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Form 9'90

Return of Organization Exempt From Income Tax

20**09**

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

<u>A F</u>	or the	2009	calen	dar year, or tax year beginning , 2009, and ending			<u> </u>				
Вс	neck if appli	icable	Please	C Name of organization RAYS BASEBALL FOUNDATION INC.	D Employer ide	∍ntıfication nur	mber				
	Address		use IRS	Doing Business As	20-4103	240					
\vdash	Name c		label or print or	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone nu						
\vdash	┪	· 1	type	TROPICANA FIELD, ONE TROPICANA DRIVE	(727) 825	5-31/5					
-	instal re	1:	See Specific	City or town, state or country, and ZIP + 4	(121) 023	7-3143					
\vdash	Termina Amende	- 1	Instruc-								
	return	L	tions.	ST. PETERSBURG, FL 33705	G Gross receipts		,403,444.				
L	Applicat pending	3		me and address of principal officer MATTHEW SILVERMAN	H(a) Is this a group affiliates?	return for	Yes X No				
		(ONE_	TROPICANA DR. ST. PETERSBURG, FL 33705	H(b) Are all affiliate	≥s included?	Yes No				
<u> </u>	Tax-exe	mpt sta	tus	X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	If "No," attach	a list. (see instruc	tions)				
J	J Website: ▶ WWW.RAYSBASEBALL.COM H(c) Group exemption number ▶ N/A										
ĸ	K Form of organization X Corporation Trust Association Other ▶ L Year of formation 2005 M State of legal domicile FL										
	rt I		nmary		<u></u>						
				The state of the s							
				e the organization's mission or most significant activities PORATION WAS ORGANIZED EXCLUSIVELY FOR CHARITABLE AN		 -					
ø	-										
aŭ,	-			NAL PURPOSES TO SUPPORT YOUTH AND EDUCATION PROGRAMS	IN THE						
Governance	_	TAMP	A BA	Y REGION.							
	2 (Check	this bo	⟨ ► Lightarrow If the organization discontinued its operations or disposed of more than 25% of the continued its operations. Continued Con	its net assets						
. a5	3 1	Numbe	r of vo	ing members of the governing body (Part VI, line 1a)		3	7				
	4 1	Numbe	r of inc	ependent voting members of the governing body (Part VI, line 1b)	l	4	7				
Activities	5	Total n	umber	of employees (Part V, line 2a)		5	0				
3	6 -	Total n	umber	of volunteers (estimate if necessary)		6	50				
, -				related by space revenue from Port VIII. edition (C), line 12		7a	0.				
١		_		business taxable income from Form 990-T, line 34			0.				
i —	<u> </u>	NEL UITI	eialeu		Prior Year		rent Year				
•				and grants (Part VIII, line 1h)							
2 9	8 (Contrib	utions	grand (rate in the interest of	479,00		882,271.				
Revenue	9 1	Prograi	m servi	ce revenue (Part VIII, line 2g)		0.	0.				
§	10	Investn	nent in	come (Part VIII, column (A), lines 3, 4, and 🖓 . AUG 1.6 .2010 . O	21,64	1.	13,239.				
7) -				(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e)	484,56	7.	<u>301,</u> 301.				
	12 -	Total re	evenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	985,21	2. 1	,196,811.				
				nilar amounts paid (Part IX, column (A), lines 13 GDEN, UT	520,09	8.	625,766.				
	١			o or for members (Part IX, column (A), line 4)		0.	0.				
				compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses						0.	0.				
E				Pod IV selves (D) has 05)		~ 					
X	l .			ng expenses, Part IX, column (D), line 25)	10.50		21 006				
	1		•	es (Part IX, column (A), lines 11a-11d, 11f-24f)	12,52		21,086.				
	1		•	s Add lines 13-17 (must equal Part IX, column (A), line 25)	532,62		646,852.				
	19	Reven	ue less	expenses Subtract line 18 from line 12	452,59	1.	549,959.				
t Assets or				<u></u>	Beginning of Yea	ar En	d of Year				
sets	20 -	Total a	ssets (Part X, line 16)	1,231,74	3. 1	<u>,781,</u> 701.				
A A	21	Total la	abilities	(Part X, line 26)							
N N N	22	Net as:	sets or	fund balances Subtract line 21 from line 20	1,231,74	3. 1	,781,701.				
	rt II	Sia	natur	Block							
				es of perjury, I declare that I have examined this return, including accompanying schedules and	d statements and	to the best of	f my knowledge				
		and be	elief, it	is true, correct, and complete Declaration of preparer (other than officer) is based on all info	rmation of which	preparer has	any knowledge				
0	ign				1 8	111/201	()				
	ere	7	Signatur	e of officer	Date /	<i> </i>	' ——				
П	ere	,	oly i ayer		Date ,	•					
				JUHN PLIBBING UP							
			Type or	onnt name and title							
D-1	. 7	Prepa		Date Check if self-		arer's identifying instructions)	g number				
Paid		signat	ture	Emely a Standel 8/5/10 self- employed	▶						
	parer's	Firm's	name (yours ERNST & YOUNG U.S. LLP	EIN ►	34-656	5596				
Use	Only	if self-e	employe s, and 2		Phone no		2-5740				
May	the IR			return with the preparer shown above? (see instructions)			res X No				
.,,,,,	IN	.5 4150		The state of the s	<u> </u>		E2 1/7 MD				

) (Revenue \$

Form 990 (2009)

4e Total program service expenses ▶

4d Other program services (Describe in Schedule O)

including grants of \$

625,766.

Part	V Checklist of Required Schedules			
	·		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	_X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	Ĺ
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		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
·	Schedule C, Part II	4		Х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		х
_		-		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		.,
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			1
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	i		
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes, "complete Schedule D, Part V	10		<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investmentsother-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			1 1
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	*		1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	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		İ	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"		<u></u>	
	complete Schedule D, Parts XI, XII, and XIII	12		Х
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		İ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes, "complete Schedule F, Part I	14b	1	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	 	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		1
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	l x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
13	If "Yes," complete Schedule G, Part III	19	X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		 '''	Х
20	Did the diganization operate one of more hospitals. If 100, complete obnedule 11		٠	<u>:-</u>

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	١	,,	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		,	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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			١.,
	employees? If "Yes," complete Schedule J	23	-	X
24 a	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	l		
	24b through 24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		ļ	
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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	254		Х
	990-EZ? If "Yes," complete Schedule L, Part I	25b	<u> </u>	_^
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		х
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	_20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		х
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			<u> </u>
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
b	Schedule L, Part IV	28b		l x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a		_	
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c	1	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes,"complete Schedule M	30	_	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		Х
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	<u> </u>	Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	ļ	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	 	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1	1	
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
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	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		,	
	19? Note. All Form 990 filers are required to complete Schedule O		X	(2009)

Par	Statements Regarding Other IRS Fillings and Tax Compliance			
	5		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1	1	
	U.S. Information Returns Enter -0- if not applicable	1		
	Enter the flathbor of Forms 17 20 molades if the far Enter of infort applicable	1		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	-	
_	gaming (gambling) winnings to prize winners?	10	. ^	
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 U	2b		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
2 -	instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	l		
зa		3a		X
L	this return?	3b	_	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	-	Х
h	If "Yes," enter the name of the foreign country			
U	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	}		,
	and Financial Accounts	l		,
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
Ť	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			.]
	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	Х	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Χ	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			L
	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			ĺ
	required?	7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			∤—— ^j
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		\vdash
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12			
	madden root and septem services and the services are services and the services are services and the services and the services are services are services and the services are services are services and the services are services are services are services are services are services are services ar			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40.	amounts due or received from them)	12a		 -
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124	L	
<u>D</u>	in 163, enter the amount of tax-exempt melest received of accided during the year			<u>`</u>

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

<u>Sect</u>	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 7	- 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		v
	of the governing body?	7a		$\frac{x}{x}$
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b_		^
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		Х	
а	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	90		
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	9a		Х
		9a		
	tion B. Policies (This Section B requests information about policies not required by the Internal enue Code.)			
Nevi	enue Code.)		Yes	No
10-	Doos the organization have local chanters, branches, or affiliates?	10a		Х
10a	Does the organization have local chapters, branches, or affiliates?			
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
••	form?	11	Х	
11 A				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
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)			
16 a		l.,		Į,
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	401		
500	the organization's exempt status with respect to such arrangements?	1 16D	<u> </u>	<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	7		
	available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request			
40				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the			
20	organization ► KAREN SANBORN ONE TROPICANA DRIVE ST. PETERSBURG, FL 33705			
	727-825-3243			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest 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. Use Schedule J-2 if additional space is needed
- 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. 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 the organization did not compensate any current officer, director, or trustee (F) (A) (B) (C) (E) Reportable Reportable Estimated Name and Title Average Position (check all that apply) Individual t Highest compens employee hours per compensation compensation amount of Officer Institutional trustee Key employee from from related other week the organizations compensation organization (W-2/1099-MISC) from the trustee (W-2/1099-MISC) organization and related organizations MATTHEW SILVERMAN 0 0 1.00 Х 0. PRESIDENT Χ GARY GOLDRING DIRECTOR 1.00 Χ 0 0 0. BRIAN AULD 0 0. O 1.00 Χ Χ SECRETARY MARK FERNANDEZ 0 0 0. DIRECTOR 1.00 Х JOHN HIGGINS 0 TREASURER 1.00 Х Χ 0 0. MICHAEL KALT 0 Χ 0 0. DIRECTOR 1.00 ANDREW FRIEDMAN DIRECTOR 1.00 Χ 0 O 0.

Pa	t VII Section A. Officers, Directors, Tr	ustees, Ko	ey En	npl	oye	es,	and	Hiç	ghest Compensa	ted Employees	(continue	ed)	
	(A)	(B)	(C)						(D)	(E)		(F)	
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Rey employee	Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org	stimate nount of other pensat om the anization related	of ion : on ed
		_	ļ <u>.</u> .										
								_					
											-		
	Total						• • •		.)		0
2	Total number of individuals (including but not lin reportable compensation from the organization	_		eda O	bov	e) w	/ho re	cei	ved more than \$100	1,000 in			
												Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler and the scheduler of the schedu										3		х
4	For any individual listed on line 1a, is the the organization and related organizations												
	ındıvıdual										4	ļ	X
5 	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr "complete	ue c Schea	omp Iule	ens J fo	atio r su	n fro ch pe	om <i>rsoi</i>	any unrelated o	organization for	5		Х
	ction B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization	compensat	ed ir	ndep	enc	dent	conf	trac	ctors that received	d more than \$1	100,000	of	
	(A) Name and business add	ress							(B) Description of ser	vices	(C) Compen		
								+			.		
								1					
		_						+	_ 				
	Total number of independent contractors (in	ncluding bi	ut no	t lın	nite	d to	thos	se I	listed above) who	received			
	more than \$100,000 in compensation from the						0					200	

	t VIII			20-4103240		
•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
a s	1a	Federated campaigns 1a				
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b				
	С	Fundraising events 1c 98,295	1			
glf	d	Related organizations 1d				
Si III	е	Government grants (contributions) 1e	-		-	
er s	f	All other contributions, gifts, grants,				1
투등		and similar amounts not included above . 1f 783, 976	 			
and	g	Noncash contributions included in lines 1a-1fr \$ 59,361.				
	h	Total. Add lines 1a-1f	882,271			<u> </u>
Program Service Revenue	20	545111666 4446				
æ	2a b					
93						
e Z	ď					
Ē	e					<u> </u>
ogra	f	All other program service revenue				
<u> </u>	9	Total. Add lines 2a-2f	0			
	3	Investment income (including dividends, interest, and				
		other similar amounts)				13,239.
	4	Income from investment of tax-exempt bond proceeds				<u> </u>
	5	Royalties · · · · · · · · · · · · · · · · · · ·	7,077.			7,077.
		(i) Real (ii) Personal	-			
	6a	Gross Rents	1			
	b	Less rental expenses				
	C	Rental income or (loss)	0			
	d	(i) Securities (ii) Other	Ų į			
	7a	Gross amount from sales of	†			
	ь	assets other than inventory Less cost or other basis	1			
		and sales expenses				1
	6	Gain or (loss)	[
	d	Net gain or (loss)	0			
ā	8a	Gross income from fundraising				
Ĭ.		events (not including \$98,295				
Other Revenue]	of contributions reported on line 1c)				
Ř		See Part IV, line 18	1			
þe	ь	Less direct expenses b 147,272	7		 	
ŏ	C	Net income or (loss) from fundraising events ▶				289,300.
	9a	Gross income from gaming activities				
		See Part IV, line 19	7			
	b	Less direct expenses			 	4,924
	C	Net income or (loss) from gaming activities	4,924			4,924
	10a	Gross sales of inventory, less returns and allowances a				
	١.	Less cost of goods sold b			İ	
	b c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	ь					
	c					
	d	All other revenue			ļ	
	e	Total. Add lines 11a-11d				-
	12	Total Revenue. See instructions	1,196,811.]	314,540.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

1 Carats and other assistance to governments and organizations in the U.S See Part IV, line 21		not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
2 Grants and other assistance to individuals in the U.S See Part IV, line 22 30,000	1	<u>-</u>	595,766.	595,766.		
3 Girsts and other assistance to governments, organizators, and individuals outside the US See Part IV. Intes 15 and 16	2	Grants and other assistance to individuals in				
organizations, and individuals outside the US See Part Vi lines 15 and 16	3	·	30,000.	30,000		
U. S. See Part IV, Innes 15 and 16. 0.	Ū					
4. Benefits paid to or for members		•	0.			
5 Compensation of current officers, directors, to tustees, and key employees	4	F	0.			
tustes, and key employees						-
6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B) 0 0 0 0 0 0 0	•		0.			
persons das defined under section 4988(0)(1)) and persons described in section 4988(0)(3)(B) .	6					
7 Other salanes and wages 0 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 0 0 0 0 0 0 0 0 0		•				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . 0 . 0		persons described in section 4958(c)(3)(B)	0.			
and section 403(b) employer contributions)	7	Other salaries and wages	0.			
9 Other employee benefits	8	Pension plan contributions (include section 401(k)				
Payroll taxes		and section 403(b) employer contributions) [0.			
Fees for services (non-employees) 0	9	Other employee benefits	0.			
a Management 0. b Legal 0	10		0.			
b Legal	11	Fees for services (non-employees)				
C Accounting 7, 563. 7, 563. d Lobbying 0 e Professional fundraising services See Part IV, line 17 f Investment management fees 0 g Other 11, 499. 11, 499. 12 Advertising and promotion 0 13 Office expenses 2, 024 2, 024. 14 Information technology 0 15 Royalties 0 16 Occupancy 0 17 Travel 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 0 10 Interest 0 10 Interest 0 10 Insurance 0 10 Occupancy 0 10 Interest 0 10 Interest 0 11 Insurance 0 12 Depreciation, depletion, and amortization 0 10 Insurance 0 11 Insurance 0 12 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a b 0 1	а	Management	0.			
d Lobbyring	þ	Legal				
Professional fundraising services See Part IV, line 17 f Investment management fees g Other	C	Accounting	7,563.		7,563.	
f Investment management fees	d	Lobbying				
g Other	е	Professional fundraising services See Part IV, line 17				
2	f	Investment management fees				
2, 024 2, 024 2, 024 1	g	Other			11,499.	
14	12	· .			0.004	
15 Royalties 0 0 0 1 1 1 1 1 1 1	13	ľ			2,024.	· · · · · · · · · · · · · · · · · · ·
18 Occupancy	14					
17 Travel		-				
Total Payments of travel or entertainment expenses for any federal, state, or local public officials 0.		-				
for any federal, state, or local public officials 19 Conferences, conventions, and meetings			0.			
19 Conferences, conventions, and meetings	18	•	0			
Interest	40	· · · · · · · · · · · · · · · · · · ·				
21 Payments to affiliates		· · · · · · · · · · · · · · · · · · ·				
Depreciation, depletion, and amortization						
10. 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a		· ·	0.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a			0.			
covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a						
and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a b c d e f All other expenses 25 Total functional expenses Add lines 1 through 24f SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		•				
a						
b		5% of total expenses shown on line 25 below)				
d f All other expenses 5 Total functional expenses Add lines 1 through 24f 646,852. 625,766. 21,086. 26 Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	а					
d	b					
e	С					
f All other expenses 25 Total functional expenses Add lines 1 through 24f 646,852. 625,766. 21,086. 26 Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	d					
25 Total functional expenses Add lines 1 through 24f 646,852. 625,766. 21,086. 26 Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	е					
26 Joint Costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	f	All other expenses				
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	25		646,852.	625,766.	21,086.	
		SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				Form 990 (2009)

2 Savings and temporary cash investments 1 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		1,562,003.
2 Savings and temporary cash investments 1 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	04,807. 2	1,562,003.
2 Savings and temporary cash investments 1 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	3 4	
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	4	
4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		
5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
Schedule L	5	
Schedule L	5	
6 Receivables from other disqualified persons (as defined under section		
4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		
Part II of Schedule L	6	
7 Notes and loans receivable, net 8 Inventories for sale or use	7	
8 Inventories for sale or use	8	
9 Prepaid expenses and deferred charges	9	
10 a Land, buildings, and equipment cost or 10a		
other basis Complete Part VI of Schedule D		
b Less accumulated depreciation	100	<u> </u>
11 Investments - publicly traded securities	11	
12 Investments - other securities See Part IV, line 11	12	
13 Investments - program-related See Part IV, line 11	13	
14 Intangible assets	14	,
15 Other assets See Part IV, line 11	15	
16 Total assets. Add lines 1 through 15 (must equal line 34) 1, 2	31,743. 16	1,781,701.
17 Accounts payable and accrued expenses	17	
18 Grants payable	18	
19 Deferred revenue	19	
20 Tax-exempt bond liabilities	20	
21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		
employees, highest compensated employees, and disqualified		
persons complete rath of coneduce 2	22	
23 Secured mortgages and notes payable to unrelated third parties	23	
24 Unsecured notes and loans payable to unrelated third parties	24	
25 Other liabilities Complete Part X of Schedule D	25	
26 Total liabilities. Add lines 17 through 25	26	<u> </u>
Organizations that follow SFAS 117, check here and		
complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets	27	
28 Temporarily restricted net assets	28	
29 Permanently restricted net assets	29	<u> </u>
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 1, 2		
30 Capital stock or trust principal, or current funds	30)
31 Paid-in or capital surplus, or land, building, or equipment fund	31	
32 Retained earnings, endowment, accumulated income, or other funds	31,743. 32	
	31,743. 3	
34 Total liabilities and net assets/fund balances	31,743. 3 4	1,781,701.

Form **990** (2009)

Pa	nt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			1
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

RAYS E	BASEBALL F	COUNDATION I	INC.						20-41	03240
Part I	Reason fo	or Public Chari	ty Status (All organia	zations mi	ust comple	ete this p	art.) Se	e instruc	tions.	
The orga	nization is not	a private founda	tion because it is (For	lines 1 thro	ugh 11, che	eck only o	ne box)			
1 🔲	A church, co	nvention of churc	ches, or association of	churches de	escribed in	section	170(b)(1	l)(A)(i).		
2	A school des	scribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Schedi	ıle E)					
3	A hospital or	a cooperative ho	ospital service organiza	ition descrit	oed in sec	ction 170	b)(1)(A)(i	ii).		
4	A medical i	research organiz	ation operated in cor	njunction v	vith a hos	pital desc	cribed in	section	170(b)(1)((A)(iii). Enter the
	hospital's na	ame, city, and sta	nte							
5	An organiza	tion operated fo	or the benefit of a coll	lege or uni	versity ow	ned or o	perated b	y a gove	rnmental	unit described in
	section 170	(b)(1)(A)(iv). (Co	omplete Part II)							
6	A federal, st	ate, or local gove	rnment or government	al unit desc	ribed in s	section 17	'0(b)(1)(A	.)(v).		
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
	described in	section 170(b)(1)(A)(vi). (Complete P	art II)						
8	A community	y trust described	in section 170(b)(1)(A	A)(vi). (Co	mplete Part	tll)				
9 X	An organiza	tion that normal	ly receives (1) more t	than 33 1/3	% of its su	pport fror	n contrib	utions, m	nembershi	p fees, and gross
	receipts froi	m activities relat	ted to its exempt fund	ctions - su	bject to ce	rtain exc	eptions,	and (2) n	o more t	han 33 1/3% of its
	support froi	m gross investn	nent income and uni	related bus	siness taxa	able incor	ne (less	section	511 tax)	from businesses
	acquired by	the organization	after June 30, 1975	See section	n 509(a)(2)	. (Comple	ete Part I	II)		
10 🔲	An organiza	tion organized an	d operated exclusively	to test for p	oublic safety	y See s	ection 50	09(a)(4).		
11 🔲	An organiza	ation organized	and operated exclusion	vely for th	e benefit	of, to pe	rform the	e function	ns of, or	to carry out the
	purposes of	one or more p	ublicly supported orga	anizations o	described i	n section	509(a)(1) or sect	ion 509(a	a)(2) See section
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h									
	а 🔙 Тур	el b[Type II c	: Тур	e III - Func	tionally int	egrated		d 💹 Ty	pe III - Other
е 🔙	By checking	this box, I ce	rtify that the organization	ation is no	t controlle	d directly	y or indi	rectly by	one or	more disqualified
	persons oth	er than foundati	on managers and other	er than one	e or more	publicly s	supported	organiza	ations de	scribed in section
	509(a)(1) or	section 509(a)(2	2)							
f	If the organ	nization received	a written determinat	ion from t	he IRS tha	at it is a	Type I, 1	Type II, o	r Type III	supporting
	•	, check this box								
g	Since Augus	st 17, 2006, has t	he organization accepti	ed any gift	or contribut	ion from a	iny of the			
	following pe									
	(i) A perso	on who directly	or indirectly controls,	, either ald	one or toge	ether with	n person	s describ	ed in (ii)	
	and (III)	below, the gove	erning body of the supp	ported orga	ınızatıon?					. 11g(i)
	• •	•	erson described in (i) ab							. 11g(ii)
	(iii) A 35%	controlled entity of	of a person described in	n (ı) or (ıı) a	bove? .					. [11g(ui)]
h	Provide the		tion about the supporte			·				
	e of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9				ou notify		s the	(vii) Amount of
org	anization		above or IRC section	in col (i) lis governing (col (i)	ization in of your	organızat (i) organı:	zed in the	support
			(see instructions))		1	1	oort?	 	S?	
				Yes	No	Yes	No	Yes	No_	
							ļ			
						ļ				
								-	ļ ———	
						 			-	
Total										

Par	(Complete only if you check				b)(1)(A)(iv) aı	nd 170(b)(1)(A	()(vi)
Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				<u> </u>]	
	ion B. Total Support	4 > 0005	#1 0000	(-) 0007	(4) 2000	(-) 2000	4D Tatal
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				-	<u> </u>	
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 carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			,			
11	Total support. Add lines 7 through 10				<u></u>	, '	
12	Gross receipts from related activities, etc. (se					12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup					1	
14	Public support percentage for 2009 (line		•			14	<u>%</u>
15	Public support percentage from 2008 S						<u>%</u>
16a	33 1/3 % support test - 2009. If the c	_					re, cneck
	this box and stop here. The organization 33 1/3 % support test - 2008. If the organization is supported to the stop of the sto						or more
D		•					
47-	check this box and stop here. The org						
1/a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me Part IV how the organization meets					•	
	_			-	-	•	supported
	organization						and line
D	10%-facts-and-circumstances test -	3	-				
	15 is 10% or more, and if the organization in Part IV how the organization						
	supported organization						▶□
18	Private foundation. If the organization						
	instructions		· · · · · · · · · · · · · · · · · · ·	<u></u>	<u></u>	<u> </u>	<u></u> ►∟_

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include						
	any "unusual grants ")		201,211	761,308.	479,004.	882,271.	2,323,794
2	Gross receipts from admissions, merchandise				,		_,,,,,
	sold or services performed, or facilities			ł			
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		108,719	319,543	524,807.	441,496.	1,394,565
3	Gross receipts from activities that are not an		100,719	319,343	J24, 807.	441,430.	1, 534, 505
•	unrelated trade or business under section 513						
	Tax revenues levied for the organization's					= .=	
•	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
5							
	furnished by a governmental unit to the						
_	organization without charge	· · · · · · · · · · · · · · · · · · ·					
	Total. Add lines 1 through 5		309,930	1,080,851	1,003,811	1,323,767.	3,718,359
7 a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons 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				<u> </u>		
8	Public support (Subtract line 7c from						
	line 6)						3,718,359
	tion B. Total Support	(-) 000F	(L) 2000	(-) 2007	(4) 2000	(=) 2000	(f) Total
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6		309,930	1,080,851	1,003,811	1,323,767.	3,718,359
0 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources		1,658	10,352	24,790	20,316	57,116
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b		1,658	10,352	24,790	20,316	57,116
1	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on		,				
2	Other income Do not include gain or						
•	loss from the sale of capital assets						
	(Explain in Part IV)		1				
3	Total support. (Add lines 9, 10c, 11,						
•	and 12)		311,588.	1,091,203	1,028,601	1,344,083.	3,775,475
4	First five years. If the Form 990 is for	the organization					
•	organization, check this box and stop here						
-	tion C. Computation of Public Sur						
5	Public support percentage for 2009 (line 8, co			(ft)		15	%
6	Public support percentage from 2008 Schedu	• •	•		• • • • • • •	16	
				 	· · · · · · · · ·	10	
ec	tion D. Computation of Investmen			(D)		47	%
	Investment income percentage for 2009 (III		·			17	
		Schedule A, Part				18	
8	Investment income percentage from 2008				l line 15 is mor	e than 33.1/3.%a	and line
8	33 1/3 % support tests - 2009. If the o						
8 9 a	33 1/3 % support tests - 2009. If the o 17 is not more than 33 1/3 %, check to	nis box and sto	op here The org	anization qualifies	s as a publicly	supported organi	zation 🕨 📘
	33 1/3 % support tests - 2009. If the o 17 is not more than 33 1/3 %, check th 33 1/3 % support tests - 2008. If the org	nis box and sto anization did no	op here The org	anization qualifies line 14 or line 19	s as a publicly la, and line 16 is	supported organi more than 33 1/3	zation [%, and
8 9 a	33 1/3 % support tests - 2009. If the o 17 is not more than 33 1/3 %, check th 33 1/3 % support tests - 2008. If the org line 18 is not more than 331/3 %, check	nis box and sto anization did no this box and s	op here The org t check a box on top here The org	anization qualifies line 14 or line 19 ganization qualifie	s as a publicly a, and line 16 is is as a publicly	supported organi s more than 331/3 supported organi	zation (%, and zation (mathematical contents)
8 9 a	33 1/3 % support tests - 2009. If the o 17 is not more than 33 1/3 %, check th 33 1/3 % support tests - 2008. If the org	nis box and sto anization did no this box and s	op here The org t check a box on top here The org	anization qualifies line 14 or line 19 ganization qualifie	s as a publicly a, and line 16 is is as a publicly	supported organi s more than 331/3 supported organi	zation (%, and zation (mathematical content)

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the OMB No 1545-0047

Department of the Treasury organization entered more than \$15,000 on Form 990-EZ, line 6a. Inspection See separate Instructions Internal Revenue Service Attach to Form 990 or Form 990-EZ. Employer identification number Name of the organization RAYS BASEBALL FOUNDATION INC. 20-4103240 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I 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 1 Mail solicitations е Solicitation of non-government grants а f Solicitation of government grants b Internet and email solicitations Phone solicitations Special fundraising events C In-person solicitations d 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? 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 (iii) Dıd fundraıser have (v) Amount paid to (vi) Amount paid to (i) Name of individual (ii) Activity (iv) Gross receipts (or retained by) or entity (fundraiser) custody or control of from activity (or retained by) organization contributions? fundraiser listed in col (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

SCITE	aule	G (Form 990 or 990-EZ) 2009		20-41	.03240			Page 2
Pa	rt I	Fundraising Events.Comple more than \$15,000 on Form	te if the organization a 990-EZ, line 6a List e	answered "Yes" to Fo events with gross rece	rm 990, Part IV, line opts greater than \$5	18, or re ,000	orted	I
			(a) Event #1 AUCTION (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other Events 10 (total number)	(d) Tota (add col col		
Revenue	1	Gross receipts	105,000.	147,505.	282,362.		534,	867
Re		Less Charitable contributions		73,558.			98,	295
	3	Gross income (line 1 minus line 2)		73,947.	282,362.		436,	572.
	4	Cash prizes					<u></u>	
	5	Noncash prizes						
nses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages				-		
Direc	8	Entertainment						
	9	Other direct expenses	60,143.	31,514.	55,615.		147,	272.
	10 11	Direct expense summary Add lines 4 Net income summary Combine line 3,				(289,	272 .) 300.
Pa	rt li	Gaming. Complete if the orgathan \$15,000 on Form 990-E		es" to Form 990, Par	t IV, line 19, or repo	rted more		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total g col (a) thro		
Rev	1	Gross revenue			64,285.		64,	285
ses	2	Cash prizes						
Expenses	3	Noncash prizes			59,361.		59,	361
Direct	4	Rent/facility costs						
	5	Other direct expenses				-		
	6	Volunteer labor	Yes% No	Yes% No	Yes% No			
	7	Direct expense summary Add lines 2	through 5 in column (d)			(59,3	361.)
	8	Net gaming income summary Combin	e line 1, column d, and li	ne 7				924
	a Is	nter the state(s) in which the organization the organization licensed to operate ga "No," explain				9a	Yes	X
			·					
		lere any of the organization's gaming lic	ænses revoked, suspend	ed or terminated during t	the tax year?	10a		<u> </u>
	 _							
11 12	ls	oes the organization operate gaming ac the organization a grantor, beneficiary				11		<u>X</u>

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047

2

	Governments, and Individuals in the United States	B
Department of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Open to Inspe
Internal Revenue Service		
Name of the organization	Employer	Employer identification number
RAYS BASEBALL	RAYS BASEBALL FOUNDATION INC.	20-4103240
Part General li	Part I General Information on Grants and Assistance	
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	[]
the selection crite	the selection criteria used to award the grants or assistance?	× Yes
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	

Part II Grants and Other Assistance to Governments a	Governmer G	nts and Organ	nd Organizations in the United States. Complete if the organization answered "Yes" to	ited States. Comp	lete if the organiza	tion answered "Ye	s" to
	by recipient that it additional in the second secon	nat received m	nore than \$5,000. C	heck this box if no	one recipient rece	ived more than \$5	,000. Use
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF TAMPA BAY							SUPPORT TAMPA BAY'S
1307 N MACDILL AVENUE TAMPA, FL 33607	59-0624368	501 (C) (3)	15,000				YOUTH & EDUC PROGMS
PINELLAS EDUCATION FOUNDATION	<u></u>						SUPPORT TAMPA BAY'S
12090 STARKEY ROAD LARGO, FL 33773	59-2688253	501(C)(6)	15,000				YOUTH & EDUC PROGMS
BOYS AND GIRLS CLUB OF THE SUNCOAST							SUPPORT TAMPA BAY'S
2300 TALL PINES DRIVE LARGO, FL 33711	59-1566799	501 (C) (3)	20,000				YOUTH & EDUC PROGMS
DEVEREUX_KIDS							SUPPORT TAMPA BAY'S
10060 NORTH FLORIDA, B-8 TAMPA, FL 33612	23-1390618	501 (C) (3)	.000,000				YOUTH & EDUC PROGMS
GIRLS INC OF PINELLAS							SUPPORT TAMPA BAY'S
7700 61ST STREET PINELLAS PARK, FL 33781	59-0970201	501 (C) (3)	65,000				YOUTH & EDUC PROGMS
BIG_BROTHERS_BIG_SISTERS_OF_THE_SUNCOAST							SUPPORT TAMPA BAY'S
2831 RINGLING BLVD SARASOTA, FL 34237	59-1361826	501 (C) (3)	25,000				YOUTH & EDUC PROGMS
MANATEE EDUCATION FOUNDATION							SUPPORT TAMPA BAY'S
PO BOX 9069 BRADENTON, FL 34206	65-0037457	501(C)(3)	5,233				YOUTH & EDUC PROGMS
MT ZION HUMAN SERVICES INC.							SUPPORT TAMPA BAY'S
945 20TH STREET S ST PETERSBURG, FL 33712	59-2308721	501 (C) (3)	5,884				YOUTH & EDUC PROGMS
CHAIR SCHOLARS FOUNDATION							SUPPORT TAMPA BAY'S
16101 CARENCIA LANE ODESSA, FL 33556	65-0442193	501 (C) (3)	6,000				YOUTH & EDUC PROGMS
OPBI, INC							SUPPORT TAMPA BAY'S
5509 WEST GRAY STREET TAMPA, FL 33609	20-8776228	501(C)(3)	2,000				YOUTH & EDUC PROGMS
CREATIVE CLAY CULTURAL CENTER							SUPPORT TAMPA BAY'S
1124 CENTRAL AVE ST PETERSBURG, FL 33705	59-3338595	501(C)(3)	2,500				YOUTH & EDUC PROGMS
POLICE ATHLETIC LEAGUE OF ST PETEERSBURG							SUPPORT TAMPA BAY'S
1450 16TH ST N ST PETERSBURG, FL 33704	59-1060508	501 (C) (3)	6, 608				YOUTH & EDUC PROGMS

2 Enter total number of section 501(c)(3) and government organizations

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
JACKIE ROBINSON FOUNDATION SCHOLARSHIP	1	10,000			
ACADEWY DRED CTIIDENT SCHOLABSHID	^	15.000			
אנירטבוון נועני טוסטבון סכווטבאון סכווסבאון		000			
MONTE, IRVIN SCHOLARSHIP	7	00076			
Part IV Supplemental Information. Complete this	part	provide the infor	mation required i	n Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information.
FORM 990, SCHEDULE I					
DESCRIPTION OF ORGANIZATION'S PROCE	PROCEDURES FOR	R MONITORING T	THE USE OF GRA	GRANTS	
EACH GRANT APPLICANT IS REQUIRED TO	D PROVIDE A	BRIEF HISTORY	RY OF ITS		
ORGANIZATION, ITS ORGANIZATION'S MI	MISSIONS AND	NND GOALS, THE	GEOGRAPHIC_AI	AREA	
IT SERVES, OTHER SOURCES OF FUNDING, PERCENTAGE OF	3,_PERCENTA	GE OF BUDGET	SPENT ON		
ADMINISTRATION AND FUNDRAISING, A L	A LIST OF BOA	SOARD OF DIRECTORS,	ORS, AND		
SPECIFIC DEMOGRAPHIC INFORMATION ABOUT	THE	POPULATION BEING	NG SERVED BY	ITS	
PROGRAM. ADDITIONALLY, EACH GRANT APPLICANT		REQUIRED TO SUBMIT	MITH		
APPLICATION THE SECTION 501 (C) (3) TAX EXEMP	TAX EXEMPT	T LETTER, CURRENT	ENT_BUDGET.A		
PROGRAM BUDGET FOR THE PROGRAM THEY ARE REQUESTING FUNDS FOR FINAL	<u>Y ARE REQUE</u>	STING FUNDS	FOR LEINAL		

Schedule I (F	Schedule I (Form 990) 2009			20-4103240			Page
Part III	Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	dividuals in th 990) if additio	ie United States nal space is nee	s. Complete if the eded.	organization answered	in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. dditional space is needed.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
i							
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	te this part to	provide the infor	mation required	in Part I, line 2, and any	other additional information.	
:							
; 							
AUDITED	FINANCIAL STATEMENTS, AND	CURRENT ANN	ANNUAL REPORT.				
! ! ! !	 	; ; ; ; ; ; ; ;	 				
		, 	 	1 1 1 1 1 1 1 1 1 1 1			
	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	; ; ; ; ; ; ; ; ;	 	 			
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						Schedule I (Form 990) 2009	990) 2009

SCHEDULE I-1 (Form 990) Department of the Treasury

nternal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

Inspection

Open to Public 2009

SUPPORT TAMPA BAY'S SUPPORT TAMPA BAY'S SUPPORT TAMPA BAY'S SUPPORT TAMPA BAY'S YOUTH & EDUC PROGMS SUPPORT TAMPA BAY'S COUTH & EDUC PROGMS YOUTH & EDUC PROGMS YOUTH & EDUC PROGMS YOUTH & EDUC PROGMS Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance **Employer Identification number** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 20-4103240 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 5,600 6,696 166,013 32,000 11,350 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 59-6000424 59-0482470 65-0282384 23-1390618 59-2883361 (p) EIN ST__PETERSBURG_PARKS_AND_RECREATION_____ 2010 EAST HILLSBOROUGH AVE TAMPA, FL 33610 RAYS BASEBALL FOUNDATION INC 1400 19TH ST N ST PETERSBURG, FL 33713 201 13TH AVENUE WEST BRADENTON, FL 34205 NEWSPAPER IN EDUCATION/ST PETE TIMES UNITED_COMMUNITY CENTERS, INC. 5850 TG LEE BLVD ORLANDO, FL 32822 (a) Name and address of organization or government HILLSBOROUGH COUNTY SCHOOLS DEVEREUX KIDS PROGRAM 490 FIRST AVENUE SOUTH Name of the organization Part

077300 6130

	or a south of the	sistance to indi-	viduals in the Unit	Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	1 (1 OIIII 330), r ait III.)	
(a) Type of grant or assistance	ustance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
						;

USA 9E13181000 077300 6130

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open To Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

RAYS BASEBALL FOUNDATION INC.

Employer identification number

20-4103240

Par	Types of Property		·				
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of d reve	etermining	
1	Art-Works of art						
2	Art-Historical treasures						
3	Art-Fractional interests						
4	Books and publications						
5	Clothing and household					-	
•	goods						
6	Cars and other vehicles	Х	1	59,361.	APPRAISAL		
7	Boats and planes		 				
8	Intellectual property	1 1					
9	Securities-Publicly traded						
10	Securities-Closely held stock						
11	Securities-Partnership, LLC,		.				
	or trust interests						
12	Securities-Miscellaneous						
13	Qualified conservation						
	contribution-Historic						
	structures						
14	Qualified conservation						
	contribution-Other						
15	Real estate-Residential						
16	Real estate-Commercial						
17	Real estate-Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies		·				
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts		· · · · · · · · · · · · · · · · · · ·				
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►()			<u></u>	,		
29	Number of Forms 8283 received by	-					
	which the organization completed Fo	orm 8283, Pa	art IV, Donee Acknowledgen	nent	29	1	Г
						Yes	No
30 a	During the year, did the organiza		•	-	 		
	it must hold for at least three year				,		,
	used for exempt purposes for the e	•	penod ⁷		· · · · · · ·	30a	X
	If "Yes," describe the arrangement in						
31	Does the organization have a	•	• •			24	"
00	contributions?					31	X
32 a	Does the organization hire or us					222	x
	contributions?		• • • • • • • • • • • • •		· · · · · · · · · -	32a	+^-
	If "Yes," describe in Part II		aliana (a) far a bisa af a co	anada far udask saluss /s) in abactic		
33	If the organization did not report re	evenues in c	column (c) for a type of pro	pperty for writch column (a	i) is checked,		
For I	describe in Part II Privacy Act and Paperwork Reduction Ac	t Notice, see t	the Instructions for Form 990		Schedule N	1 (Form 990) 2009

Schedule M (Fo	orm 990) 2009	20-4103	240	Page 2
Part II	Supplemental Information. Complete this part to 32b, and 33. Also complete this part for any additional supplemental information.	provide the information nal information.	required by Part I, line	es 30b,
		·	• 	
				
- -				
			**************************************	- -
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

• Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RAYS BASEBALL FOUNDATION INC.

Employer identification number

20-4103240

ATTACHMENT 1

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, QUESTION 11

AN ELECTRONIC DRAFT OF FORM 990 WILL BE DISTRIBUTED VIA EMAIL TO THE BOARD FOR REVIEW PRIOR TO FILING THE FINAL VERSION WITH THE IRS. ONE BOARD MEMBER WILL BE RESPONSIBLE FOR SIGNING THE FINAL FORM 990. THE FINAL FORM 990 WILL BE DISTRIBUTED ELECTRONICALLY TO THE BOARD AND FILED IN THE FINANCE DEPARTMENT.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, QUESTION 12C

THE STANDARD OF BEHAVIOR AT THE RAYS BASEBALL FOUNDATION IS THAT ALL STAFF, BOARD MEMBERS, VOLUNTEERS AND ASSOCIATES SCRUPULOUSLY AVOID ANY CONFLICT OF INTEREST BETWEEN THE INTERESTS OF THE RAYS BASEBALL FOUNDATION ON ONE HAND, AND PERSONAL, FAMILIAL, PROFESSIONAL, AND BUSINESS INTERESTS ON THE OTHER. THIS INCLUDES AVOIDING ACTUAL CONFLICTS OF INTEREST AS WELL AS PERCEIVED CONFLICTS OF INTEREST.

THE PURPOSES OF THE POLICY IS TO PROTECT THE INTEGRITY OF OUR
ORGANIZATION'S DECISION-MAKING PROCESSES, TO ENABLE OUR CUSTOMERS AND
OTHER PARTNERS TO HAVE CONFIDENCE IN OUR INTEGRITY, AND TO PROTECT THE
INTEGRITY AND REPUTATION OF OUR STAFF, BOARD OF DIRECTORS, VOLUNTEERS AND
KEY ASSOCIATES.

UPON OR BEFORE ELECTION, HIRING OR APPOINTMENT, A FULL WRITTEN DISCLOSURE OF INTERESTS, RELATIONSHIPS AND HOLDINGS THAT COULD POTENTIALLY RESULT IN

Name of the organization

RAYS BASEBALL FOUNDATION INC.

Employer identification number

20-4103240

ATTACHMENT 1 (CONT'D)

A CONFLICT OF INTEREST IS REQUIRED. THIS WRITTEN DISCLOSURE IS KEPT ON
FILE AND IS UPDATED AS NECESSARY AND AT LEAST ON AN ANNUAL BASIS.

IN THE COURSE OF MEETINGS OR ACTIVITIES, DISCLOSURE OF ANY INTERESTS IN A
TRANSACTION OR DECISION WHERE (INCLUDING BUSINESS OR OTHER NONPROFIT
AFFILIATION, FAMILY AND/OR SIGNIFICANT OTHER, EMPLOYER OR CLOSE
ASSOCIATES) MAY, WILL OR COULD APPEAR TO RECEIVE A BENEFIT OR GAIN IS
DISCUSSED, IT IS UNDERSTAND THAT THE PARTY WILL BE ASKED TO LEAVE THE
ROOM FOR THE DISCUSSION AND WILL NOT BE PERMITTED TO VOTE ON THE
QUESTION.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, QUESTION 19

THE ORGANIZATIONS FORM 990, FINANCIAL STATEMENTS, GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY, AND OTHER REPORTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 2

SCHEDULE G, PART III, LINE 9B EXPLANATION

THE FOUNDATION DOES NOT INTEND TO OFFER GAMING ACTIVITIES
ON A PERMANENT BASIS AS A MEANS OF FUNDRAISING.
THIS CLASSIC CAR RAFFLE WAS A ONE-TIME RAFFLE EVENT.