-orm **990**

SCANNED JUL 2 9 2019

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

inte		nue Service	-		11990 101 1118	structions and th			1.	inspection		
<u>A</u> _	For the	2018 cale	ndar year, or tax year beg	ginning		, 2018, a	nd endi	ng		, 20		
В	Check if	f applicable	C Name of organization Liqu	<u>onier Yout</u>	h Baseba	ll & Softba	ll As	sociation	D Employe	er identification number		
	Address	change	Doing business as						25-16	578358		
	Name c	hange	Number and street (or P O	box if mail is not	delivered to s	treet address)	Room/s	uite	E Telephor	ne number		
	Initial re		P.O. Box 200				İ		(724)	238-1801		
$\overline{\Box}$		rn/terminated	City or town, state or provin	ice, country, and	ZIP or foreign	postal code			<u> </u>			
Ē		ed return	Ligonier, PA 15						G Gross re	cerpts \$ 59,655.		
\Box			F Name and address of princi					H(a) Is this		subordinates? Yes X No		
_	приса	g	Paul A. Hannah, Trea		reen Oak I	ane Ligonier	DA 15					
	Tay aya	mpt status]		(insert no)		27			list (see instructions)		
÷	Website		ww.leaguelineup.			4947(a)(1) 01 1	<u> </u>		up exemption			
<u>ж</u>				Association	0ther ▶	I Van	ar of forma			of legal domicile PA		
	art I	Summ		ASSOCIATION	Others	Liea	1 01 1011118	1011	JZ W State	or legal doffliche EA		
	1		scribe the organization'	e mission or i	most signif	cant activities:	C	C				
a)	'	Differry de	Scribe the organization	5 1111551011 01 1	most signii	icani activities.	see	Support	ing Stai	Lement		
Ę												
Activities & Governance		Chook th	is box ▶ ☐ if the organia	antion discon	tipuod ito o	norations or di		of more the	250/ of	to not consto		
ove.	2		-			•			1 1			
Ġ	3		of voting members of the	-		•				15		
ş	4		of independent voting m		-)	<u> </u>	15		
ij	5		nber of individuals empl	-	-	•	-		. 5	100		
Ę	6		nber of volunteers (estim						. 6	100		
⋖	7a		elated business revenue			•			. 7a	0.		
	b	Net unrei	ated business taxable in	come from F	orm 990-1	, line 38			. 7b	0.		
								Prior		Current Year		
e	8		ions and grants (Part VI	34,728.	24,199.							
Revenue	9	_	service revenue (Part VI									
ě	10		nt income (Part VIII, colu			•				0.		
	11		enue (Part VIII, column (-			20,282.	22,401.		
	12		enue-add lines 8 throug						55,010.	46,600.		
	13		nd sımılar amounts paid			•						
	14			for members (Part IX, column (A), line 4)								
es	15		other compensation, emp	-								
ŠUŠ	16a	Professio	nal fundraising fees (Pa	rt IX, column	(A), line 11	e)	[
Expenses	b		draising expenses (Part			***************************************	0.					
ш	17		penses (Part IX, column						13,116.	12,142.		
	18		enses. Add lines 13-17					į.	59,336.	46,120.		
	19	Revenue	less expenses. Subtract	t line 18 from	line 12	· An election		-	-4,326.	480.		
Net Assets or Fund Balances					<u>nt</u>	CEIVED	11	Beginning of 6	Current Year	End of Year		
sets	20	Total ass	ets (Part X, line 16) . ilities (Part X, line 26) . s or fund balances. Sub				70	17	70,807.	171,287.		
nd B	21	Total liab	lities (Part X, line 26) .		.φ _{Μ.Λ}	Y 0.6 2019	8					
žē	22			tract line 21	fiorh line 20	3 0.0 2013.	Ö ø.	17	70,807.	171,287.		
	art (I		ure Block		سيا	124.0	一元					
Un	der pena	lties of perjur	y, I declare that I have examin	ied this return, ເຖິ	cluding accon	panying schegules	and state	ements, and to	the best of m	ny knowledge and belief, it is		
tru	e, correc	t, and comple	ete Declaration of preparer (at	her than officer) i	s based on all	information of which	:h*prepare	er has any kno	wledge	<u>, </u>		
		IV_1	and a Hank						· 4/30/	2019		
Sig		Signa	ature of officer					[Date 2			
He	re	Pau	ıl A Hannah, Trea	asurer								
		1 / /	or print name and title									
Pa	id	Print/Typ	pe preparer's name	Prepare	r's signature	0/	D	ate	Check [If PTIN		
	epare	Chris	topher T. Pakos		11/1	ahos CPA 10	c	4/25/20		loyed P00067371		
	e Only Firm's name Christopher T. Pakos, CPA, PC.							20-0144531				
- -	III	Firm's ac	ddress ► 535 Lloyd A			15650		1		24)537-6010		

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

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

REV 01/11/19 PRO

X Yes ☐ No

Form 990 (2018)

;	(Code)	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
					·	
			•••			
	••••					***************************************
				·		
				·		
				••••••		
ı	Other program serv	rices (Describe in S	chedule O.)		<u> </u>	
	(Expenses \$	including	grants of \$) (Revenue	\$	

37,821.

Total program service expenses ▶



	90 (2018)		<u> </u>	age •
Part	V Checklist of Required Schedules	-	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	×	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		×
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? <i>If "Yes," complete Schedule C, Part II</i>	4		×
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		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.		- , ***	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
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	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
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		×
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		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? ###\@A;\"100 page plete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C .	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		×
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 Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	00		
31	conservation contributions? <i>If "Yes," complete Schedule M </i>	30	ļ	×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	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	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	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.	38	×	
Part				
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4.	Enter the number reported in Roy 2 of Form 1006 Enter 0 of not applicable	كتمينين	Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1917		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	166.40		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	CF		
-	gifts were not tax deductible?	6b	35.38883	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a	953X	
b	and services provided to the payor?	7b		×
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	75		
С	required to file Form 8282?	7c		×
đ	If "Yes," indicate the number of Forms 8282 filed during the year	\$\$\$.34 .7		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	52 VS		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			激烈
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	77 2000	
10	Section 501(c)(7) organizations. Enter:	·	1000	13.00
а	Initiation fees and capital contributions included on Part VIII, line 12			32.72 35.0332
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	- 100 (NO. 1) - 100 (NO. 1) - 100 (NO. 1)		1880°
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	12a	<u> </u>	\$35.73
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	700		*
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	> V V (\ 0%	A0750554 A
u	Note. See the instructions for additional information the organization must report on Schedule O.	32×4/4	103	(2)
b	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		×
	If "Yes," see instructions and file Form 4720, Schedule N.		张	45%
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.		40	

Form 99	90 (2018)		F	age 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
	rèsponse to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ons.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	٠.,	\mathbf{x}
Secti	on A. Governing Body and Management			
_		2012:00 Name	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15	2		
	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.			* 14
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	4		
	any other officer, director, trustee, or key employee?	2	×	1.50 000
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<u>X</u>
6	Did the organization have members or stockholders?	6		<u> </u>
7a	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?	7a		<u>×</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	**** 3.50E
b	Each committee with authority to act on behalf of the governing body?	8b		×
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue Co		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IUa		<u>×</u>
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_	<u>×</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c		
13 14	Did the organization have a written whistleblower policy?	13		×
15	Did the process for determining compensation of the following persons include a review and approval by	14	2000	
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		×
	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 taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		183	
0	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	ı (Se c	uon e	,
	Own website Another's website Don request Other (explain in Schedule O)			_
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and re-	corde	•	
20	Paul Hannah, 146 Green Oak Lane, Ligonier, PA 15658 (724)238-1801	Journa	-	

Part VII	Compensation of Officers,	Directors, Tru	ustees, Key En	nployees, Highe	st Compensated	Employees, and
	Independent Contractors					

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos eck s pe	rson	than both sort Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Kevin Mack - Director 01/01/18 - 12/31/18 President 09/12/18-12/31/18		×		×				0.	0.	0.
(2) Paul Hannah Director & Treasurer	4.00	×		×				0.	0.	0.
(3) Lee Steffey Director & Vice President	4.00	×		×				0.	0.	0.
(4) Joe Springer Director & Vice President	4.00	×		×				0.	0.	0.
(5) Jen Kromel - Director 01/01/18-12/31/18 Secretary 01/01/18-09/12/18	4.00	×		×				0.	0.	0.
(6) Kristi Springer - Director 01/01/18-12/31/18 Secretary 09/12/2018-12/31/2018		×		×				0.	0.	0.
(7) Jim Bojtos Director	2.00	×						0.	0.	0.
(8) Rick Lynn Director	2.00	×						0.	0.	0.
(9) Lisa Nichols Director	2.00	×						0.	0.	0.
(10) Chad Piper Director	2.00	×						0.	0.,	0.
(11) Rob Hakel Director 09/12/18-12/31/18	2.00	×						0.	0.	0.
(12) Jamie Krupper Director 09/12/18-12/31/18	2.00	×						0.	0.	0.
(13) Pat Myers Director 09/12/18-12/31/18	2.00	×						0.	0.	0.
(14) Lindsey Niederhiser Director 09/12/18-12/31/18	2.00	×						0.	0.	0.

(A) (B) Name and title Average hours per week (list an		Position (do not check more than obox, unless person is both officer and a director/trust						(D) Reportable compensation from	(E) Reportable compensation from		(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organızatıo (W-2/1099-M		compensation from the organization and related organizations
(15) Amanda Pavlik Director 09/12/18-12/31/18	2.00	×						0.		0.	0
(16) Pat Kromel Director & President 01/01/18-09/12/18	4.00	×		×	_			0.		0.	0
(17) Jason Foust Director 01/01/18-09/12/18	2.00	×						0.		0.	0
(18) Chris Plummer Director 01/01/18-09/12/18	2.00	×						0.		0.	0
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Sub-total	VII, Sectio	n A					> > >	0.		0.	0
Total number of individuals (including but reportable compensation from the organical control of the	not limited						e) w		ore than \$10	1	
3 Did the organization list any former of employee on line 1a? If "Yes," complete to	ficer, direc						emp	loyee, or high	est comper	nsated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations individual	greater the	an \$1 	50,	000	? /i	f "Ye. ·	s," · ·	complete Sch	nedule J for	such	4 ×
5 Did any person listed on line 1a receive of for services rendered to the organization											5 ×
Section B. Independent Contractors											
 Complete this table for your five highest compensation from the organization. Repyear. 											
(A) Name and business add	ress							(B) Description of s	ervices	((C) Compensation
											
2 Total number of independent contractor	un (malicalisa			. 4 1	• ••		L				

Par	t VIII	Statement of Revenue											
		Check if Schedule O contains a	response or note t		s Part VIII	<u> </u>	<i>.</i> 🗆						
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated , business revenue	(D) Revenue excluded from tax under sections 512-514						
Gifts, Grants ilar Amounts	1a b c	Federated campaigns Membership dues Fundraising events	1a 23,550.										
	d e f	Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above	1d 1e '		Sentral production of the construction	de Para Maria de Cara							
Contributions, and Other Sim	g h	Noncash contributions included in lines 1a- Total. Add lines 1a-1f		24,199.									
	- "	Total. Add lines Ta-11	Business Code	24, 199.	CERTIFICATION TO SERVICE STREET	40 (00 (00 (00 (00 (00 (00 (00 (00 (00 (
Program Service Revenue	2a b c		Business code										
ogram S	e f	All other program service revenue).										
<u> </u>	g	Total. Add lines 2a-2f					44						
	4	3 Investment income (including dividends, interest, and other similar amounts) ▶ 4 Income from investment of tax-exempt bond proceeds ▶											
`	5 6a	Royalties	(ii) Personal	88 88 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8									
	b c d	Less rental expenses Rental income or (loss) Net rental income or (loss)			6.7								
	7a b	Gross amount from sales of assets other than inventory Less. cost or other basis	s (II) Other 0.				w. i.						
	c d	and sales expenses . Gain or (loss) Net gain or (loss)	0.	0.	0.	0.	0.						
Other Revenue	8a	Gross income from fundraising events (not including \$											
ther R	b	of contributions reported on line 1c; See Part IV, line 18		and the second	1.0								
0	С	Net income or (loss) from fundrais Gross income from gaming activiti See Part IV, line 19	es.										
	b c 10a	Less: direct expenses Net income or (loss) from gaming Gross sales of inventory, le	activities ►										
٠	b	returns and allowances Less: cost of goods sold Net income or (loss) from sales of	a 25,281. b 13,055.	12,226.	12,226.	0.	<u>n</u> 0.						
		Miscellaneous Revenue	Business Code		1								
	11a b c	Sponsorships	999999	10,175.	10,175.	0.	0.						
	d e	All other revenue		10,175.	22 403								

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must con		All other organization	ns must complete co	olumn (A)
	Check if Schedule O contains a respor				<i>⊓um (A).</i>
Do no 8b, 9l	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			gu da sa	
2	Grants and other assistance to domestic individuals. See Part IV, line 22		-		
3 ·	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	33,978.	33,978.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		-		
7 ⁻ 8	Other salaries and wages				<u> </u>
9 10	Other employee benefits				
11 a	Fees for services (non-employees). Management				
b c d	Legal	750.	0.	. 750.	0.
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion	1,100.	0.	1,100.	0.
14 15	Information technology				
16 17 18	Occupancy	4,847.	0.	4,847.	0.
19 20	Conferences, conventions, and meetings Interest				
21 22	Payments to affiliates	3,842.	3,842.	. 0.	0.
23 24	Insurance				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	(1) The state of t	ragangan kanan dan dipundungan gapangan dan		againtaraananin (1995) aagain jolopooneese en in 1
a b c	Miscellaneous	1,603.	0.	1,603.	0.
d e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	46,120.	37,820.	8,300.	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** (2018)

Check if Schedule O contains a response or note to any line in this Part X	Р	art X	Balance Sheet			<u>_</u>
Cash—non-interest-bearing				nrt X		🗆
Pleaders and grants receivable, net Accounts receivable, net Loans and Ulter re-ceivables from current and formor officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and Ulter re-ceivables from the disqualitied persons (as defined under section 4958(f(1)), persons described in section 4958(c(1)8), and contributing employers and sponsoring organizations of section 501(g(8) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Notes and loans receivable, net II investments—programe and efferred charges Prepaid expenses and deferred charges Beneficiary of the basis. Complete Part IV of Schedule D Less: accumulated depreciation Less: accumulated depreciation Less: accumulated depreciation II investments—other securities. See Part IV, line 11 II investments—other securities. See Part IV, line 11 II investments—other securities. See Part IV, line 11 II for Total assets. Add lines 1 through 15 (must equal line 34) II for Total assets. Add lines 1 through 15 (must equal line 34) II for Total assets. Add lines 1 through 15 (must equal line 34) II for Total assets. Complete Part IV of Schedule D Less: accumulation account liability. Complete Part IV of Schedule D Less: accumulation account liability. Complete Part IV of Schedule D Less: accumulation account liability. Complete Part IV of Schedule D Less: accumulation account liability. Complete Part IV of Schedule D Less: accumulation account liability. Complete Part IV of Schedule D Less: accumulation account liability. Complete Part IV of Schedule D Less: accumulation account liability. Complete Part IV of Schedule D Less: accumulation account liability. Complete Part IV of Schedule D Less: accumulation account liability. Complete Part IV of Schedule D Less: accumulation account liability. Complete Part IV of Schedule D Less: accumulation account liability. Complete Part IV of Schedule D Less: accumu		,		(A)		
A 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 Notes and other receivables from other disqualified persons (as defined under section 4958(f)(1), persons described in section 4958(c)(3(8)), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Notes and loans payable to urrelated third parties Notes and loans pay		2	Savings and temporary cash investments	20,534.	2	24,856.
6 Loans and other receivables from other disqualified persons (as defined under section 495(8)(1)), persons described in section 495(6)(3), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions), Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Less: accumulated depreciation 1 Il Investiments—publicly traded securities 1 Il Investiments—publicly traded securities 1 Il Investiments—other securities. See Part IV, line 11 1 Investiments—other securities. See Part IV, line 11 1 Intangible assets 1 Intangible assets 1 Intangible assets. See Part IV, line 11 1 Total assets. Add lines 1 through 15 (must equal line 34) 1 Total assets. Add lines 1 through 15 (must equal line 34) 1 Deferred revenue 20 Tax-exempt bond liabilities 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 D 22 Coans and other payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25 27 Unrestricted net assets 28 Permanently restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, buil		4	Accounts receivable, net		4	
7 Notes and loans receivable, net 8 Inventories for sale or use 8 10 10 10 10 10 10 10	Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
b Less: accumulated depreciation		8 9	Notes and loans receivable, net		7	25
11 Investments – publicly traded securities 12 Investments – other securities. See Part IV, line 11 12 13 Investments – program-related. See Part IV, line 11 12 13 Investments – program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 15 15 170 assets. See Part IV, line 11 15 15 170 assets. See Part IV, line 11 15 15 170 807 16 171 287 17 Accounts payable and accrued expenses 17 18 Grants payable and accrued expenses 17 18 18 19 19 19 19 19 19			other basis. Complete Part VI of Schedule D 10a 203, 119.	150,273.	10c	146,431.
14		11	Investments—publicly traded securities		11	
16 Total assets. Add lines 1 through 15 (must equal line 34) . 170,807. 16		14	Intangible assets		14	
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)	170,807.	16	171,287.
21 Escrow or custodial account liability. Complete Part IV of Schedule D . 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		18	Grants payable		18 19	
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	vs.	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	107 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25	abilitie	22	trustees, key employees, highest compensated employees, and		22	
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25	Ï	24	Unsecured notes and loans payable to unrelated third parties			
Organizations that follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		25	parties, and other liabilities not included on lines 17-24). Complete Part X		25	
Complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25		26	
	seou		complete lines 27 through 29, and lines 33 and 34.	. 3		
	ınd Balan	28	Temporarily restricted net assets		28	171,287.
	ts or Fu	30	complete lines 30 through 34.		30	
	sse	l	Paid-in or capital surplus, or land, building, or equipment fund			
	¥ A		· · · · · · · · · · · · · · · · · · ·	170 007		171 002
	Ne	33 34	Total net assets or fund balances	170,807.	33 34	1/1,28/.

٠.

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		46,6	00.
2	Total expenses (must equal Part IX, column (A), line 25)	2		46,1	20.
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>.</u>	4	80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	70,8	07.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		_	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	71,2	<u>87.</u>
Part	Financial Statements and Reporting				_
	Check of Schedule O contains a response or note to any line in this Part XII	<u></u>		· · ·	<u></u>
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🔲 Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain i	n	Yes	No Section 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X	
b	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.	olled c	or . 2b		×
С	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 or	ersigh	nt		
	of the audit, review, or compilation of its financial statements and selection of an independent account if the organization changed either its oversight process or selection process during the tax year, exschedule O.	plaın ı	n 🥻		×
	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		. За		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	لبيا	
			Forn	n 990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name	of the organization					Employer identification	number		
Ligo	onier Youth Baseball & S	oftball As	sociation	•		25-1678358	-		
Par	Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.		
The c	organization is not a private founda		•		-		1		
1	☐ A church, convention of church						1		
2	☐ A school described in section					1 /			
3	☐ A hospital or a cooperative hos						l		
4	A medical research organization	•	onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)(iii). Enter the		
	hospital's name, city, and state								
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in		
6	A federal, state, or local govern	ment or govern	mental unit described	l ın sectio	on 170(b)	(1)(A)(v).			
7	An organization that normally	receives a subs	tantial part of its sup	port from	a gover	nmental unit or from	the general public		
	described in section 170(b)(1)	(A)(vi). (Complet	e Part II.)						
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)					
9	An agricultural research organiz			•	erated in	conjunction with a la	and-grant college		
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
10	☒ An organization that normally represent the property of	eceives: (1) more	e than 331/3% of its su	upport fro	m contril	outions, membership	fees, and gross		
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses								
	acquired by the organization at	ter June 30, 197	75. See section 509 (a	ole incom a)(2) . (Coi	nolete Pa	ection 511 tax) from	businesses		
11	An organization organized and		· ·		•	•			
	☐ An organization organized and	•	•	•			ry out the purposes		
-	of one or more publicly suppo								
	Check the box in lines 12a throi								
а		-			_	•			
_	the supported organization								
	supporting organization. Yo								
b						upported organizati	on(s), by having		
-	control or management of t								
	organization(s). You must o		_		•				
С	T 111 4				onnection	n with, and functiona	ally integrated with,		
Ĭ	its supported organization(s						, , ,		
d	☐ Type III non-functionally in	ntegrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)		
Ī	that is not functionally integ								
	requirement (see instruction								
е	☐ Check this box if the organi	zation received	a written determination	on from ti	ne IRS th	at it is a Tyne I. Tyne	II Tyne III		
Ĭ	functionally integrated, or T						, II, 1 ypc III		
f	Enter the number of supported o	• •							
q	5		orted organization(s).						
	(i) Name of supported organization	(ii) EIN	(III) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of		
			(described on lines 1-10		ur governing ment?	support (see	other support (see		
			above (see instructions))	1 3000		instructions)	instructions)		
				Yes	No				
Α\									
(A)									
B)									
, C)		_							
C)									
-,									
D)					İ				
E)									
rotal		888888 (484 4° »(* 11.2° 21.4° 22°)	(//Paughant/Andersonae)	hingenatus.ate	NAME AND ADDRESS OF THE PARTY.				
ופזחו	·	MANAGEMENT & P. C. L. C.	TO A PERSON NAMED AND ADDRESS OF THE PROPERTY	1. 5-400 PM BOX (B) PM CR	THE STREET LINES AND ADDRESS OF THE PARTY OF	1			

Part							
	(Complete only if you checked t						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	ease comple	ete Part III.)	
$\overline{}$	on A. Public Support	1-2-0044	(-) 0045	4-2-0040	40.0047	() 0040	(0 T. t. l
	dar year (or fiscal year beginning in)	(a) 2014_	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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				1		
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)	l i i i i					
6	Public support. Subtract line 5 from line 4		V The second sec	7/1987 1831 J			
	on B. Total Support	De Somme C	1 Annual Survey	1	ACTORDED HAVE GREEN FOR THE	Tax C - Disease - C - Schools	
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon	d, third, foulth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppo		<u> </u>	- ',	\		
14	Public support percentage for 2018 (line			1, column (f))	.\	14	%
15	Public support percentage from 2017 Sc	4	-			15	%
16a	331/3% support test-2018. If the organ	ization did not	check the box		nd line 14 is 33	31/3% or more,	check this
	box and stop here. The organization qua	1 '		•			▶ 🗆
b	331/3% support test—2017. If the organ this box and stop here. The organization					ıs 33 ¹ / ₃ % or m	ore, check ► □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization metal the organization meets the organization	eets the "facts	-and-circumsta	ances" test, ch	neck this box	and stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets th	e "facts-and-o	circumstances'	' test, check '	this box and s	stop here.
18	Private foundation. If the organization d	id not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions	<u> </u>					🟲 📋 0 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")	9,741.	31,775.	30,675.	34,728.	24,199.	131,118.
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	48,291.	45,102.	34,701.	32,105.	35,456.	195,655.
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	58,032.	76,877.	65,376.	66,833.	59,655.	326,773.
	Amounts included on lines 1, 2, and 3		· · · · · · · ·	·	· · ·		<u> </u>
	received from disqualified persons .						
ь	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						
С	Add lines 7a and 7b					· ·	
8	Public support. (Subtract line 7c from	435, 138215 <u>1</u>		(1386) 377 (1886) s.	arat pariti	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
•	line 6.)	erin diam		Jida (Alia	e e e e e e	Brand Basin	326,773.
Section	on B. Total Support	\$000, \$1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	2-3-3-8-03-1	3-1 - 18-4886 - 21 C. 1987 11/2	AUDINOST C HOSTORPEZ Y 1 CARE	B. 1. 1. 2. 1000c 1 1 X 2 2 4 1	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	58,032.	76,877.	65,376.	66,833.	59,655.	326,773.
10a	Gross income from interest, dividends,	,	,	•		-	<u> </u>
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
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 VI.)			1			
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	58,032.	76,877.	65,376.	66,833.	59,655.	326,773.
14	First five years. If the Form 990 is for th	ne organization	's first, second			ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re	<u>.</u> .				▶ 🗆
Section	on C. Computation of Public Suppor	t Percentage	е				
15	Public support percentage for 2018 (line 8	3, column (f), d	ıvided by lıne 1	13, column (f))		15	100 %
16	Public support percentage from 2017 Sch				<u></u>	16	100 %
Section	on D. Computation of Investment In					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2018 (•		17	<u>%</u>
18	Investment income percentage from 2017					18	%
19a	331/3% support tests-2018. If the organ						
	17 is not more than $33^{1}/_{3}\%$, check this box		=				
b	331/3% support tests—2017. If the organiz						
	line 18 is not more than 331/3%, check this l		_	-	_		
20	Private foundation. If the organization di	d not check a l	box on line 14,	19a, or 19b, c	heck this box	and see instruc	ctions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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n d	10a		
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	le A (Form 990 of 990-E2) 2010			aye
Part	Supporting Organizations (continued)			
		Velici cellusur	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		4	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	T	V	Na
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	14		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	24		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4		200
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			tii.
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
<u> </u>	on or type it dapperting digamentations	Ĩ	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	i i		
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		7.12.00 W
Secti	on D. All Type III Supporting Organizations	<u> 1</u>		
		T	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		140	
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			A
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ja j
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	· Lower of	-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	7		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Tost during the year (see	instruc	tions	s)
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity			
. 2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	*	t. tu	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		11/2	
	how the organization was responsive to those supported organizations, and how the organization determined	20,000,000		19
	that these activities constituted substantially all of its activities.	2a	Solven and a	20009567920
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	stata as	*****
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	1. 3
	trustees of each of the supported organizations? Provide details in Part VI.	3a	42.0	de April 1000
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		•
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):		and the same of	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	The continuous and chart street of the Guerrania - 1 C Tandles	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	Ť		
see instructions).	4	į	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7.Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	STANTING TO SELECT	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	lv in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	- ,	-
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		_	
3_	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets	···	·	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8 	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	th the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			···
10	Line 8 amount divided by line 9 amount	1		
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<u> </u>	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.	Control Control	APORTONI A LACRIMANA AND AND AND AND AND AND AND AND AND	
3	Excess distributions carryover, if any, to 2018		CONT. The property of the second	
<u>a</u>	From 2013			
<u> </u>	From 2014	El lessan, 1 - Vistain, Parisis et Line, or		
<u>c</u>	From 2015			
d	From 2016			
<u>е</u>	From 2017			
f	Total of lines 3a through e	Territoria Constituto (n. 2022)		
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			A SP\$\$ 3 A WEST COS 1865 ST
<u> </u>	Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from	A STATE OF THE STATE OF THE STATE OF THE		
-	Section D, line 7:			
a	Applied to underdistributions of prior years		ESPONDACIONAS (1911 NO. 1920 MATERIAL SONO (1911 NO. 1911 NO. 1911 NO. 1911 NO. 1911 NO. 1911 NO. 1911 NO. 191	
b	Applied to 2018 distributable amount			(1,00) x5/44379.4047 Englished 4,00,4,686.499999.444,74
c	Remainder. Subtract lines 4a and 4b from 4.	2.72.08.04.71.C		
5	Remaining underdistributions for years prior to 2018, if		NO TRADESTRUMENTAL AND 194 FAR VALLY "VIOLATIONS	
·	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6 '				
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3 _j and 4c.			
8	Breakdown of line 7.			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
	Excess from 2018	***************************************	KALETSKOPT SPECIFICAL	TENNESCHINGS OF THE STATE OF TH

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

lame o	of the organization		Employer identification number
	onier Youth Baseball & Softball Ass		25-1678358
Pai	Organizations Maintaining Donor Adv		
	Complete if the organization answered '		
_		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4 5	Aggregate value at end of year	advisors in writing that the assets h	eld in donor advised
•	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a	•	
-	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?	<u></u>	· · · · · · · · · · · · · · · · · · ·
Par	Conservation Easements.		
	Complete if the organization answered '		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recreat		* *
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
2	Preservation of open space Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
-	easement on the last day of the tax year.	sia a qualifica conservation contributio	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified h		—
d	Number of conservation easements included in	• •	
	historic structure listed in the National Register .		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	minated by the organization during the
_	tax year ▶		
4	Number of states where property subject to conser		
5	Does the organization have a written policy requipolations, and enforcement of the conservation early		
6	Staff and volunteer hours devoted to monitoring, inspec		
•		ourig, rianding of violations, and official	g concertation odeciments during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text o organization's accounting for conservation easeme	_	iancial statements that describes the
Part			Other Similar Assets
ı aıı	Complete if the organization answered "	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SF/		
	works of art, historical treasures, or other similar	assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the for	ootnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under S		
-			fucation, or research in furtherance of
•	works of art, historical treasures, or other similar	· · · · · · · · · · · · · · · · · · ·	addation, or rootation in fartheration of
	public service, provide the following amounts relati	ng to these items	
J	public service, provide the following amounts relati (i) Revenue included on Form 990, Part VIII, line 1	ing to these items	▶ \$
	public service, provide the following amounts relati (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	ing to these items	▶ \$
2	public service, provide the following amounts relati (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	ing to these items	▶ \$ ▶ \$ assets for financial gain, provide the
	public service, provide the following amounts relati (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	ing to these items	▶ \$ ▶ \$ assets for financial gain, provide the tems:

Par	Organizations Maintaining	Collections of	Art, His	torical 1	Freasures	, or Ot	ther Similar A	ssets	(contir	nued)
_3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of th	e follov	wing that are a	signific	ant use	e of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je prog	rams			
b	☐ Scholarly research		е	☐ Other	r					
С	☐ Preservation for future generations	3								
4	Provide a description of the organizat XIII.	tion's collections a	and expl	ain how t	hey further	the org	ganızation's exe	mpt pu	rpose	ın Part
5	During the year, did the organization assets to be sold to raise funds rather								Yes [□ No
Par	IV Escrow and Custodial Arra	ingements.								
	Complete if the organization 990, Part X, line 21.				,		•		on Fo	rm
1a	Is the organization an agent, trustee, included on Form 990, Part X?								Yes [□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	ollowing ta	able:		1 /	Amount		
С	Beginning balance	. .				10	;			
d	Additions during the year					1d	1	•		
е	Distributions during the year					1e	,			
f	Ending balance					1f	:			
2a	Did the organization include an amour	nt on Form 990, Pa	art X, line	21, for e	scrow or co	ustodia	l account liabilit	y? 🔲	Yes [□ No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the e	xplanatioi	n has been	provide	ed on Part XIII .		. [
Par	t V Endowment Funds.					•				
	Complete if the organization	answered "Yes'	on For	m 990, F	art IV, line	e 10.				
-	· · · · · · · · · · · · · · · · · · ·	(a) Current year	(b) Pr	or year	(c) Two year	rs back	(d) Three years bad	k (e) F	our year	s back
1a	Beginning of year balance									
b	Contributions	·		-				j		
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
e	Other expenditures for facilities and									
Ū	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t	he current year en	d baland	e (line 1g	, column (a)) held :	as:			
а	Board designated or quasi-endowmer	nt ▶	_%							
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2									
За	Are there endowment funds not in the	e possession of th	e organi	zation tha	at are held	and ad	ministered for t	he		
	organization by:								Yes	No
	(i) unrelated organizations							За	(i)	
	(ii) related organizations							3a	(ii)	
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as requi	red on Sc	chedule R?			31	o	T
4	Describe in Part XIII the intended uses	of the organization	n's end	owment fu	unds.					
Part	VI Land, Buildings, and Equip	ment.								
	Complete if the organization	answered "Yes"	on For	m 990, F	Part IV, line	e 11a.	See Form 990	, Part)	۲, line	10.
	Description of property	(a) Cost or oth			r other basis ther)		Accumulated epreciation	(d) E	Book valu	ne
	Land		0.	1:	26,122.				126,	122.
b	Buildings									
c	Leasehold improvements	<u> </u>			68,521.		48,242.		20.	279.
d	Equipment		_		2,072.		2,042.			30.
e	Other			<u>-</u>	6,404.		6,404.			0.
	Add lines 1a through 1e. (Column (d) m	<u></u>	0. Part	K. column)c)	▶		146,	
	(a) //		.,	,	<u>,_,, , 0</u>	<u> </u>			/	

	"Complete if the organization answer	100 0111 01111	550, 1 art 1V, III	ie i ib. See Fom	1 9 90, 1 art X, iiile 12.
•	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation -of-year market value
(1) Financia	derivatives				-
(2) Closely-	held equity interests				
(3) Other					
(A)					
(B)					
(C)				<u> </u>	
(D)				<u>_</u>	
(E) (F)					
(G)	,				
(H)	·····				
	(b) must equal Form 990, Part X, col (B) line 12) ▶			11 FF 6-14 (F)	
Part VIII	Investments-Program Related.			27 (108 N. 08E937 (1088 x.)	
	Complete if the organization answer	ered "Yes" on Form	990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		thod of valuation -of-year market value
(1)					•
(2)					
(3)					
_(4)					
(5)				<u> </u>	
(6)				ļ	
(7)					
(8)			· · · ·		
	b) must equal Form 990, Part X, col (B) line 13)				tig the same of the same of the same of the same of the same of the same of the same of the same of the same of
Part IX	Other Assets.			(1.5 Sector) - (Sept. 2.5 Sept. 2.5)	5-67 No. 1 / 2004 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Complete if the organization answer	ered "Yes" on Form	990, Part IV, Iir	ne 11d. See Form	990, Part X, line 15.
		Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)		-		·	
(7)					
(8)	· · · · · · · · · · · · · · · · · · ·	•		.	
(9) Total, (Colu	mn (b) must equal Form 990. Part X. col.	(B) line 15.)		.	
Total. (Colu	mn (b) must equal Form 990, Part X, col. Other Liabilities.	(B) line 15.)		<u> </u>	
		•			e Form 990, Part X,
Total. (Colu	Other Liabilities.	•			e Form 990, Part X,
Total. (Colu	Other Liabilities. Complete if the organization answer	•			e Form 990, Part X,
Part X	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form			e Form 990, Part X,
Part X 1. (1) Federal in (2)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form			e Form 990, Part X,
1. (1) Federal in (2) (3)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form			e Form 990, Part X,
1. (1) Federal in (2) (3) (4)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form			e Form 990, Part X,
1. (1) Federal in (2) (3) (4) (5)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form			e Form 990, Part X,
1. (1) Federal in (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form			e Form 990, Part X,
1. (1) Federal in (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form			e Form 990, Part X,
1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form			e Form 990, Part X,
1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form			e Form 990, Part X,

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part		=	r Return.
	Complete if the organization answered "Yes" on Form 990,		
	•Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants		424
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5 Post			
Part	Complete if the organization answered "Yes" on Form 990,		ber Neturn.
	Total expenses and losses per audited financial statements		1
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	<u> </u>	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		388
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	-	
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5
Part	XIII Supplemental Information.		· ·
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		
2; Parl	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.
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Schedule D (Fo		Page 🕏
Part XIII	Supplemental Information (continued)	
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2018

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

Ligonier Youth Baseball & Softball Association	25-1678358				
Pt VI, Line 11b: Form 990 was sent via e-mail to all current board of directors					
prior to a board meeting. The form 990 was then reviewed at the board meeting					
by the Board of Directors.					
Pt VI, Line 19: Financial statements are made available per request.					
Pt VI, Line 8b: There are no independent committees with authority to act.					
Pt VI, Line 2: Board Directors Pat Kromel & Jennifer Kromel are married. Board					
Directors Kristi Springer & Joe Springer are married.					
Pt XI: Rounding					
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