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Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No. 1545-1150

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

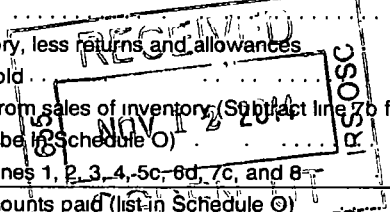
A For the 2013 calendar year, or tax year beginning JULY 01, 2013, and ending JUNE 30, 2014
B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending
C Name of organization: HERITAGE ATHLETIC ASSOCIATION
D Employer identification number: 38-2120741
E Telephone number: (989) 799-0140
F Group Exemption Number
G Accounting Method: X Cash
H Check if the organization is not required to attach Schedule B
I Website: N/A
J Tax-exempt status: X 501(c)(3)
K Form of organization: X Association
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 54,799

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

Check if the organization used Schedule O to respond to any question in this Part I

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received (5,560); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments (3,999); 4 Investment income (177); 5a Gross amount from sale of assets other than inventory; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events; 6c Less: direct expenses from gaming and fundraising events; 6d Net income or (loss) from gaming and fundraising events (14,209); 7a Gross sales of inventory, less returns and allowances; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue; 9 Total revenue (23,945); 10 Grants and similar amounts paid (17,952); 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors; 14 Occupancy, rent, utilities, and maintenance; 15 Printing, publications, postage, and shipping (7); 16 Other expenses (3,703); 17 Total expenses (21,662); 18 Excess or (deficit) for the year (2,283); 19 Net assets or fund balances at beginning of year (50,746); 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year (53,029).

RECEIVED DEC 0 1 2013



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O. 34 Were any significant changes made to the organizing or governing documents? 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities... 35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? 35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? 37a Enter amount of political expenditures... 37b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee... 38b If "Yes," complete Schedule L, Part II and enter the total amount involved... 39 Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39b Gross receipts, included on line 9, for public use of club facilities... 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955... 40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year... 40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958... 40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization... 40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 41 List the states with which a copy of this return is filed NONE 42a The organization's books are in care of SEE ATTACHMENT #3 Telephone no. Located at ZIP + 4 42b 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... 42c At any time during the calendar year, did the organization maintain an office outside the U.S.? 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 44a Did the organization maintain any donor advised funds during the year? 44b Did the organization operate one or more hospital facilities during the year? 44c Did the organization receive any payments for indoor tanning services during the year? 44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
----	--	---

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

b If "Yes," was the related organization a section 527 organization?

49b		X
-----	--	---

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

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

Sign Here: Signature of officer: *Shawn Coughlin* Date: _____
 Type or print name and title: SHAWN COUGHLIN PRESIDENT

Paid Preparer Use Only: Print/Type preparer's name: SHIRLEY LEHMAN Preparer's signature: *Shirley Lehman* Date: 11-04-2014 Check if self-employed PTIN: P00211331
 Firm's name: HRB TAX GROUP INC Firm's EIN: 431871840
 Firm's address: 4600 FASHION SQUARE BLVD Phone no.: 989-793-8121

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2013

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Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization HERITAGE ATHLETIC ASSOCIATION	Employer identification number 38-2120741
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.

- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- | | | | | | |
|--|--|-----|----|--------------------------|-------------------------------------|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | <table border="1" style="border-collapse: collapse;"> <tr><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> </table> | Yes | No | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Yes | No | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| (ii) A family member of a person described in (i) above? | <table border="1" style="border-collapse: collapse;"> <tr><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> </table> | Yes | No | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Yes | No | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | <table border="1" style="border-collapse: collapse;"> <tr><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> </table> | Yes | No | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Yes | No | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,412	14,200	11,710	10,720	9,559	50,601
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	48,450	38,676	44,958	42,139	45,063	219,286
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 its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	52,862	52,876	56,668	52,859	54,622	269,887
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						269,887

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	52,862	52,876	56,668	52,859	54,622	269,887
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	653	460	285	200	177	1,775
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	653	460	285	200	177	1,775
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	53,515	53,336	56,953	53,059	54,799	271,662

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.35 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.08 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.65 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	0.92 %

19a 33 1/3% support tests -- 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests -- 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		HAWKTION (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	50,623			50,623
2	Less: Contributions	5,560			5,560
3	Gross income (line 1 minus line 2)	45,063			45,063
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	15,731		15,731
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	15,123		15,123
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				30,854
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				14,209

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

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) thru col. (c))
		1	Gross revenue		
DIRECT EXPENSES	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in.

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ SEE ATTACHMENT #4

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

HERITAGE ATHLETIC ASSOCIATION

Employer identification number

38-2120741

SCHOLARSHIPS \$8,000

ATHLETIC EQUIPMENT \$4,366

ATHLETE AWARDS \$5,586

FORM 990 EZ PAGE 1 LINE 16 OTHER EXPENSES

ADVERTISING 180

BEREAVEMENT FLOWERS 61

FOOD ITEMS 371

HOMECOMING SUPPLIES 319

PATCHES 116

PARTICIPANT FEES 630

SUPPLIES 901

TAX PREPARATION 250

MISCELLANEOUS 121

MEMBERSHIP APPAREL 754

TOTAL OTHER EXPENSES \$3,703

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION For calendar year 2013, or tax period beginning 07-01-2013, and ending 06-30-2014.

Name of Organization HERITAGE ATHLETIC ASSOCIATION Employer Identification Number 38-2120741

Part III - Statement of Program Service Accomplishments

Grants and allocations Amount includes foreign grants Program service expenses

Exempt Purpose Achievements

THE EXEMPT PURPOSE OF THIS ORGANIZATION IS TO PROVIDE ADDITIONAL FINANCIAL SUPPORT TO THE VARIOUS ATHLETIC TEAMS IN THE HERITAGE HIGH SCHOOL, AS WELL AS TO PROVIDE SCHOLARSHIPS, TROPHIES, AND AWARDS TO THE HIGH SCHOOL ATHLETES THAT QUALIFY. THE MEMBERSHIP OF THE ATHLETIC ASSOCIATION IS COMPRISED OF PARENT VOLUNTEERS OF THE STUDENT ATHLETES, AS WELL AS MEMBERS OF THE COMMUNITY THAT ARE WILLING TO VOLUNTEER THEIR TIME FOR THE BENEFIT OF THE HERITAGE ATHLETES.

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 2 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning	07-01-2013, and ending	06-30-2014.
Name of Organization	HERITAGE ATHLETIC ASSOCIATION		Employer Identification Number 38-2120741

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	8,000
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Exempt Purpose Achievements

SCHOLARSHIPS TO QUALIFYING SENIOR HIGH SCHOOL ATHLETES: AT THE SPRING 2013 SCHOLARSHIP ASSEMBLY, 12 QUALIFIED HERITAGE HIGH SENIOR ATHLETES WERE AWARDED ATHLETIC SCHOLARSHIPS TO BE USED FOR FURTHERING THEIR POST HIGH SCHOOL EDUCATION. TO QUALIFY, STUDENTS MUST EXCEL IN ALL ASPECTS OF ATHLETICS AS WELL AS ACADEMICS.

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 3 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC				
INSPECTION	For calendar year 2013, or tax period beginning	07-01-2013, and ending	06-30-2014.	
Name of Organization	HERITAGE ATHLETIC ASSOCIATION		Employer Identification Number	38-2120741

Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	5,586

Exempt Purpose Achievements

AWARDS: PRESENTED AT THE ATHLETIC BANQUETS THAT WERE HELD AT THE END OF EACH SPORT SEASON (FALL, WINTER AND SPRING) TO QUALIFYING ATHLETES THAT DEMONSTRATED VALUABLE TEAM ATHLETICISM IN THE VARIOUS SPORTS THAT ARE OFFERED AT HERITAGE HIGH SCHOOL. THE AWARDS PRESENTED WERE TROPHIES, MEDALS AND CERTIFICATES. TO QUALIFY, THE STUDENTS MUST DEMONSTRATE OUTSTANDING SPORTSMANSHIP BOTH ON AND OFF THE PLAYING FIELD.

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 4 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning	07-01-2013, and ending	06-30-2014.
Name of Organization	HERITAGE ATHLETIC ASSOCIATION		Employer Identification Number 38-2120741

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	4,366
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Exempt Purpose Achievements

TEAM EQUIPMENT, UNIFORMS AND ADDITIONAL APPAREL: THE HERITAGE ATHLETIC ASSOCIATION PROVIDES REPLACEMENT OF WORN, DAMAGED OR OBSOLETE ATHLETIC EQUIPMENT AND UNIFORMS FOR THE VARIOUS ATHLETIC TEAMS. ADDITIONAL APPAREL INCLUDES WARM-UP SUITS, TEE SHIRTS, AND ANY ADDITIONAL CLOTHING THAT MAY BE NEEDED BY THE STUDENT ATHLETE PARTICIPANTS.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC
INSPECTION For calendar year 2013, or tax period beginning 07-01-2013, and ending 06-30-2014.

Name of Organization: HERITAGE ATHLETIC ASSOCIATION
Employer Identification Number: 38-2120741

(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
SHAWN COUGHLIN PRESIDENT	20.00	0	0	0
DEBBIE FALKENBERG VICE PRESIDENT	20.00	0	0	0
LISA BALDERSTONE SECRETARY	20.00	0	0	0
ANDY DAMORE TREASURER	20.00	0	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning 07-01, and ending 06-30-2014.

Name of Organization

HERITAGE ATHLETIC ASSOCIATION

Employer Identification Number

38-2120741

Part V - Line 42a

Individual Name

SHAWN COUGHLIN, PRESIDENT

or

Business Name:

Street Address

3465 N CENTER ROAD

U.S. Address:

Zip code

48603

City

SAGINAW

State

MI

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

(989) 799-0140

Fax Number

990 GAMING/SPECIAL EVENTS BOOKS AND RECORDS

ATTACHMENT 4: SCH G PAGE 3, PART III, LINE 14

OPEN TO PUBLIC

INSPECTION

For calendar year 2013, or tax period beginning 07-01-2013, and ending 06-30-2014.

Name of Organization

HERITAGE ATHLETIC ASSOCIATION

Employer Identification Number

38-2120741

Part III - Line 14

Individual Name

ANDY DAMORE, TREASURER

or

Business Name:

Street Address

3465 N CENTER AVE

U.S. Address:

Zip code

48603

City

SAGINAW

State

MI

or

Foreign Address

City

Province or State

Country

Postal code