My name is Cindy Gaskill. I am a **Republican Delegate** from Montgomery County, Texas.

Please VETO HB 547 (aka the Tim Tebow bill). Although the bill is permissive from the Home School student's perspective, it is NOT PERMISSIVE for the public-school STUDENT who has been working toward achievement in UIL sanctioned sports. In other words, the public-school student has no say if a home school student who is not in his school community takes his/her position on a team. Furthermore, most public-school students do not have the financial means to attend private school as a sports alternative.

I am going to use the example of Baseball as the UIL activity because it has the fewest spots available (about 12 per team), and it is the activity with which our family is most familiar.

Home school students have other options for sports, and they have already opted out of Public School by choice.

INCONSISTENT RULES FOR HOMESCHOOL VS. PUBLIC SCHOOL STUDENTS:

- Shouldn't all Team Members have equal requirements to play/participate?
- Separate but equal has been tried before with disastrous consequences and it is not fair to either group.
- HB 547 is a <u>SEPARATE BUT UNEQUAL</u> piece of legislation.
- The Chart below details how differently and unfairly the Public-School Student and the Home School Student will be treated as far as eligibility.

		Public School Student	Home School Student
Education Code, Titl	e 2, Subtitle	F, Ch 38, Subchapter D	
	33.081	Student must have 70/100 grades on all schoolwork. Grades are checked every six weeks.	No grade check by independent party; parents give their word the student is passing.
	33.0811	Students with too many absences are disqualified	Not possible to be absent from home school.
	33.091	Students are subject to random drug testing for steroid use	??? Unknown
University Interscho	lastic League	(UIL) Constitution & Rules	
	400 (d)	Must be in compliance with State Board of Education Requirements	HB 547 ensures no oversight from State Board of Education.
	400 (g)	Must be enrolled in 9 th grade not more than 4 years ago; 10 th grade 3 years ago	HB 547 has no mechanism to make sure the home school student follows grade progression.
	406	Must be a Full-Time Day Student enrolled in the required number of courses by state law.	No requirement or verification of coursework required.
	407	Regular attendance is required – no more than 10 absences allowed.	No requirement or verification required.
	411	Must have course credit requirements for eligibility by grade (5, 10, 15 credits)	No requirement or verification of coursework required.
	445	No Repeating Grades for Athletic Purposes – 7 th or 8 th graders held back lose year(s) of eligibility.	No way to verify if a home school student is held back for any reason.
	446	Age – must be less than 19 unless in special education as determined by an ARD or as a 504 student. Must provide documentation of special ed status.	No verification of special ed status in home school. Parents can claim whatever they want.
<u>HB 547</u>	<u>(f)</u>	No testing required.	Student must demonstrate grade-level academic proficiency on standardized national test; good for two full years.

UIL STATEMENT OF PURPOSE:

In the UIL Statement of Purpose (Attachment 1), you can clearly see the inherent conflict of UIL rules with HB 547.

The UIL Statement of Purpose says:

- "the CLASSROOM is enriched by the flow of student energy into the more intensified arena of competition and back into the classroom." Home school students will not be a part of the "CLASSROOM."
- "RULES, consistently applied, create order and discipline." There will be a different set of rules for Home School students and a different set of RULES for Public School Students. Rules will not be consistently applied at all. In fact, RULES will be INCONSISTENT.
- Students will have an opportunity to "complement their CLASS WORK with practice and performance." Public School students will have Class Work in the traditional sense affiliated with the school. Home school students may or may not have traditional class work and it surely will not be affiliated with the school.
- So has the PURPOSE of UIL now changed?? What is the new purpose? To be unfair with its rules?

FUNDING OF SPORTS IN PUBLIC SCHOOLS:

- Parents of Home-schooled students argue they should be entitled to play sports in public schools because they already pay school taxes. They do pay taxes, but that does not mean the money they pay goes to the school due to the funding formula unique to Texas.
- Public schools receive money for maintenance and operations based on average daily attendance of ENROLLED students. This is sometimes known as "butts in seats." Homeschooled kids will not be enrolled in school, so no extra money for coach salaries will go to the school if the extra kids are not enrolled.
- Fields and stadiums are usually paid with school bonds. These facilities are open to the public for use since they are paid by local bonds.
- Uniforms, field maintenance, upgrades, etc. are usually paid for by booster clubs. My older son went to The Woodlands High School. The Woodlands High School Baseball Booster club typically raises between \$130,000-\$160,000 per season to support the baseball season. The school only gives the program enough money to buy baseballs and that is it. See tax return from the Highlander Homerun Club for The Woodlands High School (Attachment 2). The pressure to raise money is intense and it is expected from the families in the baseball program.

UPHEAVAL OF THE UIL CONSTITUTION AND CONTEST RULES

- The UIL Constitution and Rules will have to be completely re-written to make provisions for the Home School student. https://www.uiltexas.org/files/policy/2020-21_full_UIL_Constitution.pdf
- The rules will be inconsistent and applied unfairly (Public-School Students are subject to more criteria than the Home-Schooled Student).
- The original purpose of UIL rules must change. This defeats the original reasons for the creation of UIL.

CLASSROOM PRACTICE – ENROLLED or NOT?

- Every UIL activity is also a class period (or two) at school during the day and sometimes this takes place in the middle of a school day.
- How is a home-schooled student who is NOT ENROLLED at the school going to attend this class which is a requirement to stay up with practice and/or rehearsal?

<u>UIL SCHOOL CLASSIFICATION - 6A, 5A, 4A, etc.</u>

• The Level of Competition is determined by the number of ENROLLED students at a school. Districts across Texas may or may not allow Home-schooled students to participate in UIL activities. Will there be a mechanism to "count" home-schooled students to ensure fairness?

EXCLUDED vs. OPTED OUT

One Texas State Representative claimed Home-schooled students are "excluded" from UIL activities. Home-schooled families OPT-OUT of Public school by choice for various reasons by choice and their free will. They are not "excluded." They can easily be "included" if they choose to enroll their students in the school. This is really the only way to be fair to all students who participate in UIL activities.

Thank you, Governor Abbott, for reading this letter. Students take great pride in their schools and those who attend and teach at a school become a community. Allowing students not enrolled in a public school to infiltrate UIL sports and activities could create resentment and disruption to the sense of a school pride and community. We must be fair to all students such that rules are applied consistently to all groups without discrimination.

PLEASE VETO HB 547.

Cindy K. Gaskill

Should you have questions, please reply by email or you can call me at 713-252-3027.

Sincerely,

Cindy Gaskill

11

STATEMENT OF PURPOSE

The University Interscholastic League believes

that most students enjoy the pursuit of excellence and seek opportunities to test themselves against their own accomplishments and those of their peers,

that such opportunities are best provided through properly conducted and equitably administered competitive activities,

that the classroom is enriched by the flow of student energy into the more intensified arena of competition and back into the classroom.

Therefore, we reaffirm that students are the focus of our endeavor and deserve an opportunity to:

UIL's current purpose relates to the SCHOOL CLASSROOM.

A HOME-SCHOOL student does not participate in a classroom.

refine physical and mental aptitudes,

nurture self-realization and build self-confidence,

feel a sense of pride and dignity,

experience teamwork and develop a sense of fair play,

develop the ability to lead and the willingness to follow,

foster self-discipline and perseverance,

appreciate that rules, consistently applied, create order and discipline,

learn to accept graciously the decisions of judges and officials,

affirm self-worth in times of disappointment as well as adulation,

cultivate lifetime skills,

complement their class work with practice and performance,

have fun,

experience the joy of achieving their potential in a wholesome environment and,

discover that ultimately the true meaning of winning is doing one's best.

UIL rules will be inconsistently applied. Not equal.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492227012058 **Short Form** OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2017 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Internal Revenue Service Inspection A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018 B Check if applicable C Name of organization D Employer identification number HIGHLANDÉR HOME RUN CLUB \square Address change 76-0574152 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 6101 RESEARCH FOREST DR ☐ Final return/terminated City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return THE WOODLANDS, TX 77381 F Group Exemption \square Application pending Number Check ▶ ☐ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ **G** Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: **J Tax-exempt status**(check only one) - ☑ 501(c)(3) ☑ □ 501(c)() ◀(insert no) □ 4947(a)(1) or □ 527 K Form of organization □ Corporation □ Trust □ Association ☑ Other BOOSTER CLUB 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 250 2 2 Program service revenue including government fees and contracts 3 3 9,750 Membership dues and assessments 4 5a Gross amount from sale of assets other than inventory 19,879 8,682 b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 11,197 C 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances 7a h Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c C 8 Other revenue (describe in Schedule O) 8 108.589 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 129,786 10 Grants and similar amounts paid (list in Schedule O) 10 8,000 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . . . 12 13 13 1,010 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 16,519 15 Printing, publications, postage, and shipping 15 16 16 113,344 Other expenses (describe in Schedule O) 17 17 **Total expenses.** Add lines 10 through 16 138,873 18 Excess or (deficit) for the year (Subtract line 17 from line 9) -9,087 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 43,332 20 Other changes in net assets or fund balances (explain in Schedule O) 21 34,245 21 Net assets or fund balances at end of year Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2017)

-orm 990-EZ (2017)						Page 2
Part II Balance Sheets (see the instructions		wastian in this [Davet II			
Check if the organization used Schedule	O to respond to any q	uestion in this F		eginning of year		□ (B) End of year
22 Cash, savings, and investments			(A) D	43,332	22	34,245
23 Land and buildings		[0	23	0
24 Other assets (describe in Schedule O)				0	24	0
25 Total assets				43,332		34,245
26 Total liabilities (describe in Schedule O)		-		0		0
27 Net assets or fund balances (line 27 of column Part III Statement of Program Service A	<u> </u>		f D	43,332	27 	34,245 Expenses
Check if the organization used Schedule	•	•		🗆	(Re	quired for section 501(c)
What is the organization's primary exempt purpose?						and 501(c)(4) anizations, optional for
ENHANCEMENT AND SUPPORT OF THE HHRC Describe the organization's program service accompli measured by expenses In a clear and concise manne benefited, and other relevant information for each pro	r, describe the service				-	ers)
28 See Additional Data Table	- 					
(Grants \$) If this amoun	t includes foreign gran	its. check here		. ▶ □	28a	
29	t melades foreign gran	its, theth here	•		29a	
(Grants \$) If this amoun	t includes foreign gran	its, check here		. ▶ 🗆		
30					30a	
(Grants \$) If this amoun	t includes foreign gran	its, check here		. ▶ 🗆		
31 Other program services (describe in Schedule O)						
(Grants \$) If this amoun	t ıncludes foreign gran	its, check here		. ▶ 🗆	31a	
32 Total program service expenses (add lines 28a						0
Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule						
Check if the organization used Schedule	o to respond to any q	acston in this i	uit IVI		•	
(a) Name and title	(b) Average hours per week devoted to position	(c) Reporta compensat (Forms W-2/: MISC) (if not enter -0-	ion 1099- p aid,	(d) Health ben contributions to er benefit plans, deferred comper	nploye and	(e) Estimated amount e of other compensation
RON EASTMAN	40 00	enter -o	0		C	0
HEAD COACH						
NICK WOLDA	20 00		0		C	0
PRESIDENT						
BILL SUNSERI	20 00		0			0
VICE PRESIDENT						
MARIA PEREZ	20 00		0) 0
			Ū			
TREASURER LISA BEARD	10 00		0		C	0
LISA BEARD	10 00		U			,
SECRETARY						

Page **3**

Pa	Other Information (Note the Schedule A and personal benefit contract statement require	nents in the	 e	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part			
	<u> </u>		Yes	No
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	. 33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	. 34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	25-		NI-
		• 35a		No
) If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule : Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)	330		
36	notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during	35c		No
.7~	the year? If "Yes," complete applicable parts of Schedule N	. 36		No
				N.
	Did the organization file Form 1120-POL for this year?	. 37b		No
юа	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	20		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	. 38a		No
	Foster F01(c)(7) erganizations Enter			
19	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
va	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►			
D	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e 1	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
	The organization's books are in care of MARIA PEREZ Telephone r	o ► (281) 2	296-956	2
		- 4 ► <u>7738</u>	81	
L	At any time dispute the coloniar year did the consumption have an interest in an according as at least which were			
D	 At any time during the calendar year, did the organization have an interest in or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)? 		Yes	No
	If "Yes," enter the name of the foreign country ▶	42b		No
	If res, enter the name of the foreign country P			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
3 :	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			
			Yes	No
4a	a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed ins			No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			No
С	Did the organization receive any payments for indoor tanning services during the year?			No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	. 44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			No
5b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the me of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	-1		No
	.,	1		

									Page
								Yes	No
	e organization engage, directly or indirec lates for public office? If "Yes," complete					to			
				· ·	· · ·		46		No
art VI	Section 501(c)(3) organization All section 501(c)(3) organizations		ions 47-49b and 52	and o	complete t	he table:	s for lir	nes 50	and 5
	Check if the organization used Schedule	O to respond to any o	uestion in this Part VI						
								Yes	No
	e organization engage in lobbying activiti		, ,	-	•	ar?	_		
If "Yes	s," complete Schedule C, Part II						47		No No
Is the	organization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sch	nedule E			48		
a Did the	e organization make any transfers to an	exempt non-charitable	related organization?				49a		No
If "Yes	s," was the related organization a section	527 organization? .					49b		
	ete this table for the organization's five h						and key	employ	ees)
	ach received more than \$100,000 of com Name and title of each employee	(b) Average	(c) Reportable) Health be		(e) Es	tımated	amou
	· ·	hours per week devoted to position	compensation (Forms W-2/1099-		butions to enefit plans		of othe	er comp	ensatio
		devoted to position	MISC)		erred compe				
NE									
Comple	number of other employees paid over \$ ete this table for the organization's five herealton from the organization. If there is (a) Name and business address of e	nighest compensated in none, enter "None "						0,000 o	_
Comple	ete this table for the organization's five hensation from the organization. If there is	nighest compensated in none, enter "None "			each receive				
Comple	ete this table for the organization's five hensation from the organization. If there is	nighest compensated in none, enter "None "							_
Comple	ete this table for the organization's five hensation from the organization. If there is	nighest compensated in none, enter "None "							_
Comple	ete this table for the organization's five hensation from the organization. If there is	nighest compensated in none, enter "None "							
Comple	ete this table for the organization's five hensation from the organization. If there is	nighest compensated in none, enter "None "							
Comple compe	ete this table for the organization's five hensation from the organization. If there is (a) Name and business address of e	nighest compensated in none, enter "None " ach independent contr	actor						_
Comple compe	ete this table for the organization's five hensation from the organization. If there is	nighest compensated in none, enter "None " ach independent contr	actor						_
Comple compe	ete this table for the organization's five hasation from the organization. If there is (a) Name and business address of e	rs each receiving over	\$100,000 c)(3) organizations m	(b) T	ype of servi	ce (c)) Compe	ensation	
Comple compe	ete this table for the organization's five hasation from the organization. If there is (a) Name and business address of each of the contractor of the organization complete Schedule A?	rs each receiving over	\$100,000 c)(3) organizations m	(b) T	ype of servi	ce (c)	Compe	ensation	
Comple compe NE Total Did com er penalt wledge ar	the organization is five herisation from the organization. If there is (a) Name and business address of each of the organization is five herisation. If there is (a) Name and business address of each of the organization complete schedule A? Note that is the organization complete schedule A? Note that is pleted schedule A	as each receiving over	\$100,000 c)(3) organizations m	(b) T	ype of servi	ce (c)	Compe	s In	
Comple compe NE I Total Did com er penalt wledge ar	the organization is five herisation from the organization. If there is (a) Name and business address of each of the organization is five herisation. If there is (a) Name and business address of each of the organization complete schedule A? Note that is the organization complete schedule A? Note that is pleted schedule A	as each receiving over	\$100,000 c)(3) organizations m	(b) T	ype of servi	ce (c)	Compe	s In	
Comple compe IE I Total Did com er penalt wledge ar any knov	the organization is five herisation from the organization. If there is (a) Name and business address of each of the organization is five herisation. If there is (a) Name and business address of each of the organization complete schedule A? Note that is the organization complete schedule A? Note that is pleted schedule A	as each receiving over	\$100,000 c)(3) organizations m	(b) T	ype of servi	ce (c)	Compe	s In	
Comple compe I Total Did com er penalt wledge ar any knov	ete this table for the organization's five herisation from the organization. If there is (a) Name and business address of each of the contractor of the organization complete. Schedule A? Note that I have examined belief, it is true, correct, and complete wheeling it is true, correct, and correct wheeling it is true, corr	as each receiving over	\$100,000 c)(3) organizations m	(b) T	ype of servi	ce (c)	Compe	s In	
Comple compe I Total Did com er penalt wledge ar any knov	ete this table for the organization's five hersation from the organization. If there is (a) Name and business address of each of the organization complete schedule A? Name of pleted schedule A	rs each receiving over IOTE. All Section 501(\$100,000 c)(3) organizations m	ust atta	ype of servi	ce (c)	Compe	s In	
Complication Competer Service Competer S	ete this table for the organization's five herisation from the organization. If there is (a) Name and business address of each of the contractor of the organization complete. Schedule A? Note that I have examined belief, it is true, correct, and complete wheeling it is true, correct, and correct wheeling it is true, corr	as each receiving over	\$100,000	ust atta	check	pents, and ormation	Compe	s In	
Comple compe NE Total Did com er penalt wledge ar any know n re	ete this table for the organization's five herisation from the organization. If there is (a) Name and business address of e I number of other independent contractor the organization complete Schedule A? Name and belief, it is true, correct, and complete whedge ****** Signature of officer BILL SUNSERI VICE PRESIDENT Type or print name and title Print/Type preparer's name MICHAEL CAMERON CPA	rs each receiving over IOTE. All Section 501(Declaration of prepa	\$100,000	ust atta	ch a and statemed on all info	PTIN P0131:	Yel to the of which	s In	
Comple compe NE d Total Did com	Inumber of other independent contractor the organization complete Schedule A? Name and belief, it is true, correct, and complete signature of officer BILL SUNSERI VICE PRESIDENT Type or print name and title Print/Type preparer's name MICHAEL CAMERON CPA Firm's name CROWL & ASSOCIATE	rs each receiving over IOTE. All Section 501(Declaration of prepa	\$100,000	ust atta	check self-employee	PTIN P0131:	Ye to the of which	s In	
Comple compe NE d Total Did com ler penalt wledge ar any knov	and belief, it is true, correct, and complete solved belief, it is true, correct, and complete solved belief, it is true, correct, and complete solved belief. BILL SUNSERI VICE PRESIDENT Type or print name and title Print/Type preparer's name MICHAEL CAMERON CPA Firm's name CROWL & ASSOCIATE	rs each receiving over IOTE. All Section 501(Declaration of prepa	\$100,000	ust atta	ch a and statemed on all inf 2018-08-09 Date Check self-employe Firm's EIN	PTIN P0131:	Ye to the of which	s In	

Additional Data

Software ID:

Software Version: EIN: 76-0574152

Name: HIGHLANDER HOME RUN CLUB

Form 990EZ, Part III - Statement of Program Service Accomplishments

services, as measured b	on's program service accomplishments for each of its three largest program y expenses. In a clear and concise manner, describe the services provided, the effited, and other relevant information for each program title.	` (c	Expenses puired for section 501 (3) and 501(c)(4) panizations; optional for others.)
	RFORMING 100 OF ITS SERVICES IN SUPPORT OF THE WOODLANDS HIGH BASEBALL TO RAISE FUNDS TO SUPPORT FIELD IMPROVEMENTS AND TRAINING	28a	
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ . \ \blacktriangleright$		

efile	e GR	APHIC pri	<u>nt - DO NO</u>	T PROCESS	As Filed Data -				3492227012058
SCI	HED	ULE A		Public C	harity Status	s and Pub	lic Sunna		OMB No 1545-0047
(For	m 99		Con	plete if the org	ganization is a secti	on 501 (c)(3) o	rganization or	l l	2017
90E	CZ)	4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.					201/		
		f the Treasury	▶ Infe	ormation about	Schedule A (Form !	990 or <mark>990-EZ</mark>)	and its instru	ctions is at	Open to Public Inspection
lam	e of th	he organiza I HOME RUN CL						Employer identifica	ation number
								76-0574152	
	rt I				s (All organizations it is (For lines 1 throu			ee instructions.	
1			•		ociation of churches d	•		'A\(i\	
2		•		•				,A, (1)	
3)(A)(ii). (Attach Scho	·		:::\	
		·		•	ce organization descri			-	
4	Ш		esearch orga and state _		d in conjunction with a	hospital describ	ed in section 1	.70(b)(1)(A)(III). Er	iter the hospital's
5			ation operate (iv). (Comple		of a college or univers	sity owned or ope	erated by a gove	ernmental unit describ	ped in section 170
6		A federal, s	state, or local	government or g	governmental unit des	cribed in sectio i	n 170(b)(1)(A)(v).	
7				mally receives a (vi). (Complete l	substantial part of its Part II)	support from a	governmental u	nit or from the genera	I public described in
8		A communi	ity trust desci	ribed in section	170(b)(1)(A)(vi) (Complete Part II)		
9					scribed in 170(b)(1)(e instructions Enter t				ege or university or a
LO		from activit	ties related to : income and	its exempt func	(1) more than 331/3% tions—subject to certa ss taxable income (les	aın exceptions, a	nd (2) no more	than 331/3% of its su	pport from gross
l 1	П				exclusively to test for	public safety Se	e section 509	(a)(4).	
12	✓	more public	cly supported	organizations de	exclusively for the ber escribed in section 50 he type of supporting	9(a)(1) or sec	tion 509(a)(2)	. See section 509(a	
а	✓	Type I. A s organizatio	supporting or n(s) the pow	ganization opera	ted, supervised, or co ppoint or elect a major	ntrolled by its su	pported organiz	ation(s), typically by	
b		Type II. A manageme	supporting o	rganization supe	rvised or controlled in tion vested in the sam				
С		Type III f	unctionally i	i ntegrated. A su	ipporting organization ins) You must comp				ed with, its
d		Type III n functionally	on-function integrated	ally integrated The organization	. A supporting organiz generally must satisfy IV, Sections A and	ation operated in y a distribution re	n connection wit	h its supported organ	
e	✓	Check this	box if the org	janization receive	ed a written determina	ation from the IR	S that it is a Ty	oe I, Type II, Type III	functionally
f	Entor		• • •	ion-functionally ii Lorganizations	ntegrated supporting (organization		1	
g				_	ported organization(s	\			
	(i) N	Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions))		(iii) Type of organization (described on lines	í	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No		
(A) TI	HE WO	ODLANDS HIGI	Н	170902003	9	Yes		0	С
Total			1	ice, see the Ins		Cat No 11285		chedule A (Form 99	

instructions

	(Complete only if you che	cked the box o	on line 5, 7, 8, o	r 9 of Part I or i	f the organization	n failed to qual	ıfy under Part
	III. If the organization fa	ils to qualify un	ider the tests lis	ted below, pleas	se complete Part	· III.)	
S	ection A. Public Support		1	1			T
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
1	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
•	line 4						
S	ection B. Total Support						
	Calendar year	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(f)Total
	(or fiscal year beginning in) ▶	(4)2020	(5)2011	(0)2015	(4)2010	(6)2017	(1)10001
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						
10	business is regularly carried on Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI)						
11	Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)			12	•
	First five years. If the Form 990 is for			ard fourth or fifth	tay year as a sec		anization
	•	_			•	• • • • • •	_
_	check this box and stop here						
	ection C. Computation of Public						
	Public support percentage for 2017 (line			column (f))		14	
15	Public support percentage for 2016 Sch	edule A, Part II,	line 14			15	
16 a	33 1/3% support test—2017. If the	organization did i	not check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check this	box
	and stop here. The organization qualif	ies as a publicly s	supported organiza	ation			ightharpoons
b	33 1/3% support test-2016. If the	organization did	not check a box of	n line 13 or 16a, a	and line 15 is 33 1,	/3% or more, che	ck this
	box and stop here. The organization	qualifies as a pub	licly supported or	ranization			►□
173	10%-facts-and-circumstances test-				e 13. 16a. or 16b.	and line 14	
1/0	is 10% or more, and if the organization						
	in Part VI how the organization meets t						
	<u>-</u>			-			►□
	organization 10%-facts-and-circumstances test		rannization did ===	t chack a bay as !	no 12 165 166 -	or 17a and line	- -
b	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	•			toot The orga	aaaa qaamiica c		▶□
	supported organization						

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

P	Support Schedule for (Complete only if you of					d to qualify un	der Part II. If
	the organization fails to						
Se	ection A. Public Support						
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grants ")						
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						
3							
	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						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ection B. Total Support						
	Calendar year		43.554		4 13 2242		10-11
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a							
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975 Add lines 10a and 10b						
11							
	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)						
13	Total support. (Add lines 9, 10c,						
	11, and 12) First five years. If the Form 990 is for	r the erganization	's first second th	urd fourth or fift	h +24 402r 25 2 50	stion F01(s)(2)	organization
14	<u>-</u>	or the organization	s iirst, second, tr	iira, iourth, or iiit	n tax year as a se	ction Sul(c)(S)	
_	check this box and stop here		_				▶□
	ection C. Computation of Public			calumn (f))		T -= T	
15	Public support percentage for 2017 (III		•	column (T))		15	
16	Public support percentage from 2016					16	
	ection D. Computation of Invest				27.7		
17	Investment income percentage for 20	•		iine 13, column (f	"))	17	
18	Investment income percentage from 2		•			18	
19a	33 1/3% support tests—2017. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	1 33 1/3%, and li	_
	more than 33 1/3%, check this box and						▶ □
b	33 1/3% support tests—2016. If th	ie organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 1	
	not more than 33 1/3%, check this bo	x and ston here.	The organization of	nualifies as a nubl	icly supported ora	anization	▶ □

Schedule A (Form 990 or 990-EZ) 2017

amendment to the organizing document)

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below

6

7

8

10a

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

Page 4

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

No

No

No

No

No

No

No

			Yes	No
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	1	Yes	
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 the supported organizations are designated in designated by diast or purpose,		i	ı
	describe the designation If historic and continuing relationship, explain	1	Γ
	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)	2	I
•	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	holow		

		_	 i
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		
l	ın section 509(a)(1) or (2)	2	No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	No
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		

	m section 309(a)(1) or (2)	2	No
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	No
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	3b	
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	30	

		3a	NO
b	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
С			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		

	determination	3b	
С	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	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	No
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	4b	
С	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	40	

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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Pā	art IV Supporting Organizations (continued)		<u> </u>	490 2
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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		No
b	A family member of a person described in (a) above?	11b		No
	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		No
S	Section B. Type I Supporting Organizations			
_	But the day there have been a second on the second of the		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 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1	Yes	
2	Did the 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, supervised or controlled the supporting	2		No
	organization			
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 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		
S	Section D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	:	Yes	No
	documents in effect on the date of notification, to the extent hot previously provided.	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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)			
	maintained a close and continuous verticing routionsmp man and supported organization (c)	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		
1	Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ione)		
_	a The organization satisfied the Activities Test Complete line 2 below	ions)		
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a 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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	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		
3	Parent of Supported Organizations Answer (a) and (b) below.	20		
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a		
	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	3h		

Schedule A (Form 990 or 990-EZ) 2017 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1

3 Minimum asset amount for prior year (from Section B, line 8, Column A)
4 Enter greater of line 2 or line 3
4 Income tax imposed in prior year
5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
6

_	excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 which the organization is responsive (provide	

_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 which the organization is responsive (provide details in $\bf Part \ VI$) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

_/	/ Iotal annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9				
10	10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line				

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			

Schedule A (Form 990 or 990-EZ) (2017)

c From 2014. **d** From 2015. e From 2016. f Total of lines 3a through e

instructions)

See instructions

31 and 4c 8 Breakdown of line 7

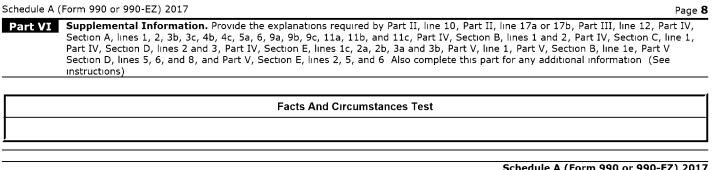
q Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. . . . c Excess from 2015. **d** Excess from 2016. e Excess from 2017.



(Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** HIGHLANDER HOME RUN CLUB 76-0574152 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

As Filed Data -

Supplemental Information Regarding

DLN: 93492227012058

OMB No 1545-0047

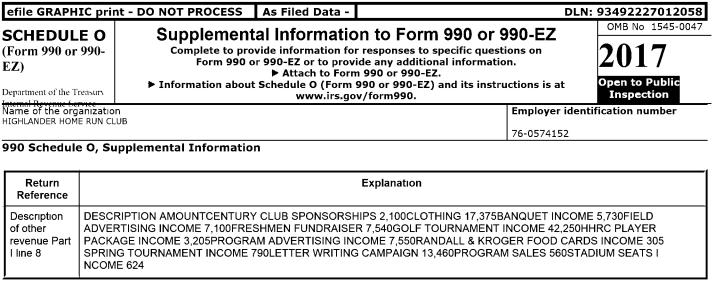
efile GRAPHIC print - DO NOT PROCESS

SCHEDULE G

	edule G (Form 990 or 990-EZ) 2017				Page 2
Pa	rt II Fundraising Events. Complet than \$15,000 of fundraising e				
	gross receipts greater than \$!		. .		
		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	col (c))
<u>e</u>					
Revenue					
3e√					
	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
တ္	5 Noncash prizes				
'nse	6 Rent/facility costs				
å.	7 Food and beverages				
Direct Expenses	8 Entertainment				
E e	9 Other direct expenses				
_	10 Direct expense summary Add lines 4 t	through 9 in column (d)			
	11 Net income summary Subtract line 10	from line 3, column (d)			
Pai	rt IIII Gaming. Complete if the orga	anization answered "Ye	es" on Form 990, Part 1	IV, line 19, or reported	i more than \$15,000
	on Form 990-EZ, line 6a.	T	T	T	1
Reversie		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
æ	1 Gross revenue				
Se					
ens	2 Cash prizes				
Expenses	3 Noncash prizes				
ect	4 Rent/facility costs				
<u>ā</u>	5 Other direct expenses				
		☐ Yes %	☐ Yes %	Yes %	
	6 Volunteer labor	☐ No	☐ No	□ No	
	7 Direct expense summary Add lines 2 t	through 5 in column (d)			
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	nn (d)	•	
9 a	Enter the state(s) in which the organization licensed to conduct go	= =			☐ Yes ☐ No
b	If "No," explain		these states		
					 I
10a	Were any of the organization's gaming lic	 censes revoked, suspende	ed or terminated during the	e tax year?	
b	If "Yes," explain				

che	dule G (Form 990 or 990-EZ) 2017					Р	age 3
L1	Does the organization conduct gaming	activities with nonmembers?			□Yes	Пио	
L2	Is the organization a grantor, beneficia formed to administer charitable gaming		ember of a partnership or other entity		□Yes		
L 3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the per-	son who prepares the organiza	ation's gaming/special events books and r	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		□No				
b	If "Yes," enter the amount of gaming reamount of gaming revenue retained by		zation > \$ and t	ne			
С	If "Yes," enter name and address of the	e third party					
	Name						
	Address ▶						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ► \$						
	Description of services provided ►						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable distri	butions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributions requi		d to other exempt organizations or spent		163		
Par			is required by Part I, line 2b, column	s (III) a	nd (v); ai	nd Part	
			ible. Also provide any additional info				i).
	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2017



990 Schedule O, Supplemental Information

Return Reference	Explanation
List of grants	ACTIVITY UNIVERSITY OF ARKANSAS GRANTEE JON COLE CREIGHTON AMOUNT 1,000ACTIVITY UNIVERSITY
and similar	OF MARY HARDIN BAYLOR GRANTEE KYLE FINSTER AMOUNT 1,000ACTIVITY THE UNIVERSITY OF OKLAHOM
amounts paid	A GRANTEE ZACH LACANFORA AMOUNT 1,000ACTIVITY OKLAHOMA STATE UNIVERSITY GRANTEE JARRED MIL
Part I line 10	ES AMOUNT 1,000ACTIVITY TEXAS A&M UNIVERSITY GRANTEE BRYCE OLINGER AMOUNT 1,000ACTIVITY TE
	XAS CHRSITIAN UNIVERSITY GRANTEE MICHAEL RAPAGNANI AMOUNT 1,000ACTIVITY UNIVERSITY OF PENN
	SLYVANIA GRANTEE COLE SICHLEY AMOUNT 1,000ACTIVITY NORTHEASTERN UNIVERSITY GRANTEE JAMES P
	RIMAVERA AMOUNT 1.000

990 Schedule O, Supplemental Information

Return Reference	Explanation		
Description of other expenses Part I line 16	DESCRIPTION AMOUNTBANQUET EXPENSE 9,583BASEBALL EQUIPMENT 10,162BASEBALL ACTIVITY ACCOUNT 15,885CLOTHING 17,499BASEBALL UNIFORMS 8,318COACH TRAINING EXPENSE 4,107CREDIT CARD FEES 1,867EQUIPMENT IPADS & MOBILE SERVICE 1,541PROGRAM ADVERTISING 3,555FIELD ADVERTISING 260FI ELD SUPPLIES 2,698WEBSITE 2,202GOLF TOURNAMENT EXPENSES 16,338HHRC PLAYER PACKAGE EXPENSE 2,167LEGAL & PROFESSIONAL SERVICES 350MISCELLANEOUS EXPENSES 2,041OFFICE SUPPLIES 473PRESS BOX IMPROVEMENTS 4,057BANK CHARGES AND FEES 254DONATIONS 1,000BATTING CAGE RENOVATIONS 8,9		