6	
	mmuting mi							<u> </u>								
	•	niles driven during t	•								<del></del>			•		
	otal other pei iles driven	rsonal (noncomn	nuting)							ı						
		ven during the y	ear Add					1								
	es 30 throug							<u> </u>	1				<u> </u>	r		1
				Yes	No	Yes	No	Ye	S	No	Yes	No	Yes	No	Yes	No
<b>34</b> W dı	as the vehicl Iring off-duty	le available for p hours?	ersonal use							- 1				,		
<b>35</b> W	as the vehicle an 5% owne	e used primarily r or related pers	by a more	-												
<b>36</b> Is		icle available for														
<del></del>		Section	C — Question	ns for Emp	loyers W	/ho Pro	vide Ve	hicle	s for L	Jse by	Their E	mploye	es			
nswer	these questi	ons to determine	e if you meet	an except	ion to co	mpletin	g Sectio	on B f	or ver	ncles	used by	employ	ees wh	o <b>are no</b>	t more t	than
% owr	ers or relate	d persons (see	instructions)			<u>-</u>									l	
		ın a written polic	cy statement	that prohib	its all pe	rsonal u	use of v	ehicle	es, inc	luding	commu	ıtıng,			Yes	No
•	your employ						- <b>f .</b> l					L	_			
		in a written polic ee the instruction														
<b>39</b> Do	you treat al	I use of vehicles	by employee	es as pers	onal use	,										
		e more than five etain the inform			yees, obt	aın ınfo	rmation	from	your	emplo	yees ab	out the	use of t	he		
41 Do	you meet th	ne requirements nswer to 37, 38,	concerning q	ualified au	itomobile	demon	stration Section	use? B fo	(See r the c	instru covere	ctions ) d vehicle	es.				
Part \		tization	-, -,	,		,									l	
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<b>42</b> A	mortization c	f costs that begi	ns during you	ur 2012 tax	year (se	ee ınstrı	uctions)									
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42				1					<u> </u>			1	T 40			-
		of costs that beg nounts in columr	·		-	oro to sa	nort						43			
44 T	otat. Add am	iounis in column	rur see me	IIISTRUCTION	is lur wile	ere to fe	:DOLE						1 44	1		

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Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission.

who will participate in baseball and softball regardless of race, color, creed, religion sex, or ancestry. Our program has been and is still in existence for youth residing within the bundon's of the Ligonier Valley School District.

#### **Miscellaneous Statement**

	1	1
Part I, Line 1	<b>.</b>	
within the boundaries of the Ligonier		
Valley School Distict.		

Total